

September 2007

The Cigee Stories:
**WOMEN'S
EXPERIENCES
WORKING IN
EMERGENCIES
FOR CARE**

A Knowledge Sharing Project



Kindly funded with the assistance of the CARE USA Knowledge Sharing Fund

The Cigee Stories:

WOMEN'S EXPERIENCES WORKING IN EMERGENCIES FOR CARE

CONTENTS.....	pg 1
REACTIONS TO THE CIGEE STORIES.....	pg 2
INTRODUCTION	pg 5



SET 1 THE STRENGTH OF WOMEN pg 8

"SARA": FINDING HER VOICE pg 9

"How do you balance being someone who is not a pushy know-it all to someone who can get their point across?"

"JENNIFER": STRENGTH IN (SO-CALLED) WEAKNESS..... pg 14

"There were bodies floating everywhere ... It took me years to get over that experience and sometimes I can still smell something that reminds me of it."

"ELIZABETH": A WOMAN'S PLACE pg 17

"There's a balance between respecting the culture and being respected as an outsider."

"AMINA": THE MEANING OF 'EXPERIENCE' pg 22

"I'm realizing there's no standard profile of an emergency worker. But there is a tendency to think that way and that can be very dangerous."

SET 2 THE COMPLEXITY OF THE FEMININE..... pg 26

"MAYA": EMERGENCY SEX – AND SEXUAL HARASSMENT pg 27

"The realistic experience of women is that we do struggle with (things) ... that complicate our sense of guilt ... and that's why it's hard for us to report harassment."

"MARYAM": WRESTLING THE FEMININE MYSTIQUE..... pg 32

"Especially in ... conflict there are so many things that actually depend on the personal."

ASHA: A 'WOMEN'S ORGANIZATION?' pg 38

"There was no way you could work in this situation without being in a confrontational context."

SET 3 BALANCING FAMILY AND WORK pg 42

"EMMA": CLAIMING CONTROL pg 43

"In each culture, other significant losses in life, like bereavement or serious illness of loved ones, have various rituals and services associated with (them). But infertility is an invisible loss. There's nothing to show for it, no wonderful memories, no photos. Women or couples are left to grieve alone."

"ANA": BALANCING TWO NEEDS..... pg 48

"Am I a bad Mother if I selfishly want to continue my job? Do I have to give up my work in humanitarian aid? Is it an all or nothing decision?"

"LORI": WIFE, MOTHER – AND IN CHARGE..... pg 52

"If you're a single woman, when you go to the field people say: 'No husband, no children? What's the matter with you?' Whereas if you have a husband and children it helps people know who you are."

"SUSAN": MOTHERING AN EMERGENCY pg 56

"When you're trying to juggle (work and family) it's just not easy. I guess I've just accepted that guilt is a way of life."

"NILA": BREATHING SPACE..... pg 60

"The work is stressful and it's very difficult for me to detach. My husband is very supportive but he reaches a point where even he wants to have a breathing space."

REACTIONS TO THE CIGEE STORIES

Thanks for the opportunity to read The Cigee Stories. They were fascinating both in terms of their similarities and their differences. I had a number of reactions to the dreadful problems encountered by women working in emergencies for CARE. The first was disappointment and even sadness that much of the gender bias, discrimination, and harassment is taking place not just in the environments in which we work (in developing countries), but also within our own wonderful organisation.

Obviously, CARE is not immune to gender discrimination and the particular context of emergencies work seems to magnify the likelihood that these behaviours will arise, but the examples shared in the stories are in some cases so blatant that it is clear to me that major change is required in our culture of operating in emergencies.

Changing the culture will require a range of responses, including making our views on harassment and other forms of discrimination crystal clear and ever-present, putting in place measures to improve our monitoring of the performance of emergencies staff, and reacting swiftly to inappropriate behaviour. These are not easy steps to take as we need concurrently to ensure that the operational flexibility that contributes to the effectiveness of our responses is preserved.

The stories also highlight the urgent need for greater diversity in the people we recruit for emergencies work. This has a gender component: as the stories suggest, there are clearly some situations in emergencies that can only be addressed effectively by women. But there is also a wider problem: we need to attract new people to emergencies work. Eventually the people we have been calling upon for many years to do this work will retire. We need to begin thinking now about organisational approaches to building the next and subsequent generations of capable and diverse emergencies staff. Similarly, we need to identify how we can accommodate the particular needs of women involved in emergencies work in the field. As Ana's story vividly pointed out, if we do not find a way to do this, we will be unable to keep many of our best and brightest.

Thanks very much for the opportunity to comment on The Cigee Stories. They make an important contribution to our self-awareness and ultimately to improving the effectiveness and professionalism of our work in emergencies.

Dr. Robert Glasser
Secretary General
CARE International

“These are all very compelling stories. As I read, I reflected on my recent visits to Afghanistan, Haiti and the West Bank and Gaza, where I saw first-hand the dedication of our staff who risk their personal safety to carry out our work. Our female staff working in conflict and emergencies face a unique set of challenge; the struggle to address both the hardships of our work in the field, and the cultural biases found in society and within CARE. These stories remind us of how much work still needs to be done to make gender equity a reality – not only within the communities we serve, but also within our own organization. I hope you will encourage others to read these stories and be inspired to action”

Helene D. Gayle, MD, MPH

President and CEO

CARE USA

Aid workers are famous for their “war stories”. These stories are among the best - inspiring us for their tales of courage and commitment amidst the suffering and danger of human-made and natural disasters. Yet, they have more - they are all told by women - women who not only face the extreme demands of their humanitarian work, but who also struggle with and overcome the prejudices and obstacles that being women in a male-dominated profession face. These stories reveal the very personal dilemmas of competing commitments to work, self and family. They make us uncomfortable with their home truths about power relations and sexual harassment amongst our own organization and staff. And they challenge us to think about how we act within the cultural settings of our work. Perhaps more than anything, the brave telling of these stories opens the door for each of us to examine ourselves, to begin talking about, and facing-up to what each of us can and must do to empower women and promote a more just and equal world.

Special thanks to Megan Chisholm for her leadership to launch this unique network of women, and for challenging each of us to walk the talk individually and collectively within our organization.

Jonathan Mitchell

Emergency Response Director

CARE International

Welcome to the 'The Cigee Stories', a collection of twelve stories documenting the rich and diverse experiences of women working for CARE in emergencies around the world.

BACKGROUND

This collection is the product of a story telling project undertaken by the Cigee network , supported by CARE USA's Knowledge Sharing Fund. The Cigee network (Cigee) is a support network for women across CARE working in emergency response and humanitarian work. Cigee began in 2005 when a group of women working in the area of emergencies began to share stories relating to their personal experiences of gender within the context of their work with CARE in emergency responses. From initial sharing of experiences, the Cigee network has grown to be an informal support network involving over 50 women from all parts of the CARE world.

The Cigee story telling project was conceived in response to the realization that there is very little real understanding of how gender dynamics in our organization affect women's experiences of work in emergencies. CARE's organizational values commit CARE to ensuring not only that we advocate for the rights of women in our programs as beneficiaries, but also to ensuring that we have a workplace where gender and diversity are valued, emergency teams achieve a gender balance, and where discrimination and obstacles to the full participation of women in our work, including leadership roles, are overcome. Informal discussions among Cigee members suggested that this is not always the reality for women working in emergencies.

CARE USA's Global Knowledge Sharing initiative presented an opportunity to learn and share more about the real experience of women working in emergencies in CARE. With the support of the knowledge sharing fund, the Cigee Story Telling Project was launched. The aim of the story telling project was to explore and document women's experiences of working in emergencies in CARE in order to develop a better understanding of the gender dynamics affecting our workplace, to create greater awareness of the issues affecting women's participation in CARE's emergency response efforts, and to ultimately help advance work around improving gender balance, conditions and opportunities for women within emergency work.

THE STORIES

The result of the story telling project is a collection of twelve rich and diverse stories telling the very personal experiences of our professional lives as emergency workers. The stories are intimate, moving and challenging explorations of what it means to be both a woman and an aid worker in the midst of humanitarian crisis.

These stories were told by a diverse group of women working across the CARE world, as national staff, international staff, in country offices, in headquarters, by senior managers and junior staff. As a snapshot, the group of women who shared these stories represents 12 women representing 8 different nationalities. These women have contributed a combined total of 132 years of work with CARE, with the average number of years working for CARE being 11. The average age of the storytellers is 41. Nine of the 12 women have a masters degree or higher. Six of the story tellers are single, six have children, and two of the women are single parents.

The themes dealt with in the stories are diverse. Some stories are ones we have heard before, whereas others are unexpected but perhaps more common than we realize. An overwhelmingly common theme is the intertwined nature of the personal and professional. Many of the stories deal with struggles we face as we try and balance our roles and aspirations as mothers, wives, sisters, friends, with our roles as workers, colleagues and bosses.

INTRODUCTION

In the first set of stories, 'the strength of women' Sara's story tells the experience of a young woman battling against gender inequality in our programs, and the importance of finding the confidence to speak up. Jennifer also shares with us the story of finding her strength during crisis thanks to the company and support in the field of other women aid workers. On the other hand, Elizabeth's story alarmingly highlights that judgments about participation in emergency responses are still very much influenced by gender stereotypes, and perceptions of whether women can handle themselves in the field. Amina reminds us that the skills and experience required to be an emergency worker can take many forms. We have a tendency to set a limited profile of an emergency worker which may in fact exclude good emergency workers with a more diverse profile.

In the second set of stories, 'the complexity of the feminine', Maya alerts us to the risks and realities of sexual harassment in the chaotic world and social scene of emergencies, and the complex factors which make reporting it difficult. Marayam wrestles with complexities in her examination of 'the feminine mystique', and the way in which women struggle with using their 'femininity' to advantage in complex settings such as conflicts, recognizing that it reinforces the stereotypes our own sense of feminism seeks to overcome. Asha on the other hand demonstrates the challenges and unintended consequences our work can have if we take only a narrow view of gender.

Finally, in the third set of stories, 'balancing family and work', we see that the models of family we have and the issues we face are diverse and need creative solutions to help balance our professional and personal roles. Emma talks about the hidden, silent grief of infertility which is exacerbated by the pressures and demands of emergency response, demands which can end up reducing the chances of having a baby. Whereas Ana shares with us the challenges faced by women who do decide to have a child as a single parent, and end up facing an all or nothing decision between their work and their child. On the more positive, Lori and Susan show that when women are in leadership positions, balancing family and work is no less demanding, but that their position of authority allows them to find more creative solutions to their professional and family needs. Finally, Nila's story talks about the sheer exhaustion which can result from our work, reminding us that what we give to our jobs takes a toll on ourselves and our families.

Possibly the most important stories are those not included here- stories which could not be told or shared because of the genuine fear associated with talking about the very sensitive topic of gender. The women who shared stories did so bravely and generously, but with the promise of confidentiality, while others with stories to tell were unable to share them because the stories were ultimately too sensitive to discuss openly. That these stories deal with topics that are so difficult to talk about openly underscores the fact that there remains much work to be done within the organization to achieve a culture where gender issues in the workplace can be discussed and dealt with honestly and without fear of discrimination.

THE LESSONS

Each story takes the experience of the story teller and explores lessons which the story offers for the organization. Some of the key lessons we hope that the organization can start to discuss include:

- Exploring ways to support and empower women working in emergencies, in particular through ensuring support mechanisms are in place, and more formally by exploring mentoring and buddy relationships to strengthen the professional development of young women.
- Looking critically at how we define and value experience, ensure we are not inadvertently limiting the profile of people who we will accept as emergency workers, rather than supporting and developing a more diverse pool of emergency workers by being more open about how we define skills and experience
- Recognising that sexual harassment and discrimination does take place within CARE, and that emergency response environments can heighten the risks. Efforts need to be improved to raise awareness, particularly among male colleagues that such behaviour is unacceptable. Mechanisms

need to be in place and strengthened so that complaints can be made safely and without fear.

- Understanding the impact that work has on family and life choices and finding creative, even uncompromising solutions to the challenge of incorporating both family life and emergency work. Such solutions must address the diverse models of family and the different issues being faced by women in CARE. Whether single parenting, infertility, the exhaustion of emergencies, there is a need to offer something other than an 'all or nothing option'.
- Looking more closely at positive examples, in particular where women in leadership positions have been able to break new ground in terms of gender, so that such advances can be replicated and enjoyed more widely.

OUR THANKS

We would like to express our sincere thanks to all those who have supported the Cigee story telling project: The CARE USA Learning and Development Unit for the funding and encouragement to go ahead with this project; Robert Glasser, Jon Mitchell and Helene Gayle for their comments and support; our consultant, Gwen Driscoll who did such a fabulous job interviewing and developing the stories; Karen Gold who did the graphic design and layout; folks in the Atlanta mailroom who took care of production; Nigel McRae who managed the audio recordings; and Tamara Chafee, our intern, who helped with the overall project management. Our greatest thanks of course go to the brave women who volunteered to share their stories.

These stories are also available as audio recordings.

We hope you enjoy these stories, and that our sharing of them goes some way towards a better understanding of women's experience of gender within our emergency work.

The Cigee network

For more information about this project, or the Cigee network, please contact Megan Chisholm at chisholm@careinternational.org

SET 1

THE STRENGTH OF WOMEN

“SARA”: FINDING HER VOICE

“Sara” had reached her limit.

As the new emergency director of a CARE country office in a famine-gripped corner of Africa, she had sat quietly while her male colleagues and counterparts ignored her suggestions, dominated conversations, and hovered nearby when she tried to talk with female beneficiaries.

Now they were telling her that yet another village had declined to produce female volunteers to work in a famine-prevention project.

“(My staff told me) ‘Not in this culture. It’s just too difficult,’” Sara recalls.

Sara was young and, in her own estimation, “very green.” New to the country, she felt reluctant to question the cultural analysis of her staff, even if it meant going against a primary development ‘commandment’: Female participation in all programs.

This, however, was too much.

“I said: Go back and have more discussions (with the village),” Sara says. “Find me some women.”

