

WHO RESEARCH REPORT—MEASURES TO UPHOLD CIVILIAN HEALTH SECURITY IN TIMES OF ARMED CONFLICT

I. Introduction of Topic:

Although protecting public health security is considered a domestic concern, it is becoming increasingly intertwined with foreign policy. The World Health Organization defines public health security as “the provision and maintenance of measures aimed at preserving and protecting the health of the population. Public health security is also defined as the policy areas in which national security and public health concerns overlap.”¹

Nations in ongoing conflict suffer, amongst other things, from a slew of unsolved issues regarding public health security, including an inability to manage the first wave of responders, a lack of care due to economic hardships improper treatment for the mental health of citizens, and constant racial disparities in health care. The demolition of health care centers in conflict, as targets of opposing combatants, has had devastating effects on the lives of patients, as well as on the ability for these centers to function properly. States have a core responsibility to protect the lives of their citizens; during times of war, nations must continue, if not increase, attention to public health. Sadly, this is currently not the case.

II. Background:

The International Committee of the Red Cross, in an attempt to draw out medical support in areas of conflict published a guide, instructing personnel at independent ICRC hospitals on setting up and running a hospital in an area of armed conflict. The document, which is one of the very few of its kind, discusses the various treatments a patient coming from an area of armed conflict would need. However, it fails to discuss the protection and emergency procedures in case either party involved in the conflict decides to target medical centers. Perhaps this is due to the international community’s failure to recognize, or apathy towards the lack of adherence to the fourth Geneva Convention of 1949.

A large issue with the care that is provided in conflict settings is that a lot of it is still based on a model developed during the last few years of the Cold War. In the 70’s and 80’s, health care systems in areas of conflict would concentrate on handling the overcrowding populations at refugee camps, infectious disease and malnutrition. Sadly, these “do not address the complexity of present and future conflicts”² an article in the authoritative British journal notes. Although rates of infectious diseases in conflict zones have remained more or less constant, the worldwide increase of non-infectious diseases such as cancer, diabetes and hypertension have proved to carry their own difficulties. While most modern conflicts are fought between irregular armed groups, the fundamental mission of

¹ "Foreign Policy and Health Security." *World Health Organization-Trade, Foreign Policy, Diplomacy and Health*.

² Speigel, Dr. Paul. "Health-care Needs of People Affected by Conflict: Future Trends and Changing Frameworks." *The Lancet*. N.p., 2010. Web.

these health care institutions must shift from the Cold War Era when conflicts were openly fought between rival states. Nations battling diseases such as Malaria, Ebola or HIV infections could largely suffer from a breakdown of health systems. Lack of funding to these institutions, or direct attacks upon them could largely increase the incidence of these diseases, and jeopardize the country's ability to overcome them.

III. Relevant International Agreements, Conventions, Organizations and Resolutions:

- **1949:** Geneva Convention IV- relative to the Protection of Civilian Persons in Time of War.
- **1999:** Security Council adopts S/RES/1265 on September 17th 1999, most notably drawing attention to member states' requirement to abide by international humanitarian human rights and refugee law.
- **2005:** The International Committee of the Red Cross publishes "Hospitals for War-Wounded": a practical guide for setting up and running a surgical hospital in an area of armed conflict.
- **2009:** Consultation Background Document- Global Health and Foreign Policy: Strategic Opportunities and Challenges, July 7th 2009.
- **2014:** SC/ 11274: "Security Council Issues Presidential Statement reaffirming commitment to protection of civilians in armed conflict- Member States Hear from Human Rights, Humanitarian, Peacekeeping Chiefs as well as Head of International Red Cross."
- **2014:** The Office of the Special Representation of the Secretary-General for Children and Armed Conflict, in partnership with UNICEF, the WHO, and UNESCO publishes a guidance note on Security Council Resolution of 1988, entitled "Protect Schools and Hospitals".

