

“Our man in Chad”: Lessons learned in humanitarian aid work



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Introduction

In April 2021, I talked by Zoom to an IISL audience about my efforts to provide assistance to refugees from the Central African Republic (CAR), living in United Nations High Commissioner for Refugees (UNHCR) camps in south Chad. Martin Ramstedt, the Scientific Director, asked me to frame this talk by describing why “humanitarian action and activism is important to you and for an institute such as the Oñati international Institute for Sociology of Law (IISL).” The first part is easy. I had been trained since school days in the mantra *non sibi*: that service is an important dimension of a worthwhile life. I have been motivated along that line in several life experiences -- military service, development projects in Greece, Turkey and India, working for the Red Cross after Hurricane Katrina and then Chad. End of my story.

The case of the Institute is more complicated. Presumably it trains students to conduct socio-legal research. But research about what, to what end? I wrote a paper in 1997 about the disconnect between social research and social reform. At that time, I was disheartened by the miniscule effect that socio-legal research had on social change, at least in the US. I am somewhat less pessimistic now. But the point is that research on its own is rarely worth the candle. Accordingly, researchers ought to be conscious throughout their efforts about how their work can make the situation they are studying better. Instead of developing this thesis at length, I will now just describe my experiences in Chad.

Why would a retired sociologist in his mid-seventies choose to make eleven trips to Chad, a poor, dangerous country in central Africa where the animals are all gone, the scenery is unexceptional, the weather is punishing, and the residents do not speak English. The core answer is that this person, me, is a minor league adventurer, drawn to underpopulated, wildish places in limited company—a setup likely to lead to intense bonding experiences. By 2007, when I first set out for Chad, I knew that the peak experiences in my life involved those ingredients. Thirteen days rafting down the Kongakut River in Alaska from the Brooks Range to the Arctic Ocean, encountering as many people as wolves (one each); walking across England from the Irish Sea to the North Sea; reaching the lowest place on all seven continents; backpacking for weeks on end in the Sierra Nevada; hitchhiking across war-ravaged Europe in 1949; Earthwatch expeditions to the Queensland rain forest, the polar bears in northern Manitoba, and the elk trails of the Bitterroot Mountains. I could go on, but the point is that I was not primarily drawn to Chad to do good works, but to seek the type of experience that for me is some

kind of personality imperative. The commitment to the cause of the Central African Republic (CAR) refugees came later, as I was immersed in their plight and came to know them, and the aid workers, on a personal basis.

The people, the place, the work

On April 21, 2007, a Saturday morning, the Santa Barbara chapter of Human Rights Watch (HRW) and UCSB's Global Studies Program organized a seminar on Darfur. The technical issue was whether the events in that Sudanese province constituted genocide. I would not normally have attended a seminar on a Saturday, but I went because Stan Roden and Rich Appelbaum, who organized the session, were friends, and it was held at a conference center at the end of the road on which I live.

David Buchbinder, an HRW representative, spoke about conditions in refugee camps in eastern Chad. Virtually out of the blue, his talk reminded me that Oñati, a progressive town in Spain's Basque country where I had lived for several years, had as a sister city a refugee camp in Algeria. That led to the thought that Santa Barbara with all its human and material resources ought to adopt as a sister city one of the camps in Chad housing refugees from Darfur.

After the seminar, I relayed my idea to Stan and Rich. They agreed on the spot. The next week we shared our idea with Marty Blum, the mayor of Santa Barbara. She thought we were crazy. Sister cities, she told us, are supposed to be mirror images of each other. For Santa Barbara that meant resort towns on oceans such as Puerto Vallarta, Mexico. Refugee camps are not resorts, and Chad is landlocked, so that put paid to the city's involvement. But we decided then and there to do it on our own. There is a bit of irony here. When I worked for USAID in India in the 1960s, we used to joke that if you screwed up, you got sent to Chad, a symbol, I guess, for a quintessentially undesirable place.

To get started Buchbinder gave us the names and contact information of three representatives each of Oxfam and the United Nations High Commission for Refugees (UNHCR) who dealt with issues in Chad. We sent email inquiries to all six. We received a response only from Ann Maymann of UNHCR, but with her we hit the jackpot. In a series of email exchanges, I expressed our interest in providing assistance to refugees in Chad. I emphasized that although I had done development work in India, I had no experience in anything resembling a war zone. I was concerned that, involved in the wrong circumstances, we might be more trouble than we were worth. As a precaution on

this first visit to Chad, but for no others, we had a Greenwich Mean Time security call-in contact at the HRW offices in London.

Ann had a brilliant suggestion. She told us that tens of thousands of refugees from CAR were living in several camps in southern Chad. The area was much less dangerous than eastern Chad and, unlike the east, seemed to have no geopolitical significance and received no attention from celebrities like George Clooney and Mia Farrow. In fact, the only nongovernmental organizations (NGOs) working in the south were those under contract to UNHCR. We would, in a sense, have the field to ourselves.

Rich decided not to accompany Stan and me on an exploratory trip to Chad. But Stan, who had been the Santa Barbara district attorney from 1975-82, knew a local lawyer, fluent in French—one of Chad’s official languages—who might be interested in our mission. So, one day in May 2007 Catherine Swysen and I had a lunch at which we formed a pact that is very much alive today more than thirteen years later.

Catherine had been a Belgian historian when coming to the USA. She had joined the Black Studies Department at University of California at Santa Barbara (UCSB) in 1988. She had learned English and quickly became involved in social justice causes, particularly the Santa Barbara Women’s Political Committee and the National Organization of Women (NOW) Chapter at UCSB. She met Bob Sanger through her pro-choice activities. He was the president of the local American Civil Liberties Union (ACLU) chapter; she was a representative of the Pro-Choice Coalition. Catherine and Bob were married in 1992, while she was a law student, and now practice criminal defense law together.