Reluctantly, the men went, leaving Sara with an uncomfortable feeling in her gut. Had she pushed too much? Or not enough?

“How do you balance being someone who is not a pushy know-it all to someone who can get their point across?” she wondered.

It was perhaps a uniquely female question to ask. And what happened next illustrates the delicate balancing act women aid workers perform as they juggle the twin imperatives of respecting both local culture and the humanitarian mandate. Where should the line be drawn between traditional social mores and modern gender equity? And who should do the drawing?

THE DISASTER

It had always been a hungry place.

Even in the best of times, millions of people went without adequate nutrition and thousands were outright starving.

Making matters worse, the nation was emerging from decades of civil war. The conflict had created an enormous army but drained the government’s ability to feed its own people or build wells, roads, or schools.

Now, as the hot sun shriveled crops in the fields and drained nomadic water holes, the country appeared to be heading towards a potentially catastrophic drought.

A major humanitarian disaster was in the making.

Feeding the citizens of this arid African country was key, but so too was helping them to feed

“SARA”: FINDING HER VOICE

themselves – preventing the conditions of famine before they arrived.

It was the reason Sara came.

A new CARE staff member with several years of development work behind her and an emergency response role to fill, Sara wanted to focus on both prevention and relief.

Gender was the last thing on her mind.

“I didn’t think about it at all,” she says. “Only what was I allowed to wear and what was appropriate. I knew it was a conservative (place) but I didn’t even know what that meant.”

It soon became clear.

Sara’s newly-created position came with little outright authority. Instead of commanding a staff she worked on an ad hoc basis with development staff seconded from the country office.

“I had no authority,” Sara recalls. “I had to go through this guy who was my deputy and even he had no authority. (After I while) I realized (CARE staff) weren’t even listening to me.”

Lack of authority wasn’t the only reason.

“In the field, the head office, and (especially) on the emergency program it was all men,” Sara says.

Male managers, that is. Although CARE had some female staff working in the field, “there was a man supervising them always,” Sara says. “At the warehouse - who was talking to these people? It was always the male leaders in the community talking to our male staff.”

It was a system that fed, and was fed by, a masculine culture of authority that had traditionally existed in the country.

“I think there was a certain bit of perhaps falling into the trap of – this is just the way it is,” Sara says. “I look at it as an opportunity lost.”

THE RESPONSE

Not that the male CARE staff didn’t try. “They were great but in terms of really understanding what the issues were ... they just made assumptions.”

One example of this was male attitudes about the country’s female nomads in the drought-stricken north.

Because their men were off seeking pasture for their thirsty cattle, women were left behind to attend food distributions. Often women walked for days to pick up their ration – a “very generic” standard package recommended by the country’s government.

Considering the effort the women put into the journey, were the rations adequate? Were they equitable?

“Did we even look at how distributions took place, when they took place?” Sara asks. “How did we disrupt their family life? We didn’t even know. Of course they were getting something out of it that was helpful but at what cost?”

Her heart sank each time she saw those women – bodies hardened and faces prematurely aged from the harshness of desert life.

It wasn't just their physical state that troubled her. It was her own organization's response.

"(The women) would just be sitting under these trees huddled around chewing on these teeth sticks in their brightly colored sarongs," Sara says. "Just sitting around and waiting and waiting and waiting."

CARE, on the other hand, was supplying rations but little else.

"Women had traveled 20 kilometers and we were not providing water while they were sitting there," Sara recalls. "Why not family planning and all the other (non-emergency) services? Why aren't we maximizing these captive audiences?"

It was not, Sara thought, best practice.

She enlisted on a committee to try make distributions more specific to the needs of the population - but ran into a brick wall of bureaucracy.

"I don't think we made a lot of progress," she says.

She ran into another wall talking with women in the field. The reason?

Her translators were all men.

"I'm not saying the male translated conversations were not useful...but obviously women's answers are going to be a bit different (if a man's not there)," Sara says. "Half the time I didn't ask the questions that needed to be asked because it was just humiliating for a woman."

Hindering her ability to protest was Sara's awareness of her status as a visitor; her belief that "where (expatriates) fail is that we come in and just do it ...rather than empowering others."

Part of it, however, "was my own insecurity and confidence as a woman."

Things came to a head over an unlikely topic: goats

Sara was in a village with her male staff to seek volunteers for a veterinary project. The aim of the program was to select and train community volunteers in basic veterinary medicine for small animals as well as cattle. The hope was to make these community "vets" resources that might help their communities cope with drought.

The volunteers would have their own veterinary kits. Their own clients.

"They were being set up as businesspeople," Sara says.

They weren't being set up to be gender sensitive.

Communities were asked to select the volunteers. Predictably, perhaps, when Sara's staff reported back to her with volunteers, none were women.

"(The CARE staff) said: 'No way. There are no women,'" Sara recalls. "Apparently the communities said no. But part of it was the staff (attitudes) as well."

“SARA”: FINDING HER VOICE

One of Sara’s goals for the project was a 50 percent participation rate by women.

The “push-back” by her staff “was the breaking point,” she recalls.

“I told them: ‘I know it’s difficult but that’s one of our roles to see if it can be done.’ And I made them go back.”

The tough tactics worked. When the men returned a second time, four of the 25 volunteers were women. It was a start.

What made the difference?

Partly, Sara says, it was a change in approach. Rather than just solicit volunteers, as they did on the first visit, CARE staff also soothed fears.

Women volunteers, they told communities, did not have to be young and single and therefore more vulnerable to insecurity when they traveled to see their clients. They could be older, married women shielded by the convention and credibility of marriage.

CARE staff also reinforced the program’s key incentive: the cash that women “vets” would bring home.

“It was helping the men understand what benefit it would bring to the family,” Sara says. “In some cases men didn’t like that but for a few of the enlightened men it worked.”

The “break-through moment,” however, was not just the type of arguments made, but the insistency with which they were delivered.

“I think it was the going back and saying: ‘Help us understand what the issues are rather than just yes or no,’” Sara says. “It was the challenging of: ‘Well, why not?’”

THE LESSON

In that moment, Sara found her voice. And if she did not always use it consistently, she nevertheless employed it with increasing confidence.

“I had to learn to trust that what I have to say is valuable and valid,” Sara says. Looking back, “I didn’t use my power enough in terms of really insisting that we had more female representation. I shouldn’t have said: ‘I don’t really don’t know how it is because it’s all men here.’”

Today she says she would insist on a female translator from the capital city. And she would recruit more and better educated and trained women to assume management roles.

“For example, we had peer educators in our family planning programs who were women (but) we didn’t even tap into them,” Sara says. “These are people who are actually trained to go into communities, had relationships built up, and could have talked to the women.”

“Had I grounded myself more I could have done that. I could have been more creative.”

She also made a concerted effort to change the attitudes and build the capacity of her male colleagues.

“One of the things I’m most proud of is that I spent so much time with ... this guy who worked for

me that when I left he was really equipped," Sara says. She also drew strength from female colleagues facing similar challenges in other agencies.

"What was interesting was that we kind of created our own 'How do you hash things through and solve things' (network)," Sara says. "Men do it too. It's called your good ol' boys network."

The overall experience taught her a valuable lesson in assumptions – and how to avoid them.

"A lot of it has to do with just realizing I don't have all the answers. I think it's just good practice to listen and learn and just shut up," Sara says. "Let me listen and learn from you all and then I'll map on my experience."

But it also taught her that women should "stand up for ourselves a bit more," Sara says. "To challenge the norms and the positions we're put in."

"I don't think it means I have to act like a man," Sara says. "But I do think we need to learn to identify our strengths and then trust ourselves."

What can be done to empower women to do just that?

"Knowing they have support of others. That they're not alone," Sara says.

The CIGEE network, in this regard, provides a valuable outlet in the form of like-minded women around the world who can connect – "bitch, vent," Sara laughs.

"It's critical to have someone to vent with," she says. "You need to have somebody who is safe that you can talk to."

More formally, she feels that it should be a requirement of senior management to provide "sidebar" coaching to women as the first step in a potential "buddy system" or full-fledged mentoring program.

"I think that makes a big difference – it makes a big difference to me," Sara says.

Such mentoring does more than advance a career.

"At the end of the day our work (success) depends on human relationships," Sara says. "Women are considered soft because they focus on that more. But it's actually our greatest strength."

JENNIFER

"JENNIFER": STRENGTH IN(SO-CALLED) WEAKNESS

"There were bodies floating everywhere ... It took me years to get over that experience and sometimes I can still smell something that reminds me of it."

On April 29, 1991, a 20-foot (6 meter) wall of water rose up and buried southeastern Bangladesh.

It was a "Category 5" cyclone – the most severe of its kind – with winds of up to 155 mph (250 km). Those winds gouged a trough of water out of the Bay of Bengal and drove it onto low-lying Chittagong district. At least 138,000 people perished instantly. As many as 10 million others were left homeless. Buildings were torn to shreds and roads buckled or disappeared altogether.

"Jennifer" was new to Bangladesh, and unschooled in emergency work. It didn't matter.

"I remember hearing (that the storm was coming) on the news up country," Jennifer recalls. "I realized that I needed to get back to Dhaka (immediately),"

What happened next tells a story about female aid workers' ability to draw on a uniquely feminine strength in the midst of a full-scale disaster.

THE DISASTER

"This report contains descriptions which may be upsetting," the BBC warned its listeners two weeks after Cyclone "Gorky" hit Bangladesh.

Indeed, the horror of Bangladesh's reality was impossible to blunt. Bodies, mostly children and the elderly, floated face down in a viscous stew of polluted water. Huge sections of the country were cut off from aid by flooding. Even structures designed to protect coastal communities – a concrete levee near the mouth of the Karnaphuli River for example – were swept away by the storm surge.

Jennifer was not just three-months-new to CARE Bangladesh; she was new to the world of emergency work. A social scientist with just a few years of prior experience in a development setting behind her, Jennifer's time in Bangladesh was supposed to be focused on peaceful preventive health programs.

On April 29, everything changed.

"It was total destruction," she recalls. "And I wasn't prepared. I was in charge of all the health management ... and the level of devastation was so horrible."

What she did know: She had to get back to Dhaka as soon as possible.

There were no flights so she drove for 12 hours. As she arrived, the storm hit.

"People gathered at my house to watch the news," Jennifer recalls. "(Our country director) had taken a helicopter flight and videotaped the damage and we watched the video at my house."

The images confirmed CARE staff's worst fears. It also determined their next course of action: get to the disaster site, and quickly. That same evening, Jennifer was on a military flight to the heart of the disaster zone.

THE RESPONSE

She arrived in the temporary Chittagong airport with no one to meet her and only her own broken Bangla to steer her path to the CARE office.

The devastation around her added to a mounting sense of personal inadequacy.

"I had never had any training, nor exposure, to large scale emergencies or even small scale but was (nevertheless) assigned to be one of the first on the spot," she says.

Not that the immediate needs of the area were difficult to spot.

"One of the biggest health issues was the presence of so many unidentifiable dead bodies that, if left, would have contaminated the water sources even more," Jennifer recalls. "I remember the (Country Director) at that time, thrusting me in front of BBC to speak of the situation and my only thought was to warn of what could be a cholera epidemic."

Jennifer and her staff launched into a frenzy of activity that caused the days to merge even as the horror of the situation compounded.

"We (made) the decision to lead by example in burying bodies," Jennifer recalls. "I asked my CARE staff to do so knowing the horror (of) it ... until Bangladeshi volunteers could take it on."

Bodies were buried in the Muslim tradition – wrapped in a white shroud and facing Mecca. But the sheer quantity of corpses necessitated that they be buried one atop another.

"It was a horrifying experience," Jennifer recalls.

The trauma of filling mass graves was compounded by the individual anxiety of the decision maker.

"Not only was the actual task ..horrifying.. but (so was) having to make that decision with such little preparation and guidance," Jennifer recalls. "Thank God I had two good friends there with whom I could talk and obsess about what best to do."

THE LESSON

Those two friends – both women - made a lasting impression.

For Jennifer, late-night chats with female friends taught a powerful lesson about the power of women's so-called 'weakness.'

"I had the fortune and, I believe, the willingness that women have to not be afraid to ...consult with others and to say "I don't know what to do,"" Jennifer says. "I think that is a strength that many women have (but) that men have to a lesser degree."

Why? Nature – but also nurture, Jennifer believes.

"Men are not supposed to be affected and in professional roles they need to 'demonstrate leadership' - which almost translates sometimes into authoritarianism."

Women, on the other hand, have what Jennifer characterizes as "a natural capacity to share - heartache and pain, as well as dilemmas about what to do."

“JENNIFER”: STRENGTH IN(SO-CALLED) WEAKNESS

“I think women are able to share more easily and (thus) to be able to de-stress through companionship and shared grief,” Jennifer says.

She felt this not only with her female colleagues, but with the female survivors she worked with in the days after the cyclone.

“What touched me so much is that we didn’t speak the same language ...but we were able to communicate through our eyes,” Jennifer says. “I think somehow women can connect easier to the thought of the loss of child. It’s the shared grief. It brings us all to the same level.”

Male survivors, she observed, coped with grief by focusing on specific tasks.

“Men are more focused on what are we going to do with our livelihoods?” she says. “For them it’s easier to go and build that rock wall up the road than to deal with their emotions.”

The masculine inability to emote extends to male humanitarian workers as well – putting them potentially more at risk than women, Jennifer says.

“Men who do this kind of work think they can’t show it,” she says. “Women can bond together and show it. They can express all the emotional trauma they are going through. You’re able to talk to each other. It’s all so stereotypical but it’s true.”

Are women, therefore, better able to understand – and thus assess - the needs of disaster victims?

“Sometimes I think yes - through non verbal communication as well as through a common understanding of what it is like to be more vulnerable,” Jennifer says. She points out that, “just being a woman you are often more at risk.”

Empathy, however, is not enough.

Emergency aid work is an occupation dominated by men and a masculine ethos of stoicism predominates, Jennifer notes.

In the aftermath of the cyclone, staff was given “R&R” but “little understanding the deep seated emotional upheaval and turmoil” of the disaster, Jennifer notes.