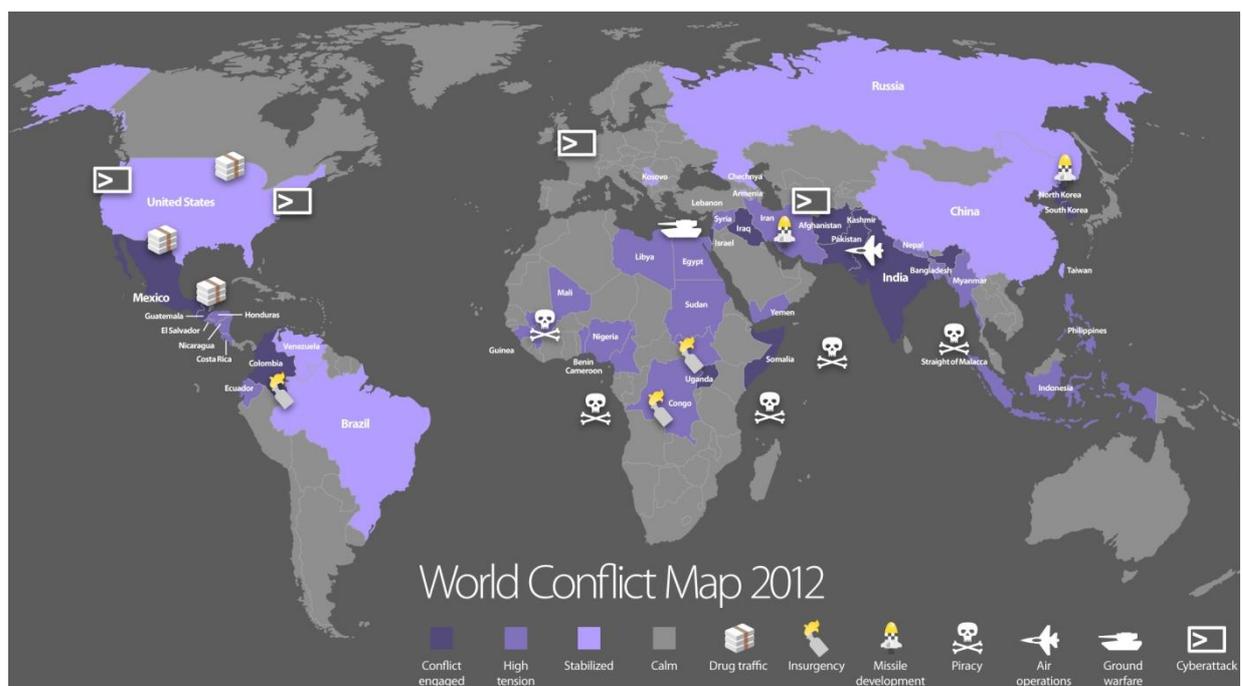


Fig 1: Map of all ongoing conflicts and wars in 2012

Relevant terms:

IHPI: The International Health Protection Initiative

FPGH: The Foreign Policy and Global Health Initiative

ICRC: International Committee of the Red Cross

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Armed Conflict: When discussing the issue, it's important that all delegates be mindful of their vocabulary. "Armed conflict" is defined as "a contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government to a state, results in at least 25 battle-related deaths in one calendar year"³. While there were 32 ongoing-armed conflicts in 2012, only six of this are considered "wars" due to having more than 1,000 battle related deaths in one calendar year.

Public Health Security: "The provision and maintenance of measures aimed at preserving and protecting the health of the population. Public health security is also defined as the policy areas in which national security and public health concerns overlap." (see introduction)

The Geneva Conventions of August 12th 1949: "The four Geneva Conventions of August 12th 1949 are international treaties, ratified or acceded to by virtually all States. They protect the wounded and sick in armed forces in the field; the wounded, sick and shipwrecked members of armed forces at seas; prisoners of war; and civilians who find themselves under the rule of a foreign power in the event of international conflict."⁴

Study area	Number of existing and functioning health facilities		Number (%) of health facilities abandoned
	2001	April/May 2004	
Central	120	34	86 (72)
North	111	27	84 (76)
West	149	15	134 (90)
Total	380	76	304 (80)

FIG 2: Number of existing and functioning health facilities in before and after the outbreak of Cote d'Ivoire's armed conflict in September 2002 and number (%) of health facilities abandoned.

IV. Main Issues:

"Double Tap"- A lack of Adherence to International Treaties:

A war method, which used to be considered the United States as a terrorism tactic prior to their use of it in Pakistan, has supposedly reemerged as a strategy in Palestine by the Israel Defense Forces (IDF), as well as various Gaza terrorist organizations. A "Double Tap"; the strategy of launching secondary attacks, targeted on first responders to the primary attack, has now expanded and includes targeting medical centers, ambulances, hospitals, and refugee camps.