We made arrangements to go to Chad in September—visas, immunizations, evacuation, and health insurance. We were determined not to become infected with malaria and naively soaked all our clothes in mosquito repellent. Getting to N’Djamena, the capital, from Los Angeles is easy, just a change of planes in Paris.

Chad, once part of French Equatorial Africa, three times the size of California with a population of about ten million people, is an extremely poor country. In 2005, Transparency International listed Chad as the world’s most corrupt country. In 2006, the year before our first visit, it ranked 171 out of 177 countries on the UN Human Development Index; 55 percent of the population lived in poverty; one in five children would not reach the age of five; more than half the population was illiterate; there was only one doctor for every 28,000 people; only 30 percent of the population had access to potable water and 1 percent to electricity. Only 267 kilometers of roads were paved:

33,133 kilometers were not. A harsh climate, geographic remoteness, poor resource endowment, and lack of infrastructure have combined to create a weak economy susceptible to political turmoil. Because most of the roads in Chad are not tarred, they become difficult to navigate in the wet season (June to September). So, it is best to travel during the dry season.

Idriss Déby, who had been president since 1990, headed an authoritarian regime that until 2008 was threatened by armed opposition groups from the east that were supported by the neighboring Sudanese government. The rebels actually occupied part of N'Djamena in March 2008, weeks before Catherine and I made our second visit to Chad.

Although the majority of Chadians rely on subsistence farming and livestock, the country has large oil reserves. These are exploited by American, Canadian, and Chinese companies, which enable the government to purchase extensive arms but have little effect on the economic difficulties of ordinary citizens.

In N'Djamena, we stayed at the Meridien Chari, then part of a French hotel chain. In 2007 it was the principal expatriate hangout, comfortable, adequate food, Chadian beer, CNN International, and spotty internet service in the lobby. The back lawn sloped down to the Chari River, where we got a glimpse of snowy juvenile cattle egrets.

We had been met at the airport by Pastor Job Nguerebaye, secretary/treasurer of the Chad Adventist Mission, who drove us around for the three days it took us to touch base at the necessary offices in the city—UNHCR, the police, the US embassy, the money changer. We made arrangements for a car and driver to get us to Goré, 400 miles to the south, where UNHCR had its regional headquarters. We also learned we needed a “fixer,” someone who spoke English, French, and Chadian Arabic and knew his way around the local scene in general and the bureaucratic maze typical of corrupt governments anywhere in the world. Ann Maymann recommended Bouba, who was to be our companion for most of the eleven trips I made to Chad between 2007 and 2015. Foreigners could not leave the capital without travel and photography permits. Bouba told us it could take a week to get the permits through established channels or we could secure them overnight for about \$100. This was our introduction to the petty corruption endemic to life in Chad.

How UNHCR works

UNHCR acts as a general contractor for camp administration and support. Its mandate is the protection of refugees. For the rest, it contracts with NGOs, usually expatriate, to provide services. In Goré, that means CARE (Canada) for water, sanitation, and food distribution; Africare (US) for agriculture; the Italian Cooperazione Internazionale (COOPI) for health services; the German Technical Cooperation Agency (GTZ) for transportation; UNICEF for elementary education; and the United Nations World Food Programme (WFP) for food. Looked at from a distance, the UN was doing what it had to do. By and large, the refugees were safe. Basic shelter, food, health services, and primary education were provided. Relationships with the local population were generally tolerable or better.

Of course, there were complaints. In Goré, we were told about schools that needed furniture, books, chalk, and lunch programs. The list went on with low rates of school attendance; a need for teacher training and salary augmentation; no middle or high schools serving several camps; people becoming ill from drinking standing water while working in the fields; a common failure to recognize the danger of diarrhea in small children; parents who sell mosquito netting intended for their children; difficulties in finding places to dry grain; girls taking care of small children when they ought to be in school; an unfortunate preference for traditional medicine; cultural taboos in the use of latrines; inadequate winter clothes; shortages in blankets and soap; the threat of snakes at night (even the town of Goré did not have electricity until 2015); soil depletion in the absence of chemical fertilizers; a need for three-wheel wheelchairs (sometimes called seated tricycles, hereafter just described as wheelchairs) for handicapped refugees and locals; few recreational resources; a lack of credit; hunger and malnourishment; early pregnancies (35 percent of pubescent girls under 18); an absence of trained psychological workers; gendarmes who cannot be trusted in the camps at night; no population-control programs; and a border crossing without facilities (shelter, water, toilets).

In N'Djamena, officials had an even broader set of concerns. They were focused on amalgamating humanitarian and development aid, integrating refugees into the local economy, the challenge of strengthening legal institutions, the difficulties of providing psychological support in a foreign and different culture (with an abundant occurrence of witchcraft), insufficient secondary education, a shortage of funds for the UNHCR, and the government's failure to direct oil money to development.

The cynic in the embassy

To be honest, not everyone in Chad connected to the effort to aid refugees was enthusiastic about the mission. In 2010, I met with Michael Zorick, regional coordinator of the US Bureau of Population, Refugees and Migration at the American Embassy. Zorick was cynical about the accepted definition of “refugee.” He believed that it was too inclusive, covering many people who were just moving around within their traditional space, now dissected by borders drawn by colonial powers. This would include the CAR “refugees.” Zorick did not endorse efforts to improve the living standards of “refugees” beyond those of their pre-refugee lives, except at their own initiative and under their control. He believed that poverty, misery, and suffering are the common experience and cannot be alleviated by central direction or the distribution of massive resources.