“Years later I can recall talking with some of my male colleagues who were there at the time and being able to discuss the horror of it but ... most of it was done in late night drinking, dulling the stress and getting a few hours sleep and starting over again.”

In Jennifer’s view, the solace provided by other women, although valuable, is merely an informal band-aid for what is really needed: Formal training before a disaster and emotional support afterwards.

“I know I reached my limits in my Bangladesh experience but that I did not recognize it until too late,” Jennifer says. “I am much better able to detect those signs now so as to pull back a bit - but I still think we don’t get enough support to really acknowledge this in a way that isn’t seen as a weakness.”

ELIZABETH

“ELIZABETH”: A WOMAN’S PLACE

“There’s a balance between respecting the culture and being respected as an outsider.”

It was a poor place, cut off from the cities by its fierce geography, and wracked by years of feuding between rival tribes. When an earthquake shook the mountainous landscape, bridges collapsed, roads buckled, and tens of thousands of villagers were cut off from the outside world.

CARE’s country office was overwhelmed. Emergency personnel were urgently needed to fly to the heart of the disaster zone on government helicopters and assess the damage. Once there, they would have to sleep rough and investigate how best to surmount the logistical difficulties of reaching one of the most isolated places on earth.

Then there was the culture of the countryside itself – conservative, religious, suspicious of outsiders. A small, hardy, and culturally sensitive team would have to go – who would they be?

For “Elizabeth” the choice seemed obvious. As the incoming emergency team’s press officer, she was responsible for giving the world’s media a first-person view of the disaster. In doing so, she would also take the burden of talking to the press off of other team members and allow them to do their job.

Being a credible spokesman required first-hand knowledge of the field. Elizabeth was aware that most media would charter their own helicopters to get to the field. The NGOs who had spokespeople positioned on the ground would be best placed to speak with the press and to get their agency’s message to the world.

Although Elizabeth was new to CARE and young – this was her first overseas assignment - she felt she needed to be on the first team to go in.

It was not to be. The first government helicopter took off without her. So did the second and the third. Throughout Elizabeth’s assignment, she never saw the area she was supposed to write and talk about.

She was not alone. Throughout the CARE country office and regardless of background, skill level, and local expertise, there was a notable absence of a particular kind of relief worker at the scene of the disaster: Women.

“The men were coming and going into the field all the time,” Elizabeth recalls. “But when it came to the women visitors the team leader wouldn’t put us in the helicopter.”

This is the story of one woman’s attempt to evaluate ‘a woman’s place’ in a rapid onset emergency. Was Elizabeth’s exclusion from front-line emergency efforts a clear-eyed attempt to protect her from a disapproving, possibly dangerous culture? Was it a recognition of Elizabeth’s relative youth and inexperience? Or was it an unconscious example of gender bias in an emergency field still dominated by men?

THE DISASTER

Even if the earthquake had been smaller in magnitude it might not have mattered. Throughout the mountainous countryside it shook, schools, stores and houses were built to erratic, and often poor, standards. The flimsy housing crumbled, crushing occupants under tons of brick and mortar. Landslides buried already potholed roads. Shabby bridges cracked, buckled, or collapsed.

The country's government – far from the disaster site – would eventually estimate the total number of people killed at more than 70,000.

In the early days of the disaster, however, it was almost impossible to tell.

Difficult to access even in the best of times, the few roads leading into the remote heart of the earthquake zone were now totally cut off. Rapid assessments of the number of victims and the severity of the damage were impossible to do in large numbers. Humanitarian aid workers based their projections on informal census estimates, which painted a bleak scenario: As many as 120,000 or more people were in need of humanitarian assistance, even as the region's fierce, high-altitude winter closed in.

CARE tapped its network of personnel from around the world to assemble a rapid response team that included, among other things, a press officer.

Expertise was important. But (as is sometimes the case) so too was the ability to mobilize.

"I think the reason they brought me in so green and inexperienced was because they were desperate for someone who could leave right away," Elizabeth says. "I had very little experience in emergencies."

But she was eager and ready to travel. Within a week, she found herself on a plane, ready for action but also apprehensive about the culture she was soon to confront.

"The number one thing people told me was: 'Cover yourself from head to toe. Don't go anywhere alone. Try not to talk to men there. Don't look them in the eye. Seclude yourself completely and you should be okay.'"

"Which of course scared me," Elizabeth says. "I thought to myself: 'What have I gotten myself into?'"

THE RESPONSE

In those first critical weeks, Elizabeth would be responsible for talking to dozens of media outlets about the emergency. To be credible, she would have to acclimate fast to a culture she knew nothing about. She would have to understand the dynamics of aid agency coordination efforts. And in a country office overwhelmed by the logistical needs of an ever-increasing emergency team she would have to find creative solutions to the most basic questions: Where to sleep, how to work, who to ask for information?

The challenge was daunting, to say the least.

"I felt very young," Elizabeth recalls. "I felt like I didn't know what I was doing (yet) I felt like I was expected to know exactly what I was doing."

She did not. It was her first time in the country and Elizabeth spent the first few days "trying to soak

up as much information as possible.” Even as aftershocks rattled the windows of the CARE country office, she attended coordination and sectoral meetings and spent her days assembling a daily report for the media based on reports from her colleagues in the field.

“I felt completely in the know all the time but when it came to actually seeing what we were doing (in the field) it was a bit more difficult,” Elizabeth says.

That was because those selected by CARE to visit the field were “men, completely and totally men,” Elizabeth says.

The reason? Security, Elizabeth says.

“The team leader who was in charge thought it was too dangerous (for women to travel)” Elizabeth says. “He wouldn’t put us in the helicopter; he put us in a car and sent us less than half way.”

Fear of the unknown coupled with the harsh conditions may have justified the exclusion of women, but it may have resulted in some gender-based miscalculations, as well.

“They sent people in that weren’t fit for the job (just) because they were a strong man,” Elizabeth says. “They sent in a security advisor as a team leader - he had absolutely zero experience as a team leader - because ... he was a strong man.”

Women, on the other hand, “all sat in the office ... and (talked) about things we didn’t get to actually see.”

Was it a clear case of gender bias?

“I think it was,” Elizabeth says. “And unfortunately I think there were good reasons behind it.”

Even in the capital city – relatively more modern than the remote countryside - the culture Elizabeth had come to help was “a difficult place to work.”

Women were expected to cover their bodies in conservative garments. They were restricted in their movements and choice of work - often the women who came to the CARE office in search of work were escorted by husbands or fathers.

Out in the countryside where CARE was setting up operations, restrictions on women’s behavior was said to be even more extreme. Then there was the potential culture clash that might result from the harshness of conditions. In the disaster area, there was no CARE office or even a shelter where female staff members could sleep. They would have to camp out in the open with their male colleagues – a potentially taboo and shocking scenario.

The closest Elizabeth came to CARE’s operational area was a refugee camp a few hours from the country office.

“We went there and talked to the victims and their families (but) it wasn’t a place where we were doing anything yet,” Elizabeth says. “It was touching and it was a very difficult day but I wish we had gotten to go where CARE was actually doing distributions.

“I felt like we were being protected.”

“There are of course security concerns around women and even today female NGO workers are a high security risk,” Elizabeth says. “They’re not well accepted.”

Weeks passed until CARE decided to send its first woman field worker.

The candidate they selected was a local woman in her mid-40s, fluent in the language, married, and experienced in psycho-social well-being – a particularly needed expertise for the traumatized women of the region.

Yet sending even this “very capable” candidate was “the largest production,” Elizabeth recalls. “They got her ready, they got a security training for her, then (the trip) got canceled. I think it got canceled three times before she actually was able to go.”

When she returned unharmed it seemed a watershed moment.

“CARE realized they could send women in,” Elizabeth says. “They took the training wheels off.”

THE LESSON

Elizabeth notes that both the CARE country director and emergency team leader were experienced men with a track record of working collegially with women in the field. Were they likely to discriminate by gender – even unconsciously? Or were they genuinely concerned for their female colleague’s safety?

“I think it was a bit of both,” Elizabeth says. “I think in the beginning they wanted to protect the women from possible danger and protect the CARE name. They were afraid of what would happen to us. But women have gone (to the field) and are there now. I don’t know if that danger would have been realized.”

Several of the men leading CARE’s emergency effort were foreigners. Inexperienced themselves in the culture and attitudes of the country, could their perceptions towards their female colleagues have been colored by the protective attitudes of their host country?

“There was a huge problem finding women who would work in the (field)” Elizabeth says. “Getting them to work anywhere outside a major city was a problem. Their husbands didn’t want them to go, or to even work.”

Elizabeth herself admits to feeling conflicted about her strong desire to see CARE in action and the very real security concerns of her male colleagues.

“In the villages, CARE staff had no place to sleep. They were all in tents and sleeping bags. There was snow on the ground and it was cold. And it was an all-male staff – I would have been the only woman,” Elizabeth says. “It wasn’t welcoming and inviting. Part of me was a bit relieved I wasn’t going.”

At the same time, “I talked about it every day but I didn’t really understand what I was talking about. I wanted to see it in person.”

She is also aware that her lack of experience and youth might have made her unsuited to claim one of the limited seats available on the government helicopters.

“Based on my skill level (perhaps) I should not have been the first to go in,” she says. “But there were certainly women there who had tons of emergency experience who were very strong women who could have gone up there in the beginning.”

She also wishes she might have received some training in cultural and gender norms prior to the experience.

“I felt myself not understanding what was going on,” Elizabeth says. “I wasn’t sure how to dress. I didn’t know when to shake someone’s hand or not.”

But the need for training cuts both ways, Elizabeth says.

“They brought in so many people who weren’t familiar with CARE and CARE’s thinking on gender equity and diversity. I think some training would have been quite helpful. It certainly would have made the office environment more comfortable for me.”

She still thinks about how the men of her office “hugged the walls” so as not to touch her when she passed – despite the inconvenience it caused them and the discomfort it caused her.

The “looming stares” at her western dress combined with an inability to connect with her male colleagues “made me feel like I should be self-contained in a bubble.”

“I think a woman should feel comfortable in the work space,” Elizabeth says. “I think there’s a balance between respecting the culture and being respected as an outsider.”

A manual that spells out acceptable office dress and behavior as well as cultural norms of both the country and of CARE would be helpful, Elizabeth says.

Gender bias might also be avoided if CARE sent personnel to the field based around skill level and expertise – not gender, Elizabeth says.

“(CARE) should put it in writing that ‘this position needs to go’ rather than ‘this person,’” she says. “That’s more fair to the project and to the people.”

AMINA

"AMINA": THE MEANING OF 'EXPERIENCE'

"I'm realizing there's no standard profile of an emergency worker. But there is a tendency to think that way and that can be very dangerous."

Corpses lay in the street as "Amina" drove to school. Soldiers with machine guns searched for weapons in her family's house at night. And all around her in the slums and fields of her homeland: unremitting scenes of poverty, struggle and suffering.

It was the 1970s and Amina was growing up in a country in the grip of a civil war. At times the electricity would die and water faucets run dry. At other times food would be scarce. More privileged than most, Amina nevertheless became accustomed to "conditions of harshness." Like everyone else in her country, she coped with the uncertainty that comes from living in a place where – at any moment – violence could erupt.

Such a childhood brought her into first-hand contact with poverty and violence. It also, she thought, made her a natural fit for emergency work with CARE.

She was wrong.

"In one of the first conversations I had (at CARE)... there was concern about my direct field experience," Amina recalls. "I was told: 'You need to get more experience and training.'"

What follows is one woman's attempt to get to the heart of the concept of "experience" in the emergency setting. What backgrounds and perspectives are valued and why? And are there other 'opportunities to be different' that might make CARE's staff even more effective in coping with disaster?

THE PROBLEM

Amina came to CARE with an advanced degree, several years of experience working on a chronic food emergency in Africa, and a desire to put her training and development skills to work. She spent several years in CARE working on development related issues, and eventually found herself working in emergencies.

Amina immediately notices that emergency personnel were a special breed of staff – quick-witted, action-oriented, and able to endure the harshest of conditions.

Emergency staff had to be able to move quickly to the scene of a disaster, immediately assess the needs of victims, and write proposals that translated into money and programs.

They had to be tough, decisive, experienced, and (necessarily) unencumbered by family commitments.

More often than not, they were men.

Or at least that was how it appeared to Amina.

She thought it was only CARE. But at an interagency conference on emergencies, a panel of 10 speakers featured only two women. The rest were white men.

"I'm thinking: 'So these are the experts in the field? Did the organizers not do a good job of finding

other people? Or is this field dominated by white males? I'm not sure," Amina recalls.

At still another meeting, the masculine nature of the profession was betrayed by a male colleague's remark.

"One of the guys said (about a particular problem posed by an emergency): 'A couple of years down the road we'll all be scratching our beards and talking about it.'

Amina laughed out loud when she heard the comment. Internally, however, she was troubled.

"He made a comment that was relevant to him as if there were only men in the room. It was so unconscious," Amina says. "For the guys – I don't even think they noticed it. (But) for the women in the room it was so obvious."

The implied assumption weighed on her. Why was the field of emergency work dominated by men?

Were they somehow uniquely suited to the work?

Or were women unable to access what seemed to be the key criteria for entrée: hands-on, practical field experience?

"(At CARE there is a tendency to ask) 'How many years have you actually been working in emergencies?'" Amina says. "As if the number of years determines your ability to do the job. It does, but not totally."

Several colleagues had already asked her – numerous times – questions like: 'What are you doing for your own development?'"

"I (initially) thought: 'It's nice they're thinking of me,'" Amina says. "Then I realized the reason the question was posed was that there was concern about my direct field experience and my capacity to do my job despite almost 10 years of working in CARE."

In conversation after conversation, a similar pattern emerged.

"If you don't have that history of rough experience in the field ... the initial thought is that you're not credible," Amina says.

Could this be why so few women rose to the top of the emergency field, she wondered?