Such attacks violate international treaties. The fourth Geneva Convention of 1949 clearly states that nations at war must always distinguish between combatants and civilians. Israel's original agreement with this protocol has now come into question. Despite their recognition of "the immunity of civilians from direct attack as one of the basic rules of international humanitarian law"⁵, there is mounting evidence suggesting that the IDF has been specifically targeting hospitals, and other health care institutions in an attempt to raise the death toll during their attacks on Gaza. This violation of international law is not solely

³ UCDP, 2014, Department of Peace and Conflict Research, Uppsala University

⁴ "The Geneva Conventions of August 12 1949." ICRC. Web.

⁵ "The Principle of Distinction between Civilians and Combatants." *Customary International Humanitarian Law - Rule 1*. International Committee of the Red Cross

reserved by the IDF. Two years ago, the US was known to use drone strikes in an attempt to target rescuers. In 2013, the Syrian government actively targeted hospitals in an attempt to prevent the injured from recovering. The list of nations in violation of the Geneva Convention is appalling; essentially, the means that member states are not distinguishing between civilians that include respecting hospitals, or food storage sites- and combatants. This threatens health security, for “double tapping” is essentially eradicating any presence of a health system, from medical facilities to food securities. There is a problem with adherence to international agreements dealing with this issue.

Violence against Health Care Workers-

While health care workers desperately attempt to save and sustain lives, attacks on their institutions only increase mortality rates of innocent civilians. Amnesty International is adamant that such attacks amount to war crimes, and have suggested the issue be delegated to the International Criminal Court. Violence against health care workers may also cause a refusal to send aid to conflict zones, due to the lack of protection. “An example of this illegal situation is the corridor outside Mogadishu in Somalia, where approximately 150,000 civilians are unable to access any healthcare.”⁶

Rape as a Weapon of War-

Up to 500,000 women were raped during the Rwandan Genocide, 64,000 in Sierra Leone, and over 40,000 in the Bosnia and Herzegovina war. “These are not the random acts of soldiers, they are military tactics used to shame and demoralize women, tear communities apart and control populations”⁷ through fear. The use of rape as a weapon of war in conflict zones has also increased the spread of HIV as well as other sexually transmitted diseases.

V. Web Sites:

World Health Organization Assessment of International Health Care Systems

http://www.who.int/whr/2000/media_centre/press_release/en/

United Nations Institute for Disarmament Research- Children and Conflict

<http://www.unidir.org/files/publications/pdfs/children-and-conflict-en-315.pdf>

National Center for Biotechnology: Canadian Medical Association Journal- The deadly effects of violence against medical workers in war zones

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3176880/>

Global Research- Health Care in War Zones and Countries Affected by Conflict

<http://www.globalresearch.ca/health-care-in-war-zones-and-countries-affected-by-conflict/17159>

The International Committee of the Red Cross- Making the case that Health Care is in Danger

<http://www.icrc.org/eng/resources/documents/publication/p4072.htm>

⁶ "The Resolution." *The International Health Protection Initiative*. N.p., 2011. Web.

⁷ "Stop Rape Now PSA." *YouTube*. YouTube, 7 May 2010. Web.

It is advisable, before starting any research on specific issues on the agenda, to browse extensively the <WWW Virtual Library: International Affairs resources>, one of the best portal with scores of valuable links: <http://www2.etown.edu/vl/> and of course the main UN portal: <http://www.un.org/> as well as the invaluable UN cyber-school-bus website: <http://www.un.org/cyberschoolbus/> . The THIMUN website, <http://www.thimun.org/> also has an extensive and efficient <Research> section worth browsing. For comprehensive academic documents on international crisis: <http://www.crisisgroup.org/> has numerous reports in PDF format.

Procedural Reminder

Delegates are reminded that at PAMUN conference, they are not expected to arrive with full-fledged resolutions. One or two solid clauses with which to caucus and kick-off the debates is all that is required. These clauses should arise from the <Main Issues> section in the Research Reports, which aims at directing the attention of the delegates to the pending issues which are in need of finding a solution, which is what the debates in the committees seek to achieve. At PAMUN, Resolutions are expected to emerge from the clause by clause debates in the committees.