Zorick believed the Haraze camp refugees were either gaming the system by managing to live better than they had in the Central African Republic or were in fact not refugees at all but had moved from Doha inside Chad to Haraze, where a camp had been set up. He believed UNHCR transforms normal migrations into refugee situations, imposes exaggerated standards of protection, and then tries to meet impossible international standards. During the uncertainty of the then-US government budget, he on his own hook cut all his projects by 30 percent. We have had no reason to buy into Zorick’s theories. Newly arrived refugees are only processed at the border, and on each occasion that we observed the HCR personnel were extremely alert to any people who might be trying to secure a status to which they were not entitled.

We get to work

We returned to the United States in October 2007 and immediately began to establish what was initially called the Santa Barbara Chad Relief Committee. While we were going through the bureaucratic hoops of setting up an organization that qualified to receive tax-deductible donations, we were determined to do something in Chad quickly, so that UNHCR did not think of us as disaster tourists. Having successfully established the Chad Relief Foundation (CRF) for assisting refugees in Southern Chad, we were finally on our way.

Our work in the education sector began with the construction of the Beureuh middle school. UNHCR provided only elementary education in the camps. In 2008, UNICEF

offered to build a four-room middle school next to the Beureuh health center, which that would serve children from two adjoining camps and several local villages. UNHCR asked CRF to pay for four additional classrooms, which we agreed to do. However, even though this was to be a state school, the government provided only the school administrator. As is common in Chad, the responsibility for hiring and paying teachers is borne, if at all, by the parents. The ill-paid teachers' only qualification may be that they know French, Chad's official language. Over time, we therefore got heavily involved in teacher training, repairing school equipment, additional building projects, purchasing books, assisting handicapped students, persuading illiterate parents to send their children to school, bribing families to send their daughters to school, and subsidizing university education for young women, some of whom returned to teach in the Beureuh school. We tried, when possible, to also support projects suggested by the refugees themselves. Refugee initiatives included the construction of soccer fields as well as solar-power projects.

The medicines and medical equipment that we provided in southern Chad were donated to us by Direct Relief International (DRI) and Vitamin Angels, nonprofit organizations in Santa Barbara, and AmeriCares of Stamford, Connecticut. We were only able to establish a working relationship with DRI, a gigantic organization with annual revenue in 2019 of more than \$1.4 billion, because Dr. Mary-Louise Scully, a member of the CRF board and its medical director was also on the DRI board. We subsidized the transportation of these materials, in many instances bringing thousands of dollars' worth of antibiotics in our hand-carried luggage on trips to Chad. Every year, between 2008 and 2016, Vitamin Angels gave us between 14,000 and 36,000 doses of Vitamin A, crucial to brain development in young children. After CRF paid for its transport to Chad, the Vitamin A was administered by our Chadian partners to children under five in Goré, the three camps nearby, and in surrounding villages. This arrangement only ceased when the government took over responsibility for Vitamin A distribution in 2017. At the request of medical personnel in the camps we bought 65,000 doses of iron sulfate and 35,000 doses of folic acid at cost from Vons in Santa Barbara and shipped them to south Chad for pregnant and lactating women.

When we began working in southern Chad, refugee and rural health centers had no electricity. Light at night was provided by lanterns and flashlights and refrigerators for vaccines and medicines were powered by propane, which was hard to find, expensive, and dangerous. In only one center had an attempt to use solar power been made, but since the Germans who donated the equipment had installed the solar panels on the

north side of the roof, it had not worked well. Over time we arranged for solar power for lighting and refrigeration to be installed at four health centers serving five refugee camps.

CRF's involvement in housing assistance was a onetime measure conducted in an emergency situation. In 2009 two concurrent disasters led to a deluge of refugees in south central Chad near the village of Maro. In one instance an established camp named Yaroungou was flooded by unseasonable rain and had to be abandoned. At the same time widespread violence in the northern regions of the Central African Republic led to thousands of new refugees crossing the border into Chad. Lutheran World Services (LWS), tasked by UNHCR with providing housing for these refugees, could see that it would eventually run out of funds and asked for our assistance. In a matter of a few weeks, we raised \$50,000, which funded the construction of 500 houses in the Belom camp. We transferred an additional \$25,000 to LWS to assist their efforts to provide garden tools, at least to the thousands of refugees who had a farming background.

Our other foray into food assistance was the product of a personal relationship that I had established with a representative of Caracal Energy, a Canadian oil company active in south Chad. They donated \$15,000 to CRF, with the understanding it would be used for food assistance. We decided to use the funds for three groups of people with special needs—disabled refugees, older (fifty-nine-plus) refugees, and unaccompanied children from Dosseye camp living in Goré and studying at the high school there.

A small project on protection of women and children was carried out in partnership with the staff of the Chadian Girl Scouts and focused on helping women learn how to deal with domestic violence.

The setting

Before I plunge deeper into how one manages to assist refugees in Chad from a base in Santa Barbara, I want to paint a picture of the local scene in Goré, the Chadian town around which our principal efforts were located. Goré is located between the Sahel to the north and the Sudanian savanna to the south. It is an area of grasslands, stands of trees, and slow-moving rivers. Goré itself is on the banks of the Pende River. There are no water shortages in the area; in fact, the French planted mango trees along the roads to provide shade for its soldiers as they moved from village to village. The trees are still there. No ways, though, exist to get the fruit to market.

Goré is at the end of a fifty-mile dirt road from Moundou, the principal city in the south. Beyond Goré is the border with the Central African Republic. It is only 8.5 degrees north of the equator (500 miles) so the climate ranges from dry and hot for nine months to wet and hot in the summer rainy season. Hot means that days over 100 degrees F are common.