"Of course it makes sense that there's so little diversity in this field because the tendency is that you have to have 'X' number of experiences with emergencies before you're credible," Amina says. "If you're not somebody who has confidence, that (attitude) can really shutter your motivation."

Then there was the 'Catch-22' all prospective emergency workers were faced with. To gain the needed experience, one had to be given an opportunity. And within CARE, opportunity seemed to occur more through human whim than through an organizational recognition of the value of fresh perspectives and alternative backgrounds.

Amina's own job in the emergency unit happened only because a supervisor saw her potential and past contributions and had confidence that she could do the job.

"I really don't think that without my boss I probably wouldn't have had this opportunity," she says. "I think that particularly in emergency work it becomes even harder to break (past) perceptions."

The result, Amina fears, is that few women will advance within emergency work without "acceptance from the top."

"The decision makers have to be willing to give someone a chance. And that's a huge risk," she says. "But until they do it's an impossible ceiling to break."

THE CONSEQUENCES

The emergency relief industry's singular focus on hands-on experience, Amina says, has created a "classic" linear type of emergency worker: a quick moving delegator with hands-on experience, able to take charge and make decisions, "because you don't have time to process and you have to move straight into action."

It has also bred a clique of experts who "come in, they design, they keep it to themselves and they deliver and then they leave."

There are organizational consequences. When the experts pull out "the memory and the knowledge goes with them," Amina says.

Not enough effort, she feels, is placed on building local capacity, especially that of national staff.

There is this perception that all you need to do is respond," Amina says. "But you need to build up the capacity of national staff to respond as well."

It does not take an expert to build this capacity, Amina says, but rather the presence of the right systems, support mechanisms and resources.

In her own experience, Amina says she has observed that systems and practices to strengthen local capacity do exist or can be created, and that this knowledge is transferable between development and emergency work.

THE LESSON

For Amina, there is also a larger, underlying question: Why is field experience the only credible way to qualify as an emergency worker?

Amina says she understood the concerns of her male colleagues about the importance of hands-on work.

"Of course you have to experience some of these things first-hand to know what you're dealing with," Amina says. "But there are so many other things in life that give you that same experience."

Her own life, she felt, gave her perspectives into poverty and conflict that few first-world colleagues could replicate.

"Growing up we were faced with a situation where the government was changing and we had tremendous conflict," Amina says. "It was a situation of intense pressure...in which we were faced with conditions that were extremely difficult."

The upside? "All of these things contribute to your ability to be resilient," she says. "Yet when others look at me they don't see this resilience because it's not something that gets written on a resume."

That resilience came in handy in a previous job in which "it wasn't hard for me to be out in the projects for 10 days with no water, no electricity."

The world of childhood and the world of adult work are different and Amina says she doesn't "draw a straight line between what's happened in the past and my job with CARE."

But she does feel that "if you've been through those kinds of insane experiences in your life the likelihood that you can handle them (in your work) is pretty high."

Not just handle them – but spot opportunities that others might not see.

Being both a citizen of a “beneficiary” country as a child and a provider of aid as an adult gave her the ability, Amina says, “to analyze and think about the prospective stakeholders who need to be involved in emergency work - because I recognize the consequences of not paying attention.”

What she has learned, Amina says, is that “there is no standard profile for an emergency worker. The vast majority are people like me who have been in the field for a while but aren’t emergency workers per se.”

Within CARE, however, there is still a tendency to think that way – “And that can be very dangerous,” Amina says.

Staffing an emergency, she believes, may ultimately have depend more on what types of skills are needed – and when.

“If you are a team leader ... and there are lives that are at stake ... I do feel there are certain aspects about your ability to manage pressure, to make quick decisions that are important. But there is not one standard in the work that fits.”

Other types of workers - more diverse in background and perspective, less authoritarian, and able to spot “opportunities to be different” in the way programs are conceived and executed – may be equally important in different phases of emergency work.

Preparation and prevention, for example.

“What I’m learning is that in emergencies there is a preparedness aspect and an action aspect and the preparedness piece does not require that kind of (linear emergency worker) characteristic.”

Even in the midst of an emergency, “softer skills” may enable staff to be more culturally sensitive and to deal with diverse stakeholders, Amina says.

“I don’t come in feeling that I’m the expert that I have to know everything and do everything,” Amina says. “Direct experience should not be the litmus test. Rather, our ability to learn from others, to draw on their rich experience – that’s what counts.

The goal, Amina says, is a collaboration between traditional “experts” and those who bring a more diverse set of skills. The result may be “organizational systems, practices, and policies that can strengthen emergency preparedness and response and hopefully create sustainable solutions.”

SET 2

THE COMPLEXITY OF THE FEMININE

“MAYA”: EMERGENCY SEX – AND SEXUAL HARASSMENT

“The realistic experience of women is that we do struggle with (things) ... that complicate our sense of guilt ... and that’s why it’s hard for us to report harassment.”

Within the world of international relief, it is a poorly-kept secret: Emergencies can be fun.

Aid workers from around the world mix and mingle at the far-flung destinations. Long hours in the field or the office are supplemented with long drinks in the bar after work. Dancing at impromptu late night parties helps dull the stress of a difficult and dangerous assignment.

As do the romances that sometimes bloom between aid workers, journalists, and other hard-charging eye-witnesses to disaster.

Most of those relationships are consensual. Some, however, are not.

As Maya, a CARE program officer, can testify.

The scene: A bar in a city bordering a war-torn area. The characters: A senior male CARE manager, an experienced aid worker with a long track record in emergency work.

And a longer track record as a husband and father.

His wife and family were thousands of miles away, however. And Maya and her male colleague were together, tossing back drinks in a bar after work. As the night lengthened and the drinks flowed, she found herself engaged in the kind of “quite personal” conversation that can only happen in settings where emotions are heightened and boundaries lowered.

Her colleague felt the same.

“When we left the bar he told me the conversation couldn’t end there,” Maya recalls. “He convinced me to go back to his room.”

Looking back, Maya realizes she should have said no. But through the fog of alcohol and the trust she placed in her older, married, male colleague, Maya went to his room.

“Looking back,” Maya says, “this was quite a stupid thing to do.”

What happened next tells a story about the intimate pressures women face in the fast-paced, high-stress – and male-dominated – emergency culture. To what degree is sexual harassment the ‘cost of doing business’ in emergency environments? Should women protest such harassment? And if they do, what is the cost to them? To their own organization’s effectiveness?

THE DISASTER

Bombs were exploding just a few miles away. But in this city used by aid agencies as a leaping-off point into the war zone, the dangers were less obvious.

Aid workers from around the world were packed in hotels, often sharing rooms. Journalists rented

houses and cultivated their sources at after-work parties. Mercenaries and middlemen crowded local bars, seeking work and opportunities. Caravans of trucks brought food, shelter and water on their way to the war zone, as well as a rough and sometimes nefarious assemblage of drivers, logisticians, and businessmen.

"The big emergencies are the big party emergencies," Maya says. "Everyone's there...it's a big scene."

Most of the international population was men – "there was a lot of testosterone going around" – Maya recalls.

Women aid workers or journalists were few and far between.

And they were all trapped with little to do but wait out the latest round of government bombing.

That wait bred tension – as well as efforts to mitigate it.

"There was a lot of drinking and partying...that whole classic emergency party kind of thing," Maya recalls. "You'd work all day and about nine or ten o'clock you'd go out."

"Out" meant parties where alcohol flowed and aid workers danced both to the pulse of music and of distant explosions.

Even when there were no parties, aid workers gathered in each other's rooms to talk, drink and rehash the day's events.

Small spaces and high stress bred intimacy. At its best, such intimacy created an improved collegiality, a stronger team.

At its worst, however, it could be frightening.

THE CHALLENGE

Intimacy, in some cases, meant that almost any behavior was tolerated between "friends."

That point was made clear to Maya in the open and unapologetic use of prostitutes by male staff.

"They'd talk about going out for 'cappuccino' all the time," Maya says. "That was the code name for prostitution. One of the guys had 'cappuccino' dialed into his phone."

Then there was the drunken male staff member who tried to force his way into a female colleague's room.

"She had to fight from behind the door to push him out," Maya recalls.

Maya found out about her female colleague's ordeal the next morning. She was told about it by one of "the cappuccino guys" who winked and nudged and seemed to consider the incident humorous.

"Well that's actually not what her experience was at all," Maya says of her female colleague. "She was obviously quite disturbed by it."

Then there was Maya's own experience.

It was five o'clock in the morning, they had been drinking all night, and now she didn't want to go to her male colleague's room. But he insisted. Once there, "he kept trying to keep me there," Maya says. "He kept trying to hold my hand and get me back to the room."

Eventually she extracted herself without harm, but the behavior didn't stop.

"After that it was a bit like stalking," Maya says. The man would attempt to ask her out, get her alone, and if she refused, "he started saying: 'Oh what's wrong, you don't want to be my friend?'"

Maya was torn. The man was a senior member of the organization she had only recently joined.

"I didn't want to destroy the professional relationship," Maya says.

Yet the pattern of behavior became more insistent, more obsessive.

"He would see me in the office with my hair up," Maya says. "And later he would phone me and tell me to wear my hair down (because) 'it looks pretty that way.'"

At the same time, he inferred he wanted to help Maya professionally by telling her what other senior managers thought of her, "and what that meant about my career."

Even after her male colleague left the assignment, Maya says he telephoned her three or four times a day.

"I just stopped answering the phone," Maya says. "I hope I never ever have to see him again. It was so disconcerting and in the middle of a situation that is quite complex, very stressful."

A second meeting is very possible, however. Both Maya and the man – as well as several of "the cappuccino guys" – still work for CARE.

THE LESSON

"CARE is an organization where we profess zero tolerance for sexual harassment," Maya says. "But it's there."

There – but little reported. Although Maya says almost every woman she has met in emergency work has a story of sexual harassment on the job, few have reported it.

"I don't know anyone who ever has reported anything," Maya says. "And I don't know what would happen if they did."

The reasons are complex.

Age and experience, Maya says, has everything to do with how a woman reacts to unwelcome sexual advances.

"I was quite young when it happened," Maya says. "I never spoke out about it, did anything about it."

The reason? "These were people who were certainly in a position of power in relation to me."

It was a lesson in vulnerability – her own.

"It made me see how vulnerable women are who aren't in a position of power to know what to do

about (sexual harassment) and how to manage it."

Her response was to "learn how to live with it" – that sexual harassment in emergencies was one of those things "we just have to deal with."

"There is a certain acceptance that girls put up with this stuff rather than stand up to it," Maya says.

Part of this, Maya says, is realism.

"In this crazy context you just think 'I've got to move on, because (harassment) is part of the drama.'"

Stoicism – the relief worker's code – factors into the decision to keep quiet.

"When you're in a war zone and bombs are dropping you are very focused with getting on with the job," Maya says. "You're not about to go and say: 'Someone tried to bang down my door right now and he happens to be the senior manager.'"

"I know you should," Maya adds. "But in that context of craziness you just go 'he was a drunken idiot' and you move on."

And what if she did report a senior manager's behavior?

"I would be afraid of the potential backlash," Maya says.

She is also afraid of something else: a deep-seated and arguably classically feminine fear of being judged for her sexuality.

After all, sex in a disaster zone – so-called "emergency sex" – is for the most part consensual, Maya says.

"I've had my share of love affairs," Maya says. "That's what makes (the issue of sexual harassment) so complicated, especially in a professional context."

Would her own sexual history be called into question if she dared to protest a male colleague's behavior?

"That's where too you start to wonder 'how much can I say because perhaps I'm vulnerable here too?'"

Sexual harassment leaves few witnesses. Maya knew that by drinking with her male colleague and then going back to his room, her accusation of sexual harassment would be a 'he-said, she-said' claim.

And her own judgment might be questioned.

"There's that part of you that says, 'I shouldn't have done (gone to his room). That was really stupid,'" Maya says.

Blaming her own behavior for unwanted sexual advances is "ridiculous," Maya says. "On paper and in my head I know that."

At the same time, "the realistic experience of women is that we do struggle with things ... that

complicate our sense of guilt ... and that's why it's hard for us to report harassment."

Also clouding judgment is the atmosphere of emergency work itself, in which consensual sex partners may work alongside each other in an office, where men and women may share close quarters, where boundaries become "blurry," Maya says.

"That chaotic kind of environment is just much more open, much more blurry so that the risk of sexual harassment can just circle around in (it)," Maya says. Whereas "in a head office instances of sex harassment are much clearer and it's easier to set those boundaries."

The result is that in emergencies, "little" incidences of sexual harassment "happen all the time," Maya says.

And that reality "does put a lot of women off emergency work," Maya says.

Sexual harassment has at least one up-side: "It means the women who do emergency work have to be pretty tough and prepared," Maya says.

"I guess I'm a bit stronger and a bit clearer about what's acceptable and what's not acceptable," she says. "I feel I deal a lot better with some of the problematic men in the organization."

But regardless of the 'positives' of sexual harassment, women should not have to bear the burden, Maya says.

"Obviously it's not acceptable and we need to find ways to (communicate) that," Maya says.

The question is: how?

Should training on sexual harassment be mandatory for all CARE emergency staff, regardless of their age or rank?

Yes, Maya says, but it's more complicated than that.

Sexual harassment, after all, is about power, not just sex. It is usually perpetrated by people in positions of authority and it is those people for whom "raising awareness and clarifying boundaries" is a priority, Maya says.

"How do we promote responsibility among senior men when it comes to these issues?" she asks.

One answer might be to fold messages about sexual harassment seamlessly into other kinds of training – such as the work CARE is increasingly doing on the prevention of sexual exploitation.

Those policies add to CARE's pre-existing "zero tolerance" policies on sexual harassment.

But in practice, and particularly in the emergency world, "everyone is focused on the beneficiaries part to the neglect of the staff part," Maya says.

CARE employees of all ranks need to be reminded that policies apply to everyone, Maya says.

That might mean new forms of training, pre-deployment briefings, and other opportunities to talk about sexual harassment within the organization, Maya says.

"We do have issues in our organization that we seem to be blind to," Maya says. "We may have a zero tolerance policy but that doesn't mean there's zero harassment."

