

**Remarks for FNIF/ICN Luncheon  
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**Madam President  
Your Royal Highness Princess Muna  
Your Excellency, Dr. Al Matah  
Representatives of 3M  
Members of FNIF and ICN Boards  
Honored Guests**

**To be the recipient of this award and to have this opportunity to speak is a memorable and humbling recognition. It is also an immense challenge. I thank you for making the choice to be here today. I hope, of course, that each of you find my comments of interest. More importantly I hope you find them disturbing. I was asked to talk about my work, about the populations that have been so much a part of my life and my nursing career. In doing so, if you do not find it disturbing, then I have failed in my goal to serve as their voice today.**

**When I began my nursing career, now over thirty years ago, it was in a place a world away from where I grew up -- yet it was a three-hour drive. It was a place of great beauty and resilient people, a place possessed of extraordinary natural resources and environmental riches. It had taken less than a century for the land and the people to be exploited, manipulated and ravaged. Less than a century for the population to be left with staggering percentages of chronic illness, intense hopelessness, pervasive feelings of helplessness and a lot of distant and on site corrupt and greedy people in power. That place was called Appalachia. In the later stages of my career as I became more and more involved in international health, I found so many of the same dynamics to be true. There are striking parallels whenever and wherever there are combinations of environmental riches, corruption and greed, and there is resulting chaos and mayhem for populations who happen to be living in the wrong place at the wrong time in history.**

**In the earlier years of my career (I spent almost twenty of them in a metropolitan police department), I saw a health system often negligent, ineffective and value laden in its response to victims of violence. I saw a legal system inefficient and ineffective, at times dismissive of the seriousness of violence -- often until a tragedy of such magnitude occurred that it could not be ignored. The response, or lack of, seemed particularly true for victims of sexual assault or intra family violence. While many countries have made major strides within their health and criminal justice systems these past decades, I am struck by the parallels of what is**

occurring to victims on a global level. Rape is used as a strategy of war, children of seven or eight are conscripted, brainwashed and empowered with a weapon that they can barely carry, an estimated two million women and children are sold or brokered into the bondage of sweat shops or brothels. As I became more aware of the striking parallels from those early years and what I saw with individual victims, with what is happening to whole populations around the globe, the realization came about that whether at home or abroad, health is inextricably linked to human rights. That is the health and human rights of an individual, a family, a race, an ethnic group or a nation. Nurses, in general, meld health and human rights in their everyday practice, but there are far too few of us who are specifically, intentionally and loudly proclaiming attention to it at national and international levels. The work of these days during the conference and of ICN is a shining exception.

One of my challenges today is narrowing the topic because there are so many I would like to address. The importance, for example of incorporating geopolitical perspectives of health into nursing education, or the global parallels of providing care to rural populations or, what it was like to work in New York City post 9/11. I want to tell you about the seasoned therapist who asked how to deal with a six year old who had watched “burning birds” fly from the Trade Center. The therapist wanted to know if she should tell her they were really people, or let her find out on her own as she grew older.

I won't, however, talk further about any of those things. Not because they are unimportant. Indeed, they are so important that millions of words have been spoken and written about them. Very few words, however, have addressed the plight of those caught in the twenty-seven year Angolan civil war or those in Chechnya or Tajikistan. Today, literally as I speak, what must those in Congo or Liberia be experiencing? It is to those populations, so often without a voice, that I focus the remainder of time.

*How do I describe Van Syvan the daughter of the Cambodian ambassador to France, raised in an affluent Phnom Penh home who one day while walking through a refugee camp amid intense heat and filth, said to me “I feel a small breeze on my face and if I close my eyes, I can pretend I am with my family at the seaside”. Van Syvan's father was executed by Pol Pot. She was separated from her family as they fled and had not seen them since. She believes they are all dead but cherishes the memories of long ago family vacations at the beach.*

*Ali Madi is a young handsome man who was tilling his mother's field when young rebels came and hacked off both his arms just below the elbow. Edwin, a 14 year old who was kidnapped into the army three years ago,*

*drugged and forced to commit atrocities. He now resides in a camp that works to rehabilitate child soldiers and reintegrate them into society – one mile from Ali Madi who is in a camp that works to rehabilitate amputees and reintegrate them into society. One day they will meet on the street.*

*Belino is a young woman who was raped, shot and left to die in a burning house in south central Tajikistan. She was pulled to safety, but left disfigured and spends most of her time wishing she had died in the fire or from the gunshot.*

*Trunco is a 4-year-old found wandering on a road in central Angola. His name was given to him by those who found him and who determined he was the only one of his village to survive a massacre by the rebels. It translates literally to "only survivor".*

I met Trunco and the others profiled here during my work in various countries. Obviously they represent millions. Today, I only speak of those impacted by war though millions more are impacted by natural disasters. My comments are based on a variety of experiences as a nurse working with different institutions and organizations over a long period of time in various countries. They are not reflective of any one experience or organization and please note that the names of those I spoke about were altered out of respect for their confidentiality and their safety.