With a population of 22,000, Goré has aspects of both a large village and a small town. It has a Catholic church, a mosque, schools, including a high school, and a government office headed by a prefect (county commissioner). There are two football fields—one at the church and the other, built by CRF, in the town itself. But there are no proper stores. The market is a series of stalls lining the road, just as in any village in the area. For the first eight years of our work Goré was not electrified. The UNHCR and its NGO partners had generators of varying reliability. By 2015, however, the town had profited by the presence of so many NGOs, which provided employment for dozens of guards, drivers, cooks, cleaners, interpreters, masons, carpenters, and the like, so that it could afford a gas-driven generator that provided streetlights and power to the few buildings that were wired and had electrical appliances. Houses, generally built of locally manufactured bricks, were one story with tin or thatch roofs. Dogs, goats, and occasionally cows roamed the streets, which were generally free of litter. One could walk from one end of town to the other in fifteen minutes. Because the sight of a man with white hair was quite unusual (the statistical life expectancy for men in Chad is fifty-three years), literally everyone in Goré called me Papa.

South Chad seems to have foreign NGOs around every corner. I have already mentioned UNHCR, CARE, UNICEF, COOPI, Africare, LWS, and GTZ. To these I want to add the Alliance for a Green Revolution in Africa (AGRA), the Mentor Africa Foundation, and Johanniter International. That is indeed the picture in the vicinity of refugee camps. However, in those parts of south Chad in which no camps exist, the opposite is true. In the Baibakom district southwest of Goré, with a population of close to 170,000 people, not one foreign NGO is present. There, as in most of Chad, a desperately poor economy, saddled with a totally inadequate infrastructure, struggles along without any significant intervention even by the Chadian government, let alone any expatriate organizations.

The winding path to effective assistance

When I worked for the American Red Cross in Louisiana after Hurricane Katrina, I was disturbed by the organization's proclivity to hide the difficulties that it faced, its propensity to control adverse information, and its efforts to portray its work as an efficient, seamless operation. I want to do the opposite here—that is, describe the challenges, the pitfalls, the difficulties, and mistakes that were part of our efforts to help people in Africa from a base in California, across historical, cultural, and linguistic divides. Only by that path will our experience be useful to others who embark on a similar venture. The analysis is based on our experience with four projects—wheelchairs, border structures, solar power, and the Beureuh school.

Wheelchairs

Fifty disabled refugees and local citizens, unable to walk even with the aid of crutches, needed wheelchairs. Their conditions were the result of birth defects, accidents, or war injuries. On November 9, 2007, we informed UNHCR that “our first project in aid of refugees in the Goré area will be to provide the funds necessary to buy the thirty wheelchairs that are needed in the camps and as many wheelchairs as are needed by the local population.” We had raised the \$8,000 necessary to fund the wheelchairs by early December and were first advised by UNHCR, on November 14, that they were also seeking “the cost of maintenance for all the wheelchairs for a year.” This item was embedded in a rather long email and did not attract our attention.

UNHCR suggested that we work through the CARE mission situated in Goré, which we did. We were to reimburse CARE, which would arrange for the purchase and transport of the wheelchairs. This was our first of many experiences in financing projects in Chad without having a local bank account. The problem was that to open a bank account, CRF would have to be registered with the Chadian government. Registration would be a laborious, time-consuming, and expensive process that a small organization, like CRF, could not afford. As a consequence, for the next thirteen years, we always worked in partnership with some established NGO operating in south Chad. We were not trying to avoid the attention of the government. Through the visa process and the travel permits that the government issued, it always knew when we were in Chad and what we were doing.

Because the cost per wheelchair went from an estimated \$131 to \$153 and the dollar against the local currency fell by 9 percent while the negotiations were under way, we thought that the eventual cost would be \$10,025. We wired that amount to CARE on January 3, 2008. One of our original directors had suggested that we use a local bank, the American Riviera Bank. Unfortunately, that bank actually did not know how to transfer money to Africa and the funds were not received by CARE until January 26, by which time the exchange rate had fallen another 6 percent. UNHCR said the difference would be taken out of money set aside for repairs. We then switched to Wells Fargo Bank and, with one exception, never had another problem in transferring almost a million dollars over a twelve-year period. Transferring money was burdened with fluctuating exchange rates. We generally received proposals calculated in both the local currency and US dollars. By the time we had reviewed and approved a proposal, the exchange rate could have changed in either direction. We always checked for the most recent quote when we were about to make a wire transfer, which had to be in dollars. By the time the funds actually reached the intended recipient via a Chadian bank, the rate might have changed again. If the end result was a shortfall, we generally tried to make up the difference.

On March 14, 2008, Catherine and I were back in south Chad, witnessing the first transfer of wheelchairs, at Gondje camp and Dosseye camp. CARE delivered a final report to CRF on August 7, 2008: “During the training, a package of maintenance tools including an air pump was provided to each beneficiary. After the training, all the beneficiaries who participated in the training signed an agreement to assume full responsibility of maintaining their wheelchair by themselves.” As it turned out, we should have been skeptical about the repair bit.

Mistakes derived from a misunderstanding

Our theory of relief was that at the margins of the major efforts on safety, food, housing, health and education undertaken by large NGOs, there existed small projects that met with NGO approval, but were not part of their agenda. CRF’s role would be to fund the highest priority of those small projects. The theory worked seamlessly when the projects did not require continuing support. If the need was for a school building, houses, garden tools, or supplemental food, once provided the efforts were complete. Other projects, such as soccer fields, required only minimal maintenance. In some instances, like the

provision of Vitamin A to medical professionals, CRF's inputs were actively sought by the recipients who were prepared to assure that they were effectively used.

However, in the case of several CRF projects, particularly wheelchairs and solar power, we made two mistakes based on a fundamental misunderstanding. The misunderstanding was our failure to realize that neither UNHCR nor the NGOs on the scene, although outposts of large organizations with significant financial resources, had any discretionary funds at their disposal. The fundamental mistake we made in the early years was believing that our responsibility ended when we funded the original acquisition of whatever was needed. The secondary mistake was believing that if we exerted sufficient pressure on UNHCR we could cajole it to provide, or find someone else to provide, the maintenance or continuing services that these projects required.