MARYAM

"MARYAM": WRESTLING THE FEMININE MYSTIQUE

"Especially in ... conflict there are so many things that actually depend on the personal."

The girl denied she was a rebel. But she was a member of an ethnic group associated with rebel forces. Now government soldiers were looking for her.

Trapped in a village surrounded by roadblocks, the girl had no way out. If she stayed she would be found. If she tried to leave she might be arrested – or worse.

"Maryam" had very little time. An aid worker responsible for the health and well-being of the village in a time of war, Maryam knew she had to get the girl to a safe location. That meant moving her through government roadblocks in plain site of soldiers and without help from local leaders terrified of potential repercussions.

Only a local nun offered to help. What could three woman do against an army?

Maryam looked at her partners: at the simply-dressed village girl, at the nun in her austere wimple and habit.

Then she had an idea.

What happened next is a story of how one woman used perceptions of femininity to her advantage in the most complex of emergencies: a full-scale civil war. It also raises questions about the costs and consequences of femininity in an emergency setting. To what degree is being a woman an advantage in an emergency? To what extent do women aid workers – in employing stereotypes – subtly reinforce them?

THE DISASTER

It was an uncivil war.

In the more than 30 years rebels from the break-away province had fought with their far-away government, up to 200,000 civilians had died. Attacks brought bloody counter-attacks. Policies of forced conscription stirred resentment and extreme acts.

"One young boy ... intentionally climbed a tree and fell down to break his arm because he refused to hold a gun," Maryam remembers. "Holding a gun was so scary. But seeing an ignorant and uneducated young man holding a gun was even more terrifying."

A pathology of violence gripped the countryside as suspicious villagers accused members of rival ethnic groups of "spying" for the government. Equally suspicious government troops arrested – beat – even murdered - suspected "insurgents."

Such rumors were rarely substantiated by due process. And no one – not even the occasional, unfortunate aid worker caught in the middle of outbreaks of violence – was safe. Anger over a government or rebel attack could quickly turn to mob hysteria – and danger.

THE CHALLENGE

As a young aid worker – not yet 30 years old – Maryam had to tread quietly and with discretion in the highly sensitive operational area.

It was an unaccustomed role for the fiery former student activist.

"I was involved in so many movements," Maryam recalls of her student days. "I always believed that everything has a political motive behind it. I discovered feminism and liberation theology and with friends in university I started to study poverty. We went so deep into the issues we could not go out."

Those politics sent the young woman out onto the streets to march in protest of government policies that she felt fostered poverty.

It caused her to make unorthodox decisions within her own conservative society: she had a child out of wedlock despite the biological father's willingness to marry her.

"Me and my boyfriend were different religions and it became a big issue for him," she says. "I didn't want to play this game so better not to deal with marriage issues."

Her untraditional views and willingness to act upon them had consequences. The religious university she attended suspended her undergraduate degree because, she says, "I had views on the church, on women in the church. They suspended my degree until I conformed."

She never did. Instead she visited an NGO working with women and children displaced by the country's civil war. There she saw, for the first time, the impoverishment and danger that rural women caught in conflict zones endure.

It was a clarifying moment.

Maryam attended a religious school because, she says, she wanted to study and articulate spiritual principles. But here in this displaced persons camp she witnessed raw needs, devoid of philosophy, aching to be met.

"My dream was that I wanted to be like Mother Teresa," she says. "But I was entering the wrong door because...I was (focused on religion) when I should have been studying social work."

Such a revelation necessitated, she knew, a change of approach. She would have to "compromise" in search of practical solutions. And she would have to recognize what could – and could not – be achieved through political means.

Poverty, she knew, was often caused by politics.

"(And yet) it's never happened in (our) history that a political party can help or even touch the underlying causes of the poverty," she says.

Inequity, on the other hand, could lead to dysfunctional governance.

"In many cases of disaster the community's inability to cope is rooted in their suffering, in their lack of basic rights," Maryam notes.

By focusing so much on politics, Maryam says she had become "emotionally trapped."

"I thought: 'There must be some other way to deal with this situation. I don't think it's my time anymore to go yelling on the street. I have to get into the system so I can talk to the people (controlling the situation).'"

Maryam joined a local, then international NGO, and spent her time on the front lines of her country's civil war, delivering assistance to villages caught in the conflict.

It was an often-daunting task. Some villages were so polarized along ethnic lines that even staff members from Maryam's NGO had to be separated.

Maryam herself hailed from one of the two ethnic groups whose disputes were at the heart of the country's civil war.

"Once I had to go into the (other ethnic group's) area to one of the project bases," she says. "People were reluctant to let me go there."

She went. What she found surprised her.

"Actually when I was talking with the people there they were very welcoming."

Why?

"Because," Maryam says. "I am a woman."

After years as an ardent feminist, nonconformist, and activist, it took a war zone to show Maryam the value of that thing she most decried: her "feminine mystique."

Femininity's uses became obvious in one of her biggest tests: smuggling a local woman suspected of being a rebel out of her village.

With the help of a nun, Maryam clothed the girl in a nun's habit and sweet-talked her reluctant driver into driving all three women to a militia road block.

There, Maryam jumped out of the car and proceeded to flirt and chat with the soldiers – posing with them for photographs and "getting smooth" by saying things like, "I'm just a worker with an NGO... blah, blah, blah," Maryam recalls.

The "nuns" sat quietly throughout the entire exchange.

Charmed, the soldiers eventually waved the car on.

THE LESSON

Maryam had always known that women aid workers had special skills.

"Even simply the way we see things, the way we smell the problem...it's different," she says. "When I get into the situation in an emergency I forget all the theories...I use my intuition to find things out."

That intuition leads them to ask questions that may be neglected by male colleagues.

In a scenario in which both female and male NGO staff visit a displaced persons camp filled with women and children, "It's only women who will ask: 'What's wrong with this? Where are all the

men?" Maryam says.

"Then we find out that the men are being mentally destructive, or walking away, or doing nothing and the women are staying home with the children," she says. "But it takes a woman to ask."

Women's ability to empathize refines their powers of observation, Maryam says.

"This is really important in an emergency situation," Maryam says. When visiting women in a camp, female aid workers "don't even have to talk. We just have to stay there, drink together, prepare the food together. Somehow it's enough for them to finally talk.

"This could only be done by women."

Whereas men "sometimes come as a hero – 'look, here I am!'" Maryam says. "There are so many heroes in an emergency situation coming suddenly. But women – they come not as a hero but as a friend."

But women have still another tool that helps them navigate the complexities and potential dangers of an emergency setting.

In smuggling a "nun" through a roadblock, Maryam found that gender – not just smarts – worked in her favor.

"As a small young lady it's so much easier to speak out," she says. "My appearance became a connector itself instead of a divider."

Maryam's use of her youth and petite physique to sway the soldiers illustrates an understanding of the power of gender to disarm.

"I feel like that I did many things that helped a lot in that process," she says. "Not my skills but me as a woman... because they are seeing me as harmless and (as being) more open and smooth and easy to talk to."

It was an illustration, Maryam says, of an "ongoing stereotype" commonly found in disasters where one group regards another as being "less than human."

In other, similarly perilous situations, Maryam's found she was able to work traditional notions of gender to her advantage.

"I think because I understand the culture and I know how to a little bit how to exploit the gender perspective," she says.

That culture, Maryam says, includes some ethnic and religious groups that, "don't feel a women is a competitor at all. They already sort of look down: 'Ah you, you are not really harmful and you're coming here for charity so you can go.' The stereotype of women is very strong – 'harmless, depoliticized, charity work, caring only about children, women's issues'.

"So I'm talking about those. I'm talking about whatever they want to hear and that works, actually," Maryam says. "This is the advantage."

As a result, Maryam's gender often made her a logical choice for particularly sensitive assignments.

"I have another male friend (who) said finally 'it's better you go and not me because they suspect men more than woman.'"

Yet for all her success, ultimately the use of femininity as a work strategy raised questions for Maryam about the perils of "gender distortion."

Was she - by playing to stereotypes - reinforcing them?

Could she demand equal treatment – equal respect – and still be effective as an aid worker?

"I learned about feminism and gender from since when I was 18 or 19 but as I get older and older ... I compromise myself," Maryam admits. "I have so many concepts in my head of what needs to be done to be equal. But here in the reality it is so hard to do that – I have to compromise so many things, even in my own life.

She thinks about her own "screwed up" choice of being a single parent.

"Sometimes I feel funny because I'm encouraging people to survive but I have to survive myself in another life," she says. "And I can't make it work all the time."

She feels she has herself accepted a "patriarchal concept" merely by working as hard as her male colleagues while delegating many of her motherly responsibilities to a nanny.

"My male colleagues have a wife to take care of their children," she says. "While my female colleagues in the same situation (accept) that they will have to hire nannies. That this is part of the risk of (humanitarian work) – that there is no mercy. We even have to cover travel costs when we want to bring our children to a workshop or field trip, if even possible."

And she argues that complex issues like gender dynamics are not likely to be a priority for humanitarian agencies in a disaster situation, when so many other pressing needs must be met.

"The participatory method cannot answer the problems of power relations," she says.

It is the reason Maryam identifies with women who have to employ so-called "feminine wiles" – or who accept stereotypes about their place in the world - because, she says, "they have to survive."

"Sometimes...the priority of their families make women forget or keep for a while their dreams," Maryam says. They can't fight for rights that are abstract."

Abstract principle or practical action – it is the choice Maryam has wrestled with all her life.

MARYAM'S POEM FOR ALL "SURVIVAL WOMEN"

Another New Hope for a New Year

Toast for us ladies
We all have been wounded once
Gleaming eyes for a sparkling custom, Flirting sigh for awaken gesture, or simply a rejection of our existence; all has reminded us to the pain.
But you'll simply find a way to show a scarce to find a genuine solidarity.

Toast for us ladies
We all have would given up our territory of space and time for the possession of an empty chair beside us
But you'll simply find a way to prove solitude to find equality.

Toast for us ladies
We all have been living in a dysfunction family-hood
Rousing healthier history and visualizing undomesticated desires have enlightened our self-esteem
And you'll simply find a way to endure devotion to find a composed and undisturbed conscience

Toast for us ladies
For overcoming our fear for our self's queries
For departing losers who controlled us
For tolerating devotees who have us
For welcoming favorable vision who will meet us

ASHA: A 'WOMEN'S ORGANIZATION?'

"There was no way you could work in this situation without being in a confrontational context."

A province erupted in politically-inspired riots between Muslim and Hindu communities. By the time the smoke from burning buildings dissipated, more than a thousand people were dead and hundreds more orphaned and widowed. Tens of thousands were displaced from their homes.

Help was needed – and not just food, clothing, and shelter. People from both religions needed to rethread the fragile bonds of trust that existed in their homes, streets, and communities. CARE – always a heavyweight in providing basic support such as food – decided to take on a new and potentially risky humanitarian endeavor: Peace and reconciliation.

The idea: Manage a group of local NGOs engaged in peace-building activities throughout the affected area. The challenge: Understand and implement programs that brought warring communities together within the highly-charged political context.

As tensions simmered and victims grew skeptical, one woman learned just how dangerous this could be. She also found herself questioning some of her most deeply held assumptions – about emergencies, about women – in the process.

THE DISASTER

The smoke from the bakery windows carried not the smell of fresh bread but the stench of burning flesh. A Hindu mob, incited by rumors, had surrounded the building and set it on fire – trapping and killing up to 14 mostly Muslim workers.

The act was one of many that occurred during weeks of retaliatory violence between Hindu and Muslim communities. The violence lasted for weeks and spared no one. Among the victims were the most vulnerable: slum dwellers, the majority women and children.

Thousands fled to displaced persons camps where they existed in uneasy tension with the world outside. Could they return to their homes and communities? How? When?

Into this tense situation stepped "Asha" – a CARE program officer engaged in an organizational experiment: building peace.

Asha was part of a small team in charge of a CARE-led NGO umbrella project to initiate peace-building activities among the displaced.

It was a new role, not just for Asha, a social worker with an interest in mental health, but for the CARE country office.

"At that time, CARE had never worked on peace-building programs in the country," Asha recalls. "We became the umbrella organization staying in the background but bringing together these organizations."

The work was inherently risky.

Rumors of atrocities perpetrated by each side floated through communities. Within minutes a mob could form and violence flare.

"Anything could happen at any time," Asha says. "Every time a drum would be played, even if it was for a marriage procession, you could feel the fear."

The anxiety did not just emanate from the communities in which Asha worked. The region's government, aligned at the time with radical religious nationalists, was accused by human rights organizations and others of fomenting violence.

As a result, any peace-building effort risked being perceived by the government as an inherently political act.

"Despite CARE's stand of being neutral, there was no way you could work in this situation without being in a confrontational context," Asha recalls. "Everything you were doing was being monitored. Government officers had knowledge of discussions we thought were only between us and at some point we were told our phones could be tapped. Every time I went to a community and came out I would look over my shoulder to see if anyone was following me.

"It was scary."

Adding to Asha's fears was her own status: a Christian working in a region polarized by religion.

Years earlier the country had been gripped by false rumors of Christians trying to convert both Hindus and Muslims. In the riot area itself lawmakers had pushed through a bill stating that any conversion from one religion to another would have to be approved by a state mechanism.

Now Hindus and Muslims were rioting, "and there I was a Christian going to work in this context."

THE RESPONSE

Unlike large food and health programs run by CARE, the peace-building program did not centrally determine specific activities.

"It was a very, very flexible and bottom-up design," Asha says. "We said 'While we would like to focus on the broad parameters of health, education, livelihoods and psycho-social care, we left it to the partner organizations to propose how they wanted to do that.'"

What emerged was a hodge-podge of programs targeted mostly at women and children.

"For example kids were very scared to go to school, especially Muslim kids, so the partner organizations set up temporary schools where all children could go," Asha says.

Attempts were also made to reignite traditional economic relationships between the two communities.

Female Muslim embroiderers typically created clothes that Hindu middlemen would sell. But during the riots "that whole chain was cut down," Asha says.