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As the rumblings of war begin, some people flee, some stay believing they will have opportunities to leave later, and others stay in denial that anything will really happen. Decisions made at this time impact the life of a family for generations, and they impact the world with migrations, changing the make up of countries far removed from the conflict.

In war situations, family units are destroyed due to fathers going to the front lines either voluntarily or by conscription. Older children are perceived as self-sufficient and are pushed out of the home prematurely or, when parents die, assume the role of primary caretaker. Younger children are assigned the role of beggars as they offer the most appeal, particularly with foreigners such as aid workers, peacekeepers and in some countries, Western business personnel (translate oil or diamonds). In civil wars, the splitting of mixed families is common, and intense hate is often instilled in children for "former" family members or once beloved neighbors. Confusion among children occurs because they hear different versions of the war and because they watch family members celebrate with joy at the death of a soldier who is now seen as a hero or martyr – while the child feels great grief at the loss.

As many here know, when war comes to a country, infrastructures collapse. The health care system, often already fragile, collapses along

with the education system, the economy, and the labor system. All the entities that keep the fabric of daily life running are gone. Communities that do not feel the direct impact of bombs are overrun by people fleeing the communities that do. This places rural, uneducated villagers in the midst of towns and cities populated by people who have always perceived themselves more cultured and educated than their countryman. There is a clash of cultures, creating tensions and resentment within, even as they are aligned by religion or politics or simply their shared hatred of the oppressor. Schools close and are inhabited by displaced; workplaces close and in cold climates, even in the midst of a hot summer, families will be seen selling their belonging to ensure there is heat for the winter. The elderly become a burden and feel that way. They are often the ones who, by choice or necessity, are left when others flee.

As war continues there is adaptation. The drudgery of seeking out food, clean water, shelter become a daily way of life and obtaining those things takes every ounce of energy. There is not much left over for nurturing and protecting children. With energy needed for sheer physical endurance, there is nothing left to cope with emotional wounds except "numbing" which is an effective tool for emotional survival. In places like Angola, parents born into a war are, 27 years later, raising another generation in the midst of the same war. They didn't experience the lovely image that is conjured up with that now over used time-worn adage, "it take a village to raise a child". The village has been obliterated and these children will never know the old traditions or experience life with the extended families. Many are conceived in rape, stigmatized before they are even born. Others are taken by soldiers as very young children to do the cooking, the hauling or serve as sex slaves. The case of child soldiers has made a lot of news. What to do with 12 and 14 year old boys after a war who have been ordered to kill or maim their own family members and then continue for months or years to commit unspeakable acts? How do you ask society to accept them back? What do you do with second graders whose ambition in life is to be a suicide bomber?

There are no global truths about how people experience war or respond to trauma. At this time, more research than ever before is being done on the medical, psychological and social response to complex emergencies. Nurses, thankfully are involved in many of these efforts. Too infrequently though, are we at the table asking the tough questions and making people uncomfortable. We need to be much more active and visceral about questioning why. Why are there so many millions dying of treatable diseases? Why is there is so little political will to stop the genocides? Why are there are so many street children? Why, in 2003, are there millions of women and children being brokered into the bondage of sweatshops and brothels? We need to ask those questions and ask them of people even if there is discomfort attendant to asking, perhaps *especially* if there is

**discomfort in asking – of our funders, political leaders, corporate leaders and professional leaders. Most importantly, we need to ask those questions of ourselves.**

**Eleanor Roosevelt once said that “human rights begin at home”. While I have spent the last few minutes talking about global populations, I want to stress the importance of asking the same tough questions at home – wherever home may be. Vulnerable populations are everywhere and whether your coal miners are dying of lung disease in West Pennsylvania or Wales, whether children are orphaned by AIDS in Harlem or Malawi, there is a need for nurses to be aware, to speak and to act. In the acceptance speech for the 1999 Nobel Peace Prize, the then President of Medicins Sans Frontieres said, “We do not know if words can save lives, but we do know that silence can kill”.**

**I encourage us all as individual nurses, as a total profession and as citizens of this globe, to use our own words more creatively and more assertively than ever before, to go forward, letting our gifts intersect with the world and letting one of those gifts be speaking out on behalf of those who have no voice.**

**Thank you, again, for this extraordinary award, for this opportunity to speak, and for listening to my words today.**