The wheelchairs are the most blatant example. UNHCR estimated the number needed and the cost of each. We raised and transferred the funds to CARE, which purchased the wheelchairs. Of course, our first mistake was not understanding the rough treatment the wheelchairs would receive when used on the difficult terrain of the camps—no sidewalks in Amboko. The second, and major mistake, was not to understand that when we financed the wheelchairs, we bought the project.

In retrospect what we should have done from the start was to realize that maintenance was going to be an issue. We should have asked who was going to pay for it. Were the refugees themselves able to do it? Did UNHCR have the resources to take on this responsibility? Did it have any other organization in mind who might do it? If we had inquired and received the negative responses that reflected actuality, we could have included a maintenance component in the initial and subsequent grants or at least realized that we had incurred a continuing responsibility.

The wheelchair-repair question did lead to a significant collateral development in CRF's presence in Chad. In October 2010, while in Goré, we got the sense that our reliance on CARE did not fit easily within its normal operations. This feeling was confirmed upon our return to the United States, when CARE advised UNHCR that they were reluctant to implement our smaller projects, such as wheelchairs. We then had to decide how to implement our projects in the future. Should we rely for implementation on other NGOs present in south Chad, including Chadian ones, or should we have our own staff in Chad?

In the event we did both. On four occasions, we had American and European graduate students as interns on the ground in Goré. One of them is particularly memorable. Casilda Gil de Santavañes Finat, a Spanish woman educated in England, was in Goré

for thirteen months and then joined our CRF board. Meanwhile, Casilda is a UNHCR program officer in Baghdad, Iraq. Hiring local staff was much more difficult, because we had no bank account in Chad, and so we had no way to pay a Chadian employee. In 2012, we eventually worked out a deal with CSSI to hire someone who would work half-time for each of us. He was paid by CSSI, which we reimbursed for our half of his efforts.

Border structures

In September 2007 UNHCR told us about the need for border structures at the Bitoye crossing. Bitoye, 200 kilometers from Goré, is a small village near the junction of Chad, the Central African Republic, and Cameroon. It is a thirteen-hour truck ride roundtrip from Goré. As a result, UNHCR only sent vehicles once or twice a month to pick up refugees who had crossed the border there. In the meantime, the refugees were living in the bush with no protection from the sun or rain, no well, and no sanitary facilities. Early in 2008, CRF provided funds to CARE to build a shelter, a well, and four latrines at the crossing. When we visited the project in October 2008, the most recent refugees, thirty in number, had crossed the previous July, three months earlier. A few years later, we were told that the crossing was active again, and at least the shelter and well were mobilized for their intended uses. Given the sporadic refugee use of the structures, the project may not have been worth the investment.

This raised an interesting question. If we had never appeared on the scene, would UNHCR have constructed the Bitoye facilities with its own resources? If so, our intervention did not enable the border project but actually funded some other project unknown to us that UNHCR could finance because we had liberated the funds it would otherwise have spent on Bitoye. It may just be a matter of where on UNHCR’s priority list our projects fell. If they were high priority, they probably would have been funded in any event. If they were at the borderline between funding or not, then our intervention probably tipped the balance. If they were way down on the list, then our resources clearly went directly as intended by us.

I have toyed with a similar rationale in instances where materials we provided were stolen or diverted. For instance, we carried both soccer uniforms and antibiotics and other medicines in our luggage to Chad. The uniforms were stolen, and presumably sold, by the head teacher. One batch of medicines was probably sold by the district medical officer and/or the hospital pharmacist. The uniforms and medicines did not get to the

folks for whom they were intended. But they ended up with somebody in Chad who otherwise would have been more ill or less well outfitted—not a total loss in a poor country where virtually everybody has too little of everything.

Health care in South Chad

CRF's refugee assistance in health care would not be possible without the commitment of two key people. Mary-Louise Scully, a specialist in infectious and tropical diseases, is CRF's medical director. She attended Smith College and the Rush Medical College in Chicago, and she also did a residency in infectious diseases at Yale. In Santa Barbara, Mary Louise became active in progressive medical activities, most prominently with Doctors Without Walls, a group of medical practitioners in Santa Barbara who seek out and provide assistance to homeless people. Besides, Mary Louise is the travel doc in Santa Barbara's renowned Sansum Clinic, in the capacity of which she became known to me over time as someone with a similar purpose in life.

The other key figure in CRF's activities in health care –and beyond– has been Sara-Christine Dallain, a Canadian who moved to the United States at six and to Santa Barbara at twelve. Bilingual in French and English, Sara-Christine has a BA in political science from the University of Hawaii, Manoa, and an MA in public health from UCLA. When we first met, she was an intern at Direct Relief International in Santa Barbara. From 2012-20, Sara-Christine worked for iACT, a nonprofit in Los Angeles that conducts programs in early childhood education and sports leadership in UNHCR camps in eastern Chad. Sara-Christine and I traveled to south Chad together in 2012 and 2014. All in all, she has visited refugee camps in Chad seventeen times in the past nine years.

Because of recent bandit attacks on NGO vehicles, when Catherine, Mary-Louise, and I made our inspection trip to Bitoye in 2008, we were accompanied by an armed escort. The trip took from seven in the morning to eight at night. Once we left the main Goré-Moundou road, we drove on a track through the bush interspersed with villages. Our first stop was the small settlement of Diba, where at least forty-five people suffered from onchocerciasis, or river blindness. River blindness is caused by parasitic filarial worms transmitted to humans by black flies. The flies breed in fast-flowing rivers, streams, and fertile valleys. When they bite people, they deposit microscopic larvae that mature and produce thousands of microworms. These worms cause severe itching and skin lesions. Left untreated, the microworms eventually scar the eyes, causing blindness. The

villagers usually mistake the cause of the disease. They believe that drinking the river water is responsible, but as long as they wash clothes and fish in the river, they will be exposed to the flies, which are the actual cause.