The NGO partners tried to bring it back, organizing a new chain of female suppliers and Hindu middlemen that would eventually, aid workers hoped, run itself.

Similar efforts were made to promote an inter-faith kite-making group of women workers powered by

a donation of initial capital. A “safe space” was offered to the group inside an NGO office.

“As long as they were away from their communities they would work together but once they went back home they probably would not talk to each other, at least in the initial stages,” Asha says.

The interaction taught Asha and her co-workers valuable lessons about reconciliation.

“There are two levels of feeling among people,” Asha says. “(There is) the larger community feeling – ‘Hindus did this or that to us.’ But there are also women who would say of other women: ‘I know she didn’t do it, her husband did it. Or it was the group.’”

The moral: “At the personal level they would not carry very strong feelings of hatred. But when it came to being part of larger thinking they had to align themselves with the group.”

As always in an emergency setting, women’s resilience was noted.

“When men saw that their shops were razed ... they didn’t know how to restart their life. Most of them got into drinking,” Asha observes. “Whereas women tend to swing back into action much more than men. They knew they had children ... and were ready to hold onto any support that they had.”

Normalcy, Asha discovered, begins at the “micro level.”

“Where does food come from for the next one week? Where do you get a blanket? Where does your son go to school so he can have some distraction to take his mind away from the sudden upheaval in his life?”

Women, Asha found, were the ones most likely to ask these questions. As such, they seemed to be obvious change agents.

“We would identify people in the community who were willing to go one step beyond their own families and start thinking about others,” Asha says.

The volunteers were often women.

Women’s groups, women’s voices, women leaders – it seemed that the CARE-led peace-building group had found a logical focus for their efforts.

They were wrong.

THE LESSON

One day Asha traveled to a partner NGO’s field office to see how the program’s “change agents” were faring.

Not well, as it turned out.

“Two women – program staff - actually had problems of violence in their homes,” Asha says.

Their husbands, it seemed, were upset – not with the aim of the peace-building program itself, but with its effect on their wives.

“These women were working on the payroll of the NGO... had never gone out of their houses before, had never earned a living,” Asha says. “But obviously their husbands were not going to the market

areas so they needed this extra income."

Men, already depressed by the loss of their own livelihoods, did not react well to their newly empowered wives.

"The husbands would complain (to their wives) 'First of all you leave the home and you are going into communities - which we don't approve of - (and) you suddenly think you can do anything you want.'

Then there was the "youth excursion" that a partner NGO planned to allow Muslim and Hindu youth to 'get to know each other.'

The problem was, some of the young people already knew each other - too well.

"There were boys (in the group) who had actually hurled homemade bombs at their neighbor's house" during the riots, Asha recalls. With them in the same group "a young boy from that neighbor's house was also there."

"We planned these things without knowing what these children had done," Asha says. "Without doing the analysis. I had no idea at that time that there was something called 'do no harm.'"

Example after example revealed a similar gap between good intentions and understanding.

"CARE had no idea about working in these programs," Asha says. "We were doing it out of the goodness of our heart ... (and) we went in without knowing what harm we were doing. Much later we did a 'do no harm' analysis. There were aspects that came out that could have created much more communal tension."

The use of women as field workers - and the subsequent anger of their husbands - illustrated this poignantly.

"Once women were targeted men felt suddenly they had lost control. Suddenly the whole family dynamic changed," Asha says. "And there was more violence."

The revelation posed a dilemma for aid workers schooled in the 'gospel' of female empowerment. Yes - women were more likely to take care of their families. But were they more likely to contribute to overall social cohesion?

Not necessarily, Asha believes. Women may merely be a "soft entry point" for development agencies unwilling to wrestle with the complexities of working with other beneficiaries.

The unintended negative impact the initial peace-building programs made on already fractious communities taught her that "we cannot only work with the women and not the men (because) the violence in the family can actually go up."

As a result CARE started to involve both men "so they feel useful" and also in recognition that they also had a role to play in changing attitudes.

Social systems, not just gender, were a key aspect to easing the emotions and tensions of the riots, Asha discovered. A comprehensive approach to violence was called for.

"Maybe it's the mother in law, or the husband, but we have to have aspects of interventions in our programs that will be all encompassing. We cannot go there saying: 'We're a women's organization.'"

SET 3

BALANCING FAMILY AND WORK

“EMMA”: CLAIMING CONTROL

“In each culture, other significant losses in life, like bereavement or serious illness of loved ones, have various rituals and services associated with (them). But infertility is an invisible loss. There’s nothing to show for it, no wonderful memories, no photos. Women or couples are left to grieve alone.”

Emma could finally relax.

She was on vacation with her partner, intent on enjoying some much-needed time away from the busy jobs that kept both of them either working late or on the road.

Then she heard the news. Refugees – hundreds of thousands of them – were pouring across the border. As the CARE emergency expert in her country office, she had little choice.

Vacation was over.

It was not the first time Emma cut short personal plans to work the frenzied, exhausting schedule on an emergency relief worker.

“We just kept getting hit by disaster after disaster,” she recalls. “The workload was so heavy and the demands of securing funds for new programs so great, that (finding the time to) deal with my own ... issues was frustrating and depressing.”

Not that she failed to understand the urgency of the situation or empathize with the victims. But Emma had a pressing goal and – as a woman in her late 30s – an increasingly short time period in which to accomplish it.

Emma wanted to be pregnant.

Women everywhere might recognize the mix of emotions Emma felt as she juggled work commitments with a pressing desire for a family: longing, guilt, obligation, compassion.

For an emergency worker engaged in life or death matters, however, the effect was amplified.

Could she – should she – step away from her work to concentrate on having a baby? Was she selfish to do so? Or did the urgency of the work itself take precedent over any kind of personal concern?

What kind of personal sacrifice can reasonably be demanded of an aid worker?

THE DISASTER

Trouble had been rumbling in a neighbouring country for some time now. Ethnic nationalists in that country’s government harassed a minority group and were met in turn with guerrilla warfare. An ultimatum from the United Nations procured a half-hearted assurance from the country’s government, but still the violence continued.

To outsiders, it seemed the situation might fester forever. Long enough, at least, for Emma to escape

“EMMA”: CLAIMING CONTROL

with her husband to a resort for some much needed R&R.

What she did not know: the neighbouring country’s government had long been planning a military purge of their troublesome minority. It began in the week Emma left for vacation.

Entire villages were bombed by government planes. Houses were set on fire; schools crushed by bulldozers. Hundreds of thousands of refugees came flooding into the country where Emma worked. The tales of suffering she heard from them – including reports of an orphanage bombed by jets – would stay with her forever.

In such circumstances, how could she step away?

THE CHALLENGE

Unlike women with children, Emma did not have the burden of trying to hold a family together as she worked punishing 16-hour days.

But she did have the special needs of a prospective mother: time and calm.

Getting pregnant was more difficult than she thought – the ovulation schedule had to be timed precisely.

“How do you say to your boss: ‘Sorry, I can’t attend the strategy workshop in such-and-such-a-place because I may be ovulating at that time?’” Emma says.

She found herself fitting trips to the field around likely ovulation dates.

“I’d wake up in the morning and hope that I wouldn’t ovulate early or late or whatever stage I needed to be at,” Emma says. “Basically, I wanted to coordinate my work with my reproductive cycle. I wanted to be in control again.”

But control was the last thing she had.

Not only did she travel frequently, her partner was also often on the road for his job.

“Just as I was beginning to think that I’d timed everything so well this month, my partner would call me and say he had to fly off in a couple of hours for some urgent work matter,” Emma says. “As a result, I’d always feel very tense and distracted as I was coming up to ovulation time. Would I be around? Would my partner be around? Would I finish work at a decent hour? Would I miss the short window of opportunity yet again?”

Her doctor had advised her that both body and mind had to be relaxed for conception to “take.” Was the stress – not just the timing – of her work to blame?

Emma didn’t know who to ask. Medical care in the country was uneven, at best.

“(I lived) in a country where there were regular newspaper reports of doctors taking out the wrong organ or misdiagnosing illnesses to undertake unnecessary surgery to line their pockets,” Emma says. “It made me pretty suspicious of medical practitioners.”

Her own grasp of the local language was limited, making communication about this most intimate of issues extremely difficult.

After many months, she and her partner took leave again. They used the time to travel to their home country to seek more trusted medical care.

But what she heard there depressed her more. Emma had what doctors referred to as “unexplained infertility” – the inability to conceive despite being in good reproductive health.

The diagnosis left her feeling powerless and frustrated – “like any control I had over my life was slipping away.”

“Some days, I felt that this was perhaps as hard as finding out that there is an untreatable medical reason that makes it impossible to have a child,” Emma says. “I felt that I was in limbo. My life on hold. I had a strong sense of frustration (because) I was dependent on others for results and treatment.”

She was also dependent on fate.

“The nature of unexplained infertility is that you never know definitely whether you are able to conceive or what is causing the problem,” Emma says. “So you still have a sliver of hope. Hope that you will be able to conceive eventually. Hope that this will happen before you turn 40. Hope that another bloody emergency won’t happen in the meantime.”

Making matters worse was the tendency of others to constantly remind her of her childless status.

“I was living in a country where having children was the norm and most women started families young,” Emma says. “Most conversation centred around the family.”

She hated getting into taxis because she knew inevitably she would be asked the number and ages of her children. When she responded that she had no children, on taxi driver asked: “Do you have a medical problem?”

“I pretended I didn’t understand his question,” Emma says.

Another time, a stranger advised Emma’s partner to divorce her and marry someone else since she couldn’t “provide” children for him.

“It surprises many people to learn that infertility is not always a women’s problem,” Emma says. “In about 40 percent of cases it’s a female medical problem, in 40 percent of cases it’s a male problem and the remainder of cases are due either to a combined problem or unknown.”

The pressure – of work, of social attitudes, and of the mystery of her own condition – induced a profound feeling of loss – “of dreams for the future, loss of a baby, loss of control, loss of self-image, loss of fertility,” Emma says.

Other than her partner, there was no one to share that loss with.

“In each culture, other significant losses in life, like bereavement or serious illness of loved ones, have various rituals and services associated with those events. But infertility is an invisible loss, no one else can understand the intensity of that loss. It’s less tangible, less visible. There’s nothing to show for it, no wonderful memories, no photos. Women or couples are left to grieve alone.”

The isolation and sadness drove Emma to entertain radical thoughts about her future.

“Often I would think about what I would do if I knew for sure that I couldn’t have kids,” Emma says. “In my mind, I’d make up various scenarios. I would pick the most wretched place on earth – Darfur

perhaps – and go and work with the people there who were a thousand times worse off than I. I’d bury myself in work. I’d become consumed by other people’s problems. This would help me cope. Wouldn’t it?”

THE LESSON

Emma responded in a way that was initially confusing to her colleagues. She pulled back.

“Which in turn made me feel guilty,” Emma says. “Aid workers are a terrible bunch of martyrs and I’m no different. I felt like I was letting down the survivors of the latest tragedy.”

She also felt that by working less she was letting down her colleagues who did not yet know the personal reasons behind her actions.

I didn’t feel strong enough to explain my personal circumstances to them,” Emma says. “My colleagues tended to be male expats with wives at home looking after the household and family so I didn’t feel a real connection there.”

Conception was ostensibly a private issue – a “woman’s issue” confined to the shadowy sidelines of polite conversation. And Emma was a private person.

The combination took its toll.

“I found at times ... not being able to share my fears and worries with other people overwhelming,” she says.

What helped: sharing her experience with other women who could be trusted with the information.

“I did find it particularly helpful to talk (by email) with a CARE colleague who was going through a similar experience,” Emma says. “Finding a sympathetic ear and understanding that fertility issues have resonance with others in this field helped diminish my sense of isolation a little.”

She does note that although (CARE staff especially) are trained to respond to problems with recommended solutions, there may not always be one. Or at least one that enables women like Emma to “have it all.”

In fact, Emma decided to relinquish her life as an emergency relief worker and return to her home country and a (albeit enjoyable) desk job.

“The solution was stepping away, taking a break,” Emma says.

The solution worked, at least in one, happy sense. With the help of expert fertility treatments she could not get overseas, Emma became pregnant.

“We are very excited,” she says.

Even in the midst of her joy, however, Emma is struck by her story. It may, she fears, be an indication of a larger problem.

Infertility at any one time affects about 10 percent of the population in the United States and that one in six couples in the UK seek medical help for infertility, according to Emma.

Many CARE female staff are in their child bearing years. Although some choose not to have a child,

others would like to, Emma says. Yet due to the nature of their jobs, many are separated from their partners – “because of the work they do or length of assignment or their contract stipulates an unaccompanied position or their partner isn’t able to work or isn’t willing to give up paid work in their home country for unpaid work as a trailing spouse.”

Still other CARE women remain single “because of the nature of humanitarian or development work that takes them to various challenging places around the world.”

The upshot is an “increasingly complex problem of juggling education, career, financial stability and being with the ‘right’ partner can make choosing the appropriate time to think about having a child that much harder.”

Many women will, as a result, delay childbearing until their mid to late 30s and early 40s, when fertility rates drop by as much as 30 percent.

“And that *is* affecting women at CARE,” Emma says.

"ANA": BALANCING TWO NEEDS

"Am I a bad Mother if I selfishly want to continue my job? Do I have to give up my work in humanitarian aid? Is it an all or nothing decision?"

The photos were on her desk: A small child with wide brown eyes and thick, curly eyelashes. It stared at her as if to say: pick me.

"Ana" wanted to. But how could she? She was sitting in the middle of an internally displaced persons' camp in a country torn apart by separatist nationalists. Thousands of people, including her own CARE country office staff, were uprooted.

It was her job to decide how best to help. Her staff awaited her orders.

Still, the picture on her desk tugged at her. How many years had she wanted to be a mother? Here, at last, was her chance – a child to be adopted in a far away land, a prospective daughter.

There were also adoption questions to be answered, forms signed, visas applied for. It took precious time she did not have.

Could she do both – adopt a child and manage an emergency?

Could she be both – mother and aid worker?

