General Assembly 3: Social, Humanitarian and Cultural

Healthcare in conflict zones

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**Introduction**

The utilisation of healthcare in conflict zones has been an unsolved problem since the beginning of modern conflicts. The issue is whether or not it is ethical to send doctors to zones where health aid is needed but would highly risk those individuals own lives. Non-Profit Organisations such as Doctors Without Borders and Red Cross have to face this ethical dilemma every day. United Nations experts and humanitarian groups provide the majority of healthcare services to civilians during wars and conflicts. UN mainly aims to create peace zones and sends the aid to these areas using its workers or by bringing in multinational humanitarian groups. Also, it should be noted that under the Geneva Conventions, hospitals or mobile medical units are in no circumstances to be attacked in conflicts. In a resolution adopted in 1970 on basic principles for the protection of civilian populations in armed conflicts, the UN General Assembly stated “places or areas designated for the sole protection of the civilian population, such as hospital zones or similar refuges, should not be the object of military operations”. However, hospital bombings in Syria, Yemen, South Sudan, Iraq left the medical care system collapsed.

**General Overview of the Issue**

Delivering healthcare in conflict zones is a very dangerous action, health workers working in the conflict areas are risking their lives every day. Unfortunately, the health workers aren’t the only target; medical vehicles, hospitals, medical facilities, patients are under a significant threat in conflicted zones. In conflict zones all around the globe hospitals are ransacked, occupied or burnt, medical vehicles and ambulances are stolen, and health workers are being kidnapped or killed. Bombing hospitals means hundreds of thousands of people losing access to health care and the erasure in seconds of decades-long efforts to reduce child mortality, improve maternal health and fight disease. Governments and other parties to the conflict refuse to take any action regarding the issue. The protection of medical personnel in conflicts are reserved by a few different laws and conventions, however, the statistics of killed/kidnapped health workers are outrageous, proving that the laws have gaps and remain insufficient. The reason of the failure is mainly the lack of respect towards medical personnel and the attitudes of governments that ignore the actions of international NPOs and NGOs on the grounds that these actions constitute interference in their internal affairs.

During conflicts, healthcare workers are at risk of:

- Torture, abuse, kidnapping and other human rights violations for treating patients on either side of the conflict
• Poor mental health due to living in conflict zones with the constant threat of attack
• Lack of supplies or equipment due to systematic raids
• Forced displacement due to attacks and fear of continuous violence

The Geneva Conventions and their Additional Protocols

The Geneva Conventions and their Additional Protocols are international treaties that cover the most important rules limiting the barbarity of war. It is a humanitarian law that protects the parties who do not take part in the war, civilians and medical staff and those who can no longer fight, wounded, sick troops and prisoners of war. All countries that have ratified the Geneva Conventions and Additional Protocols are obliged to follow the rules of war outlined in them and to ensure their dissemination during peacetime.

Article 9 of the 1906 Geneva Convention provides:

“The personnel charged exclusively with the removal, transportation, and treatment of the sick and wounded, as well as with the administration of sanitary formations and establishments … shall be respected and protected under all circumstances. If they fall into the hands of the enemy they shall not be considered as prisoners of war.”

Article 20, first paragraph, of the 1949 Geneva Convention IV provides:

“Persons regularly and solely engaged in the operation and administration of civilian hospitals, including the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, the infirm and maternity cases, shall be respected and protected.”

Section 9.4 of the 1999 UN Secretary-General’s Bulletin provides:

“The United Nations force shall in all circumstances respect and protect medical personnel exclusively engaged in the search for, transport or treatment of the wounded or sick.”

Applicability of the Law

The applicability of the Geneva Conventions are not sufficient enough as it doesn’t apply to non-signatory parties. Even though the Geneva Conventions have been signed by 196 states, including all members of the UN and the two present observers, it doesn’t apply to non-governmental threats. Thus, it doesn’t apply to terror groups such as Boko Haram, ISIS, etc. which is the gap within the conventions. It is an inevitable fact that ISIS and other terror groups are bombing Syrian, Iraqi, Pakistani and Afghan hospitals, killing patients and health workers. In South Sudan, Doctors Without Borders staff are being threatened by armed forces, and even some DWB are being abducted. The laws are not implemented properly and the governments, even though they are signatories to Geneva Conventions, remain disregardful.
Educating societies in the field of international humanitarian law may help to prevent attacks on medical facilities and personnel, as well as significantly improve the fate of the victims of armed conflict. All in all, in the history of armed conflict there have been many examples of neglect and failure to comply with the international humanitarian law, relating to members of the armed forces, medical personnel, humanitarian workers (ICRC), as well as civilians.

**Violence Against Medical Vehicles**

Medical vehicles include ambulances, medical ships or aircraft, whether civilian or military; and vehicles carrying medical supply or equipment. Mostly, in the midst of a conflict to transport or collect the wounded, ambulances sometimes come under fire, both accidental and intentional. One Lebanese Red Cross ambulance that was attacked from the air while transporting supplies from Tyr to Tibnine caught fire, injuring the paramedics aboard; another was shot at in the Marjayoun region when coming to aid victims of an air attack. A Lebanese Red Cross paramedic was shot dead in the second incident.