River blindness can be prevented by taking a yearly dose of ivermectin. Chad has received support from NGOs over the years to fight river blindness with programs such as the Carter Center Mectizan Program in the mid-1990s and the African Programme for Onchocerciasis Control (APOC), thanks to ongoing donations of medications by Merck, the drug’s manufacturer. For instance, the APOC Chad program, which started in 1998, received \$1.639 million. However, the villagers told us that although they had received medications for a while, the program had stopped several years previously.

As we were driving back to Goré, we stopped on the road between Bitoye and Baibokoum to visit a so-called health center. We traveled by foot along a path through the bush to a three-room building on top of a hill. It did not have electricity and was staffed by a nurse and a “pharmacist”—a villager in charge of the medications—but no physician. As we arrived, the villagers carried in a young man who was unconscious and suffering from convulsions. The nurse was away, and had Mary-Louise not been there, only the pharmacist would have been available to help him. Mary-Louise thought that the man was suffering from malaria and was probably dehydrated. We rummaged through the supplies and found an IV, but just one. As a doctor, Mary-Louise had not inserted an IV in a patient in fifteen years, and the IV was not only a French product, but also a type she had never seen before. She had only one shot. It worked, and the patient revived. When he did, the crowd that had gathered cheered, and little boys jumped all over her.

The health-care situation in the entire area was obviously precarious. If a villager was seriously ill, there was no physician to treat him or her. If the condition was not treatable with the few drugs in stock at the health center, the patient would most likely die. Deaths during childbirth were common. There were no means of transportation to the hospital in Baibokoum which, in any event, could only provide basic services. On our way back to Goré, we visited the hospital. It had no electricity. The in-patient ward had a few metal cots. Patients were lying on and under them. Some of the patients were hooked up to an IV drip, the only piece of medical equipment in the ward. There was a sign on the wall asking people not to urinate there. The dismal delivery room was furnished with old, rusted equipment. Overall, the hospital was dirty and did not appear to have any equipment to sterilize instruments. The only piece of laboratory equipment was a microscope. There was no X-ray machine or any other piece of equipment, no operating

room. The district medical officer told us that he was the only physician in the district, which had a population of 166,000. In addition to running the hospital with the help of a nurse and a lab technician, he traveled to nearly twenty health centers by motorcycle and had, on top of it, to fulfill significant administrative duties.

The doctor was unable to do any surgery. If a patient needed surgery, he or she had to travel to Moundou or Doba, each nearly 200 kilometers away. Since the hospital did not have a car for transport, most people either did not make the trip or died on the way there. The doctor told us that only very sick people came to the hospital, and that there is nothing much he could do for them. Many patients just die, especially children. Instead of providing money for additional physicians or equipment for this hospital, the government was constructing a new hospital building half a mile away.

Solar power

In March 2008 Catherine and, I flew from Moundou to Sarh on a World Food Program plane. Our SUV and crew had gone ahead to meet us in Sarh. We then drove in convoy for several hours through sugarcane plantations until the way was blocked by a river, which we crossed in dugout canoes. We were met on the other side by UNHCR vehicles and taken to a rural hostel for the night. We then went down to the CAR border, where UNHCR was processing a large number of refugees. Processing consisted of recording basic information, issuing wristbands, and vaccinating children. Then the refugees boarded trucks for the hour-long trip to a transit camp. We drove to the camp without trouble, but the convoy came under fire by bandits the following day.

The camp was the cause of a protracted dispute between UNHCR and the local Chadian governor. Since it was not reachable by road in the rainy season, UNHCR wanted to move the refugees to Dosseye, near Goré, where space and facilities had been prepared. But because the route to Dosseye went through the oil fields around Doba, the governor would not allow the transfer, for fear that terrorists who might be hidden among the refugees would disembark and damage oil-company facilities. The eventual solution, reached long after we left, was to establish a new camp near Maro named Moula, which did not involve driving through the oil fields. We left the transit camp in late afternoon and, violating rule number one in bandit country, drove through the night without escort until we reached Sarh about 10 p.m.

Catherine and I visited Moula five months later, staying at the tiny UNHCR compound at Danamadji, about twenty miles north on the road to Sarh. While being there, we turned over some medical supplies to the district medical officer, a recent medical school graduate. At first the UNHCR staff was horrified, knowing better than we the propensity of government doctors to divert supplies that come into their custody. Then he relented, saying that this doctor was new to his job as well as to potential ways of illegally enriching himself.

When we went to Moula, we were also introduced to Yaroungou, a UNHCR camp with 14,000 inhabitants that had transitioned a long way towards self-sufficiency. Yaroungou was then self-administered, which means it was run by refugee committees instead of UNHCR and its partners. The refugee committees faced two difficult challenges: growing surplus food that they could transform into cash and meeting the costs of the health center. We later provided some assistance to the food challenge by financing fifty sets of plows and oxen to groups of refugee farmers.

The health center was primarily financed by consultation fees—\$1 for children, \$2 for refugee adults, and \$3 for the locals. The fee included medications as well as consultations. Patients who could not pay were extended credit. Services were free for particularly vulnerable people: the old, handicapped, widows, and orphans. Transportation to the district hospital was included in the fee and provided by COOPI. Given these operating rules, the center was always short of funds, in part because a substantial portion of its budget was used to purchase fuel for lanterns and a propane refrigerator. It was clear to the committee, and to us, that the possibility of solar power for refrigeration and lighting ought to be investigated.

Two basic questions needed to be answered. If we undertook the project, should we provide solar-powered refrigerators or ordinary refrigerators that could be hooked up to solar-generated electricity? Could the basic components be found in Chad, or need they be imported from Europe or the United States? In sorting through these issues, we received useful advice from Ingrid Koslow, Erik Norberg, and John Parker, engineering graduate students at UCSB. Early on, we realized that the solar-powered refrigerator option still left unsolved the need for electrical power for lighting. Of course, ordinary refrigerators were available in Chad, but what about solar panels, the key component? In fact, panels manufactured in China were available, but there was a lingering question about their quality.