This is the story of one woman's confrontation with the consequences of one of the most demanding jobs on earth: emergency relief aid. Can a family, and the promise of normality it implies, be fitted into the fast-paced and necessarily abnormal life of a professional aid worker? What resources are available to help? What obstacles exist to hinder?

THE DISASTER

It wasn't supposed to happen this way.

Ana had chosen her job carefully. She had turned down interesting work elsewhere in favour of this country, a post-conflict zone moving towards development. The people seemed friendly. The city and countryside were, for the most part, peaceful and seemingly safe.

It was a good place to raise a child.

And a child was what she wanted. For years Ana had thought about starting a family. But she was a single, humanitarian worker with a demanding job. Year after year she put off the decision in favour of yet another interesting assignment, another fascinating locale.

Then, in her early 40s, the attractions of motherhood could no longer be denied.

Ana began doing the things parents do: investigating nursery schools and nannies; networking with other parents and shopping for baby clothes and supplies.

She began the adoption process, identifying a country she could adopt from and filling out forms sent

to her from a government thousands of miles away.

Then, just as she was finishing a year’s worth of adoption paperwork, the violence began.

The peace process in the country in which she worked began to unravel. Mobs took to the streets burning and looting. CARE and its staff had to evacuate along with thousands of internally displaced people.

“As a (manager) for CARE I was immersed in this emergency and it consumed me,” Ana recalls. “I am a workaholic and handling an emergency leaves very little time for a personal life.”

She spent 16-hour days communicating with CARE Emergency Team about the status of the internally displaced people who camped around the CARE office and elsewhere. She planned programmatic responses with CARE staff and evaluated the deteriorating security situation.

Even as she did so, photographs were arriving in the mail – pictures of young children in another country that might be a match for her own hopes and dreams.

“It was extremely difficult to explain to social workers in another continent the gravity of the situation that I was experiencing and still meet the paperwork deadlines to bring me closer to realizing my personal dream of starting my family,” Ana says.

She fought feelings of resentment about the work that was so necessary but which was taking her away from her own personal aspirations.

Even as she worked to help the displaced, sheltered victims of violence in the CARE office, and bunked with CARE staff inside the organization’s compound, she was thinking about how “this conflict was erasing the relatively safe environment that I had envisioned for my child.”

She could sit with families in displaced persons camps and discuss their needs with the objectivity of a professional aid worker.

“(But occasionally) inside I was jealous of them having families and being with their children,” Ana says.

Increasingly, she wanted the situation to improve not just for professional, but for personal reasons.

“Inside I was pleading that the situation would improve and I could get back to my well-laid out plans. While watching the country breakdown in violence, I was also watching my personal plans fall apart.”

THE RESPONSE

What kept her going was motherhood – not just the prospect of her own, but the inspiration she found in the mothers she met.

“Women from other agencies well experienced in humanitarian aid, kept pushing me to complete the paperwork and to focus on my daughter throughout the emergency,” Ana says. “So I kept at it and had to learn to change my attitude towards my work.”

The displaced women she met in the camps were supportive as well.

"I talked to them about the beginnings of my new family and they were supportive and sympathetic," Ana says. "As the months went by I showed them photos of my new daughter – a photo I had committed to but a child I had not yet met – and (I talked about) my desire to bring her back to their country."

The photograph she displayed of a yet-unknown 9-month-old girl prompted motherly discussions about baby food and parenting strategies, forging in the process a surprising bond.

"(It) made me feel part of a larger community – a community of mothers," Ana recalls. "It touched me strongly and overwhelmed me that I would soon be a mother. I began to transform my thinking and envisioning how I would cope if I was a mother in a similar situation. I began to start thinking like a mother rather than thinking 'what was good' for a mother and child."

These kinds of personal connections became coping mechanisms for Ana as she juggled work and family.

"As a female emergency worker and/or a female country director my status was very clear; and despite some minor discrimination on the job I was secure in my position," Ana says. "However, when I add 'Single Parent' to the job description things change dramatically."

Married men and women, she observed, could often count on supportive spouses to care for children in times of disaster.

"Most of the men I know who have families are able to leave their wife and children in a safe location and continue their work," Ana says. "Their wife basically gets to be a single mom."

A true single parent, on the other hand, had to improvise.

In Ana's case, a relative offered to become the child's nanny during the emergency period.

But this relative "is not experienced in conflict situations," Ana says. "I don't feel comfortable with her being responsible during an evacuation. This would be too difficult for her."

She could hire a local nanny but what would happen to her in the event of an evacuation? Then there was the issue of whether the child would even be allowed in the conflict zone.

"My daughter is considered non-essential personnel whereas I am considered essential," Ana says. "I know of other Country Directors, male, who have received exemptions to have their families with them in prolonged insecure situations."

But even if she could have her daughter with her, was it fair – to her staff, to the people they were all trying to help?

"During a high security situation I must choose what is best for my daughter and yet I have the responsibility of a country office and its staff," Ana says. "I feel a very strong bond with my staff and we have survived the worst (I hope) of the conflict."

What then were her options? To be a "bad mother" if she "selfishly" decided to continue working? Or to give up humanitarian work altogether?

"Is it an all or nothing decision?"

THE LESSON

CARE might help single parents to stay in the emergency field by re-examining the nature of family itself.

"Non-traditional families" – such as Ana and her sister, the baby's ostensible care-giver, - are not eligible for the same relocation, family support and housing benefits a married couple might get, Ana says.

If they were, Ana could set up her relative with the baby in another city far from the disaster zone.

But would she want to?

"I don't know," Ana says. "Maybe someone who is very driven to stay in the humanitarian aid field could do that."

More needed, Ana says, is a serious institutional look at how the careers of single parents can be accommodated especially in the first years of child-raising to help them cope with their unique set of responsibilities.

"We need an enabling environment that would allow more women to stay in the field," Ana says. "A lot of women past 35 are beginning to focus on family. Usually in CARE it means a lot of women transition to development postings. But even then many development postings these days experience cycles of conflict."

What is sacrificed in the process: "the adrenaline rush...the competitive nature where we want to be in on an emergency."

One possibility for Ana was to return to a desk job, or to school. Studying for an advanced degree, Ana says, may not only help a woman care for a young family. It may also help ease her eventual return to her profession.

"As a single parent you have to just decide where my priorities are," Ana says. "For me it is a choice of how I want to raise my family and what I want to do in terms of quality time with them. It's a big decision."

LORI

“LORI”: WIFE, MOTHER – AND IN CHARGE

“If you’re a single woman, when you go to the field people say: ‘No husband, no children? What’s the matter with you?’ Whereas if you have a husband and children it helps people know who you are.”

The country was on the brink of civil war. Young men roamed the streets tilting machine guns from the back of pick-up trucks. There were reports of fighting on the outskirts of town. Reports of carjacking of both government and private officials, including aid agency staff, were becoming more frequent.

Inside the offices and homes of western aid agencies, families were packing their bags, preparing for a potential evacuation of non-essential staff.

Inside the CARE country director’s house, however, the opposite was happening.

Why? The country director was Lori, a woman. Her “non-essential” family members were her husband and child.

“We came back from summer holidays (to find) there had been major fighting while we were gone, and just in front of our house,” Lori recalls.

Lori’s husband, however, declined to leave.

“Everybody else was getting (on) a plane,” Lori says. “Had the situation been reversed and it was a man (who was the CARE employee) CARE probably would have moved his wife and child out. Think about that.”

Lori did. It was one of a number of paradoxes she witnessed in the way men and women emergency workers were treated at CARE when it came to the issue of “family.” And although Lori says she felt no gender bias in her own career, she does wonder about the support – or lack thereof – given to women’s personal lives in the field. How should the issue of family be treated when the “essential” person in the disaster zone is a woman?

THE DISASTER

It wasn’t Lori’s first emergency – but it possibly was her worst.

Every day brought bad news. The collapse of the government. The rise of militias. The slow creep of anarchy towards the capital. The sound of gunfire in the streets.

“The war was getting closer all the time,” she says. “There was no doubt that it was going to go down.”

Lori was wary, on the alert, and “often a bit scared.” Yet she came to the country an experience aid worker with a track record of work in emergencies and little experience with the gender bias that other women complained of.

“I’ve never had a problem,” Lori says.

Her family, she believes, made things easier for her. In conservative countries, it gave her credibility.

“If you’re a single woman, when you go to the field people say: ‘No husband, no children? What’s the matter with you?’” Lori says. “Whereas if you have a husband and children it helps people know who you are.”

Know – and also relate. Having a family was frequently a cultural unifier among people with whom she had little else in common.

“I could say to everyone ‘Although I am different I am like you. I am a wife and I am a mother,’” Lori says. “It makes it easier to relate in a way (whereas) the professional single woman doesn’t fit quite as well.”

Although Lori had long worked as a single woman before her marriage, she found that having a family had its advantages. It was a social opportunity – not just to meet friends with children, but to meet important work contacts.

“You have another route to getting to know a lot of other people,” Lori says. “Standing in the sidelines in a soccer game (at the international school) you can see a minister, or a USAID guy or the Ambassador. It gives you a connection you wouldn’t have as a single woman.”

To Lori’s surprise and discomfort, she found that having a family smoothed her path in disturbing ways as well.

A letter encouraging her to take a job in a particular country stressed that not only was the job good, but also that “your husband is likely to find a job as well.”

“I’ve never seen a man who is being assigned being told that his wife is also ‘likely to find work,’” Lori says. “The international community really bends over in helping male spouses find work. Men help each other out and make sure they’re not neglected.”

Still, no amount of special treatment would prepare her for the war-torn country where she and her family found themselves.

“There were nightly events,” Lori recalls. “A United Nations worker was shot trying to get through the gate into his compound. A bulldozer came to the house of ... one of the guys who worked for us, a national staff person, and destroyed it. There were home invasions and you didn’t know who it was. Government people? Others? There were so many guns. You could go to the market and buy a gun. There was more and more thievery and just general anarchy going on.”

At night Lori slept fitfully, alarmed by the slightest growl of the family dogs in her compound. At home she started planning ahead – shipping suitcases full of family photos and other personal items out of the country. At work she and her staff made contingency plans for when – not if – they would have to evacuate.

THE RESPONSE

She wanted to stay as long as she could. In the city and in the countryside, reports of displacement and starvation were growing. Farmers fled their fields to escape advancing militias. CARE was responsible for food supply chains that fed hundreds of thousands of refugees.

“There was no way I could leave,” Lori says. “I was in charge and people depended on me.”

As the crisis deepened, so too did Lori’s bond with her staff – in large part because “we were on our own.”

In an age before cell phones and the internet, “there was very little communication (with the outside

world)” Lori recalls. “There was a telex at a local hotel. You had to go to the post office to get ... phone communications, so we hardly ever did that. All the pouch and mail services ended. You were really on your own.”

Then the banks failed and CARE took to transporting large amounts of cash to pay workers in light vehicles.

“We were potentially a hit zone, as we had (thousands of) employees who needed to be paid in cash. And we managed to pay them most months,” Lori says. “I have to say I have the closest relationship to the people who worked there because we managed it ourselves.”

What she could control was the evacuation of non-essential staff, including her husband and daughter.

The family pondered what to do, but in the end, “he just would not leave me behind,” Lori says of her husband. “(He) was adamant that the family needed to stay together. He would not leave without me, and I could not leave.

I am grateful to him, but I also worried more because of it.”

Lori also worried for her staff.

“We did all possible to move our offices and everybody to a safer area of (the city),” she says.

Her family stayed with her up until the final months before the city fell.

After evacuating the country, Lori learned how close a shave her family may have had.

“My daughter said to me: ‘This kid was just walking down the street with this rifle and pointed it at me. I didn’t know if I should tell you.’”

But she was also amazed at her daughter’s resilience. When she returned to the United States she was asked by a teacher to name her favorite country in the world. She named the war-torn country where she had once lived.

THE LESSON

In retrospect, Lori wonders about the wisdom of raising a family in a war zone.

“I don’t think it’s a good idea if you have a choice not to,” she says.

Although “in some places it’s okay” Lori says parents must always have a contingency plan in place that is regularly updated as situations unfold and shift.

“If you’re in a conflict situation, reality changes all the time,” she says. “I’ve seen people get in trouble, particularly if you have a family. You have to know what’s happening and ask questions all the time.”

The issue of how to juggle work and family time also weighed on her. At the height of the emergency she worked long hours and saw little of her husband and child.

“Everybody makes their own judgment call on that,” Lori says, noting that “the acute stage of the emergency when you’re actually working like crazy does not go on for years.”

Willingness to sacrifice time with family cuts both ways. Today Lori stipulates in her work contracts that she spend no more than seven consecutive weeks away from her family.

The strain of such a balancing act can be hard to handle, Lori says. But the alternative – fewer women in emergencies – is equally unpalatable.

“I strongly believe that it’s extremely important that you have women in emergencies,” Lori says. “Half of the population are women who need the understanding and knowledge of women and their issues.”

When the female sensibility is lacking, Lori says that relief agencies frequently make mistakes.

“In (one refugee camp) they constructed showers for women that were backlit, so that at night you could actually see women’s bodies when they were washing,” Lori says. “Men do not really think about the things that women understand more naturally.”

“What about feminine hygiene? What about breast feeding, being pregnant, having babies? And there is the significant issue of ‘protection.’ Women, often with small children, can be separated from male members of their family in an emergency. Men just don’t have the same reality.”

Women, she says, should not only be involved in emergency work, but also among the first teams that perform initial assessments.

(Men always say) “It’s too dangerous; it’s going to be too hard, how are we going to manage this? I think it’s just an excuse,” Lori says. “When a woman takes over from a man there’s always been this (question) ‘do you think she can really do that?’ ‘Does she have the experience and the ability? Those questions come fore often for women.”

She refutes such attitudes by pointing to her own example of hardiness - managing a major emergency and keeping her family close at hand.

Women, she says, need to push to break past the conventional roles – such as administrative support or health programming – that they are routinely assigned in emergency work.

“In Atlanta, you don’t get out of sitting in a cubicle unless you take some kind of a leap,” Lori says. “You have to break your own preconceptions about what you can do.”

Once in the field, Lori says she feels it essential that women “stay in the game,” even if it means finding creative, even uncompromising solutions to the challenge of incorporating both family life and emergency work.

“To rise through the ranks of CARE, I have always believed staff should work in an emergency,” she says. “An emergency environment is much more complex than working in development, and requires quickness, flexibility and a very good understanding of the environment in which you work. The potential for ‘doing harm’ is always there.”

Like raising a family, Lori says the work “shows that you can handle the unpredictable ... that you don’t know where you’re going to go (on a given day) and what will happen – but you’re ready.”

SUSAN

SUSAN: "MOTHERING AN EMERGENCY"

"When you're trying to juggle (work and family) it's just not easy. I guess I've just accepted that guilt is a way of life."

Women waived shriveled brown stalks at Susan as she drove by.

The women themselves were emaciated; their robes clung to cadaverous frames. Their empty palms pointed outwards, imploring Susan to stop.

"It was just bad, bad, bad," Susan recalls. "They were basically waving the withered sorghum to say: 'We have no food.'"

As a professional relief worker, Susan was – unfortunately – accustomed to such sights. This time, however, it was worse.

Just three months earlier, Susan had given birth. Her baby was now in the car with her, along with a nanny. Susan was breastfeeding.

Emergencies, Susan knew, required assessments and action. No excuse – not even a newborn – could justify inaction.

Nor would Susan want to. She was a committed humanitarian aid worker in a country gripped by drought.

Having a baby, however, made Susan self-aware of other women's calamities in new ways.

"More so than other times, going there with this healthy, well-fed baby with all (my) privileges ... was definitely more poignant and difficult and emotional," Susan says.

And the experience reinforced a feeling that is familiar to all mothers who are also relief workers – "that whole thing of being pulled in different directions."

What followed is one woman's response to the dual challenge of work and motherhood in an emergency setting. To what extent can those two worlds coexist with each other? And what kind of support is needed to combine both worlds successfully?

THE DISASTER

The country had been baking for months.

Crops withered in the fields. Tens of thousands of people waited for aid from agencies like CARE.

In blasted landscapes where little or no vegetation survived, Susan was struck by the starving women plying small piles of firewood by the side of the road for mere cents.

"They had walked a long way to collect twigs," Susan recalls. "People were so, so desperate."

Elsewhere, hungry people swarmed her car, hands pressed against the windshield. At a distribution point Susan remembers acutely the sight of starving people – unable to wait another moment –

cramming their mouths with corn-soya powder.

"You're supposed to make it with water, adding oil if you can, but people were eating DRY powder," Susan said. "People were literally taking handfuls and putting it in their mouth. I just have never seen that before."

That desperation was the reason for her visit – baby in tow – even if she was aware that, "I did not think taking him to villages of starving people was necessarily very prudent."

THE CHALLENGE

What were her options? Three months earlier, she had been on maternity leave. Now she was back at work, earlier than she had hoped but necessarily so – the country office needed her.

"I came back and was planning to work half days because I had quite a lot of leave," Susan recalls. "That didn't last."

Adding to the workload were visits from high-level VIPs from CARE and from donor agencies.

In the field, her newfound motherhood was both a joy and an uncomfortable reminder of privilege.

"I think definitely your emotions are heightened when there you are with this healthy totally pristine baby," Susan says. "Just seeing how tiny and malnourished and unhappy mothers and their children were in that setting (was upsetting)."

She had to find a way to do her job, both as a relief worker and a mother.

But how? Days during an emergency are spent either in the field or in a non-stop barrage of meetings.

"It was such a busy time," Susan remembers. "There were donor meetings, government meetings, sectoral meetings, meetings with media to get the word out – there was a lot of representation that had to be done."

There were also physical and time-consuming demands – such as riding in government helicopters to get an aerial view of the afflicted regions.

Susan tried to go on such trips but often she wasn't available "because I was needed in two and half places," she says. "There were definitely things that I couldn't do."

For most women, such a schedule would necessitate breastfeeding around meetings – or relying on a nanny to bottle-feed their children.

Susan remembers the frustration of a female colleague from a donor agency attempting to pump milk in the midst of a field visit. The atmosphere of urgency – and the pressure of merely being able to perform her job – made the expressing of milk very difficult.

"It was really kind of poignant watching her struggle (because) she would have to miss a site visit because she was suffering from all the milk," Susan recalls. "I could see how torn she was because she was (in charge) and yet she was literally leaking and had to go and pump. You could see how tough it was."

"When you're trying to juggle all of that it's just not easy," Susan says. "I guess I've just accepted that guilt is a way of life."

THE LESSON

Yet Susan fought – and won – some surprising battles in the struggle to balance work and family.

Early on she took a stand that she would not be 'deprived' of the act of breastfeeding. That meant taking her nanny – as well as a healthy dose of chutzpah – to meetings.

"I'm not shy about breastfeeding in public," Susan says. "(My baby) would sit in the reception room of a (public official's) office. When he was hungry I would pull him in and breast-feed."

In her own office, she would attend senior management meetings even as her baby crawled around on the floor at people's feet.

The presence of a baby may have shocked some, but it also contributed to an "element of informality that people maybe liked," Susan says.

Part of it was cultural.

"I think that it was just that (people in the country) really liked babies and really liked having him there," Susan says. "I loved him being there."

She admits that her actions, in the culturally conservative and largely male-dominated country in which she worked, caused occasionally consternation.

"I could emphasize with someone feeling uncomfortable," Susan says. "I think that people were sort of amazed that I did that – because no one had ever taken little babies to these high-level meetings before."

Not to mention breastfeeding in public.

"Even my husband thinks I breastfeed too openly in public," Susan laughs. "But otherwise it would have been such a struggle."

Despite the potential cultural sensitivities, the unorthodox system helped keep Susan at a job she might otherwise have been forced to relinquish.

"I do remember being (at a meeting) until 7 o'clock which, if (my baby) had been at home, it would have been a non-starter," Susan says.

The pressing needs of the emergency permitted atypical situations – such as Susan's baby spending several months in a crib in her office.

"People were just fine with it...all the secretaries liked seeing him," Susan says.

But she admits her rank, as a senior CARE staff person, may have smoothed the way for a situation that more junior employees might not enjoy.

"I was able to make this work because of having certain resources – a CARE car, driver and a second car. I had access to a certain level of resources that not everybody has or has the confidence to ask for," Susan says. "Definitely that's a factor."

She also had "hugely supportive" supervisors and a long track record of working for CARE.

But Susan notes that she also "put my foot down" in terms of asking for assistance.

"CARE actually paid for (her child) and my caretaker to come to the UK for a meeting," Susan says. "I've talked to other women at CARE who also traveled with their babies and never asked for that to be covered."

Yet when Susan considers all the women with children at CARE, such a policy seems to her like a family-friendly thing to do.

The upshot, Susan says, is that she'd "actually like to see CARE institutionalize that kind of thing as a policy because in the long term you're creating a lot of job satisfaction and reducing job turnover."

She notes that some CARE country offices have made great strides in creating more generous policies that affect women. In the office in which she currently works, for example, women get two hours off for breastfeeding.

She also recalls attending a workshop in another country where "there were something like six babies and their caretakers, and it was so great to see," Susan says.

Yet Susan cautions country offices to think carefully and poll their women workers about the type and form of benefits they want.

"One of the challenges is that what western women want and national staff want is different," Susan says.

She recalls one country office where western women wanted a crèche for their children whereas the national staff refused to bring their babies, fearing disease.

Despite the potential for cultural friction, Susan says the country offices should actively encourage family-friendly policies, if only to make their own staff more alert and sensitive to gender issues.

She recalls that trip long ago in a starving corner of the world, where having her baby by her side made her more empathetic to the needs of other mothers.

The result, in one case, was the special attention she paid to second wives and their children in a polygamous area –ensuring that they got equal access with first wives to food.

"We really pushed it to make sure," she says.

NILA: "BREATHING SPACE"

"The work is stressful and it's very difficult for me to detach. My husband is very supportive but he reaches a point where even he wants to have a breathing space."

The elderly woman's skin was tinged yellow. She was nauseas and weak. She had to be carried to the kidney dialysis room in the hospital by relatives. But she had enough strength to turn to Nila and say four words:

"You've saved my life."

For now.

The women's words warmed Nila's heart but also stoked her anxiety. In three days this fragile 70-year-old patient would need dialysis again. Would it be there? Would she?

Nila was the head of a medicine supply chain that was breaking down. The reason: her country's ceaseless political instability as well as the punishing international sanctions meant to mitigate it.

Those sanctions – designed to put pressure on political actors – affected everything, including the dialysis machines that Nila was supposed to deliver to hospitals.

Sanctions meant shortages of machines. And shortages meant that patients who needed the procedure three times a week were now restricted to one time only. Other medicines and even basic supplies like chairs, stretchers and hospital beds were in short supply.

Nila felt helpless, angry, anxious.

What followed is a story of the limits of humanitarian aid in complex political emergencies. What is the physical and emotional toll on aid workers – particularly female aid workers - when their assistance is constrained by the context in which it is set?

THE DISASTER

It was a conflict without end.

Two sides, aided and obstructed by regional politics, were locked in a battle for power. Even without the political instability, the country's problems were almost overwhelming: poverty, rapid population growth, few natural resources and an increasingly angry, restive younger generation.

The combination was explosive, and propelled to power a government whose policies were perceived as radical, even dangerous, by outside governments. The international community imposed sanctions, forbidding any NGO working in the country from dealing directly with the new government.

The move was an attempt to weaken the government and drive it to the bargaining table with its opposition. In the process, it weakened every institution, even those whose aims were decidedly non-political.

That, in effect, was Nila’s view of the controversial situation.

“The humanitarian space should be left alone,” Nila says. “What’s happening is punishing very many people. It makes me really frustrated about the whole work, emergencies, and all of that because of the injustice.”

THE CHALLENGE

It was not that international donors did not want the people of the country in which Nila worked to have access to health care.

But they didn’t want NGOs to work with the country’s primary health care provider: the government.

“We’re not allowed to have even any contact with them,” Nila says.

That meant no drugs for government hospitals. No supplies to government doctors. No stretchers and supplies for government hospitals.

Private hospitals and health care NGOs could be assisted. But the main health care provider for the country was the government itself.

“Up until now it was the ministry of health that used to provide 100 percent of the kidney dialysis medications,” Nila says.

In effect, Nila feels that donors were asking NGOs to improvise – in a very short time period – a whole new system of health care even as pre-existing government facilities and medical staff were going unused.

“CARE’s position was to provide evidence that this was no good,” Nila says. “We cannot support the people without having contact and negotiations with the government.”

The result of the sanctions became rapidly clear as government hospitals experienced severe shortages of medicines and other supplies.

“I’ve been to the hospitals and the situation is very bad,” Nila says. “We were about to procure kidney dialysis beds and chairs for the patients who have to sit there for several hours twice a week. The beds and chairs are broken and there are no supplies. It’s becoming very difficult to be able to respond.”

Adding to her woes was the unpredictability of donor scrutiny.

Nila and her team tried to procure all supplies through vendors in the country so as to support the local economy.

The process involved vetting the vendors and allowing the donor to do likewise.

Yet after one assessment, Nila was surprised to find that a particular vendor she had recommended was considered “not eligible” by the international donor.

“But there are no other (vendors) who can provide these medications and supplies,” Nila notes.

The impasse forced Nila to seek vendors in other countries – “with all the complications that involves,” she notes.

It also slowed down the receipt of needed medications by many months.

"We're in the process but we have a long way to go," Nila says.

Long enough for one doctor to vent his frustration.

"He said, 'We have heard every excuse possible regarding delayed and complicated procurement and vetting processes,'" Nila recalls. "'But I stand in front of tens of children and adults and all these elaborate justifications (come) to nothing when their health care is at stake.'"

THE LESSON

For Nila, going to the hospital – seeing the empty supply shelves, the broken chairs, the faces of the patients – has become almost unbearable.

"When I think about this whole situation I feel that it's a matter of life and death," she says.

It has also made any politics that puts ego, pride, and power above the immediate needs of the people seem increasingly irrelevant.

"Yes we have to find a solution to live peacefully," Nila says. "What I find most reasonable is to sit down, negotiate and come to an agreement. It's a win-win situation not a win-lose."

Although she is, herself, a victim of the international community's actions – her father was deported for political reasons – Nila says she wants to help the government's ministry of health "to ease the suffering of the people."

There is, however, an element of personal identification and solidarity in her actions. Nila calls this "the belief in rights – the right of the people to health care, education and a good life."

"I came back to live in my country after 22 years of exile leaving my parents behind in another country to be with my people and to share life with them," she says.

In the meantime, she and her staff have had to devise desperate stratagems to make what supplies they have last.

"With dialysis, patients are 100 percent reliant on CARE's support," Nila says. "But we don't have enough machines so the option that we have is to reduce the number of sessions from three times a week to only one time a week."

The difficulty of getting drugs and equipment means that when a shipment becomes available for use "we have to move," Nila says.

"You know there's a need somewhere so the minute we receive a clearance we have to deliver it," Nila says. "It takes me away from home a lot."

The images and frustrations of her work life take their toll.

"It's very difficult for me to detach myself from things at work and forget about them back at home," Nila says. "They're so much ingrained in my daily life."

Her husband's patience is important, as is the escape her two children provide.

"Coping is mainly through the support of my husband and girls, and through my belief of my mission and a person with responsibility," Nila says. "I have a cause that is to make my country a better place for people to live in."

Sometimes, however, even that is not enough.

"My husband is very supportive but even he reaches a point where he wants to have breathing space," she says.

Yet faced with her patients – with the 70-year-old woman whose only link to life is the dialysis CARE provides – Nila says she finds the strength to keep going.

"I felt that it was really worth it if we can make someone a little bit more comfortable."

SARA
JENNIFER
ELIZABETH
AMINA
MAYA
MARYAM
ASHA
EMMA
ANA
LORI
SUSAN
NILA