On our next trip to Chad, in January 2010, we met Uwe Schiwiek from Johanniter International, both before and after our visit to Goré. Johanniter, a German NGO that had replaced COOPI in providing health services to the refugees in the Goré camps, had provided solar power at Beureuh. Schiwiek said they could buy and install the same solar lighting system for us at the Dosseye health center that they had installed in Beureuh for about \$4,900. That did not include solar power for a refrigerator.

On our return to N'Djamena, we met again with Schiwiek. He said the system at Beureuh was "locked," meaning it did not work. The problem appeared to be that the batteries would not function, since the health-center nurse was running a little business on the side charging refugee and local cell phones and other appliances for a price. Schiwiek explained that solar refrigerators were available locally but cost 3,450,000 CFA (\$6,900). He recommended using a frigo normal with its own solar setup for our projects at Yaroungou and Dosseye. We checked at a distributor in N'Djamena, and all the components were apparently available in N'Djamena. By the end of this meeting, we had agreed to do the Dosseye project together, but shortly thereafter Johanniter withdrew from Chad, and we eventually completed the Dosseye solar project with CSSI, which took over health services from Johanniter. After Johanniter had left Chad, Schiwiek took over the UN's efforts to remove the mines from the desert in northern Chad that had been placed during the wars with Libya between 1978 and 1987.

The Yaroungou health center was destroyed when the camp was flooded in 2013, but the solar system was reinstalled in the Belom camp, to which the Yaroungou refugees were transferred. On every subsequent trip to Chad, I checked all the solar systems. Although there were outages for extended periods from time to time that required visits from technicians from Moundou or N'Djamena, the solar systems usually worked, and we considered the project to have been moderately successful, the fact notwithstanding that the costs for the instalment of these systems had exceeded Schiwiek's estimations by far.

The Beureuh School

UNHCR's commitment to education in Chad and elsewhere only runs to primary school, probably due to limited resources. When we first visited the Goré camps in 2007, each had a kindergarten run by UNICEF and a primary school. The few refugee students who attended middle and high school in Goré had to walk seven to twelve kilometers each

way every day. There was talk about providing a dormitory in Goré for these students, but nothing ever came of it. When UNICEF agreed to fund a four-classroom middle school in the hamlet of Beureuh, quite close to, and equidistant from the Amboko and Gondje camps, CRF agreed to fund the construction of four additional classrooms at a cost of \$41,000.

When we returned to Goré six months later, construction was under way and classes for a few students were being held in a makeshift structure with open sides and a canvas roof supported by eight-foot tree branches. The teachers had no formal pedagogical training. Actually, the most one could be confident about was that they were fluent in French, the medium of instruction. The school, when completed, consisted of two buildings, simple one-story brick structures with tin roofs, latrines, and a well. Each classroom had its own exit; there were no hallways. The windows had metal shutters but no glass. The rooms were fitted with metal desks to which chairs were attached and a large blackboard. Teachers wrote on the board; students copied the material into notebooks in pencil. There was no library for students—in fact, no books, no maps, no pictures, and no electricity.

Six months later we returned to Goré and Beureuh. The classrooms were a shambles. Most of the desks were broken and piled helter-skelter in classroom corners. Apparently, the bolts that had held the desks together had found alternative uses. Months later we agreed to replace the doors to the latrines and classrooms and repair the broken desks in the hope that the parents’ association would take “a major and continuing role” in maintaining the school. In actuality, a modicum of order was only restored when a caretaker/watchman was hired, and we funded the construction of a shelter for him on the premises.

The parents then complained about the lack of a fence around the schoolyard. They were naturally concerned about intrusions by animals and, especially, by motorcycles that on occasion roared through the premises. Although we were sympathetic to the parents’ wishes, we believed that, if we financed the materials, the parents could build the fence. We secured estimates of the costs and made an appropriate grant. When we returned six months later, we found that the parents had instead hired a local contractor to build the fence. They had gotten the additional funds from stopping to pay the teachers, until they had accumulated the amount they had needed.

The Beureuh school is ostensibly a state school. However, the state provides only a head teacher. All additional costs for further teachers and equipment are up to the parents.

This division of responsibility is common in south Chad, not just in refugee camps. During this troubled period at the Beureuh school, no external agency oversaw school affairs. From UNHCR's perspective the school was the government's responsibility. From the government's perspective it did what it always did—too little. This distressing situation continued until the arrival of ACRA in the Goré camps. ACRA, an Italian NGO active in both Africa and South America, had been working on education in Chad for more than twenty years. We had already cooperated with ACRA in the Haraze area, 450 miles to the east. When ACRA took over responsibility for the primary schools in the Goré camps on contract to UNHCR, we asked if they would provide services for the Beureuh school that we would fund. They agreed, and the corner was turned.

Every year from 2014 to the present, CRF and ACRA have jointly devised a program in support of the Beureuh school and affiliated projects in the Goré area. These programs have included funds to support teaching materials, teacher training, a teachers' lounge, literacy programs for adults, sports equipment, training for the parents' and mothers' associations, hygiene kits for girls, augmenting teacher salaries and transportation, improved access for handicapped students, and library books. At the same time, we managed some support for individual girls in Maro and programs to encourage illiterate parents to send their children to school in Haraze.

Shortly after we connected to the Beureuh school, we realized that there were no women teachers. Female students—the relatively few that there were—were frequently harassed by male students and even on occasion by teachers. Yet they had no recourse, no woman to whom they could complain. We told the head teacher and the parents' association that if they would hire a woman teacher, we would pay her salary. However, they could simply not find qualified women who had been to university. Thus began one of our more successful projects. Initially, we supported three young women who did have the necessary entry credentials for the university in Doba. Yearly tuition, books, and living costs were only \$2,000 each. Two of these women completed the three-year course and are now teaching in the Beureuh school. What is more, the government appointed a woman as head teacher in 2021. The presence of women teachers and other measures adopted to encourage families to keep their daughters in school have increased their presence in the Beureuh school from 22 percent (159 of 715) in 2014 to 31 percent (223 of 710) in 2019. And, finally, in 2019 the school became a lycée (a high school) as well as a middle school, enabling qualified students to go directly from Beureuh to university in Chad or Cameroon.

That said, Beureuh school is very much a work in progress. If some of our efforts seem to have been a bit off the mark—for instance providing IT training to teachers who had limited access to the internet, they may nevertheless pay off in the future. For all its shortcomings on the teaching side, in south Chad Beureuh is considered a model of what a school ought to be, and the Fund for Refugee Initiatives (FRI), CRF’s successor, has been urged to support similar programs in the other middle schools in the Goré area.

Low points

The biggest disappointments in thirteen years of work in Chad involved the theft of materials that we had hand carried from Santa Barbara to Goré. In May 2011, Sara and I turned over to the school administrator clothing that had been donated by the Santa Barbara Soccer League (forty-four shirts, four goalies’ shirts, and twenty-two pairs of pants). We had understood from Kathy, our intern, that he was the custodian of football materials. We took pictures of the transfer and agreed to return the next day to photograph the girls’ teams dressed in the uniforms.

When we arrived at the school that morning, the administrator told us that the uniforms had been stolen. He showed us the jimmyed window through which he claimed someone had gained entry. He also pointed to a depression in the back wall that he asserted came from a failed attempt to break in that way. Frankly, his story was suspicious from the start. The aperture left in the window was not big enough for even a small adult to get through. After getting inside the building, a thief would have had to scale a ten-foot wall separating the room with the window from the room in which the uniforms were kept. Then he would have had to scale the same wall from the other direction. The administrator said that a chair had been placed on a desk in the outer office to facilitate the climb, and a stack of papers in conjunction with a wheelbarrow had been used to climb the wall in the reverse direction. These maneuvers would have been tough for a trained gymnast and were impossible for a child small enough to get through the window. Of course, we have no definite idea what really happened. What stays with us is the bitter taste of all the possibilities that could have happened.

Another distressing incident involved medicines that Catherine, Mary Louise, and I had hand carried to Chad in 2010. We delivered half of them to the doctor and pharmacist who ran the district hospital outside of Goré. Six months later when I was preparing to go to Chad once again, I asked our employee, Ali, to go see the doctor and ask him

which of the medicines that we had delivered proved to be most useful so that I could bring more of them with me. Ali replied that the doctor did not know who I was. I then sent Ali pictures of Mary Louise, me, the pharmacist, and the doctor standing behind a desk on which the medicines sat at the moment of transfer. I told Ali to take the pictures to the doctor and see what he said. The doctor now admitted that he would have a faint recollection of that meeting. From then on, we only turned medicines over to the Chadian NGO that was working for UNHCR.

From time to time, both UNHCR and ACRA have requested that CRF fund income-generating activities, the catch-all solution to just about every refugee difficulty. They are the source that will pay teachers, obtain school materials, support health costs, repair wheelchairs and bicycles, and enable refugees to purchase those necessities such as clothes and cooking equipment not provided through UNHCR channels. Yet, they exist only as possibilities in a context that is highly prejudiced against them. In the first place, refugees have no freedom of movement. Whatever way they want to earn money, it must be done within the camp where they live—there is no possibility of exploiting markets in towns or in cities. Moreover, the raw materials needed to grow or fabricate the products they intend to consume or market may be inadequate or unavailable, like land for instance. Most refugees are either farmers or herders. When the Goré camps were first established in 2002, adequate vacant land neighboring the camps existed. That land has now been cultivated for close to two decades without replenishing soil nutrients at the necessary levels. The result—smaller crops, less to consume, and less to sell. A high priority for UNHCR programs therefore is, or at least ought to be, attention to ways in which new economic activity can be fostered.

Conclusion

Throughout the thirteen years that CRF provided assistance to CAR refugees in south Chad, it had to wrestle with two interconnected structural challenges. The first was that it did not have a continuous presence on the ground in Chad. The second, somewhat derivative from the first, was that CRF did not run its own programs, but rather acted as a broker, or middleperson, between American donors and the funding they provided for the different activities CRF was engaging in, and organizations in Chad, principally UNHCR's partners, which actually implemented the assistance that CRF financed.

However, this method of operations enabled CRF to devote virtually all of the money that it raised to relief efforts: year after year expenses were less than 5 percent of revenues. Our office address was Catherine’s law office, our telephone number was my landline, on every trip to Chad we paid our own expenses. If it meant less active and continuous control of aid activities, and that time and effort needed to be devoted to long-distance, somewhat frustrating efforts to achieve the goals that we set, it nevertheless enabled us to see that houses were built, food was delivered, mosquito nets were provided, vitamins and medicines were distributed, soccer fields were built, electricity was provided, children were educated, women were made aware of their rights, a number of women were able to attend university, disabled people became mobile, and farmers received oxen, plows, and other tools.

Between 2007 and 2015, I had been to Chad eleven times to evaluate conditions in the camps and establish CRF priorities. But nothing in life is forever. Health considerations have kept me from going to Chad since 2015. It was time for a change. In 2019, the CRF board adopted a reorientation and reorganization plan and since then operates as the Fund for Refugee Initiatives (FRI). Under the guidance of our first executive director, Sara-Christine Dallain, the organization supports projects, developed and carried out by the refugees themselves. These efforts are now under way in Chad and Malawi.