Attacks on ambulances have also occurred in the occupied Palestinian territory, Colombia, Mexico, Yemen, Iraq and Libya, and in Nepal during the conflict from 1996 to 2006. Some of the intentional attacks imposed upon ambulances in Libya, the occupied Palestinian territory, Afghanistan and Nepal were due to mistrust of the ambulance service that stemmed from its misuse in the past, to fool the enemy or other purposes.

The International Humanitarian Law and the Geneva Conventions clearly states:
- Medical vehicles shall be respected and protected at all times and shall not be the object of attack
- Medical units may not be used to launch attacks or to shield fighters or other military objectives from attack
Examples of acts not harmful to the enemy include the carrying of light arms by medical personnel for use in self-defence or arms that have just been taken from the wounded.

Major Parties Involved

**Doctors Without Borders:** Doctors Without Borders is an international humanitarian Non-Governmental-Organisation working in conflict zones, after natural disasters, during epidemics and more. DWB was originally called “Medecins Sans Frontieres” started by a group of young French doctors. Their first mission was to the Nicaraguan capital, Managua, where a horrific earthquake took place and killed approximately 20,000 people. DWB has offices in 28 countries and over 30,000 employs all around the world.

Today, in numerous countries around the globe, DWB teams are running vaccination campaigns and water-and-sanitation projects, providing basic medical care through clinics and mobile clinics, building or rehabilitating hospitals, treating malnutrition and infectious diseases, and providing mental health support. Conflicts’ consequences are manifold, and MSF has historically attempted to respond with speed, focus, and flexibility in order to deliver the necessary care to those most in need.

According to their website, in 2012-2013 they have provided healthcare in DR Congo, Syria, Haiti, Nigeria, Iraq, South Sudan, Jordan and Somalia. They have also provided medical care to refugees seeking in sanctuary camps and shelters.

Unfortunately, DWB volunteers have to risk their lives every day. They are injured, shot or even kidnapped for political reasons. On 3rd of October 2015, 14 of their staﬁ staff died when a DWB-supported hospital was bombed by US forces.

**International Committee of the Red Cross:** ICRC is an independent and neutral organisation, mainly funded by voluntary donations from governments and national Red Cross and Red Crescent Societies. They are based on the Geneva Conventions of 1949, ensuring humanitarian protection and assistance for the victims of war. Some of their key operations are in Afghanistan, Iraq, Lake Chad, Somalia, South Sudan, Syria and Yemen.

**Afghanistan:** The ongoing conflict in Afghanistan remains unsafe and unpredictable. There are many threats such as bombings, kidnapping and narcotics trade. In addition to the general security problem, health centres and healthcare workers are targets. More than 50 health care centres have been closed due to violence. In 2004, more than 40 health and reconstruction workers were killed,
including five who were murdered specifically for being health care workers. Lack of security affects those trying to seek medical help as well. Due to this violence, at least 300,000 people lost access to primary care services last year.

**Nigeria:** Multiple suicide bombings and attacks occur almost everyday in Nigeria. The conflict has spread to Cameroon, Chad and Niger also known as the Lake Chad Region. DWB is significantly scaling up its medical activities and assistance to people in the Lake Chad region. Healthcare in Nigeria lacks a serious amount of health workers as Boko Haram is causing many people’s death.

**South Sudan:** In the capital of South Sudan, Juba, violence broke out amongst government security forces on December 15, 2013. Three days following the tension, DWB team provides drugs and medical supply to Juba Teaching Hospital. A few days later DWB withdraws most of its staff to the UN base as fighting intensifies; it is unable to access the Malakal Teaching Hospital for the next two days. On December 26, a car including the health workers of DWB was stopped and threatened by armed man. Violence against facilities, medical vehicles, patients and medical staff is a horrific situation that remains unsolved in South Sudan. In Bor State Hospital, 14 patients and 1 Ministry of Health personnel were killed. In Malakal Teaching Hospital 11 patients and three unidentified people were killed. Eleven of these patients were shot in their beds; the dead bodies were scattered amongst 53 patients who had been stranded in the hospital for several days with no medical aid, including one patient who was desperately hiding on the roof. DWB immediately transferred the patients to the UN base, setting up a tent hospital here. Many hospitals were ransacked which collapsed the healthcare system, leaving the innocent citizens in a helpless situation. The government is neglecting the insufficient healthcare meanwhile DWB is calling on South Sudan’s civil society and medical community to actively participate in encouraging respect for health care and raising awareness.

**Syria:** The conflict in Syria began in 2011 leaving millions of people seeking a shelter and lifesaving humanitarian aid. The Syrian government continuously refused requests by Doctors Without Borders to access government-controlled areas. Following the Islamic State (IS) group’s abduction and release of DWB staff in 2014, and the impossibility of obtaining the necessary guarantees from IS leadership that DWB patients and staff will not be taken or harmed, the difficult decision was taken to withdraw from IS-controlled areas. DWB’s activities have consequently been limited to regions controlled by opposition forces or restricted to cross-frontline and cross-border support to medical networks. In 2015, DWB continued to operate six medical facilities in different locations across northern Syria and saw an increase in the number of people with medical complications caused by delayed medical care, and in infections and
deaths due to shortages of antibiotics. During 2015, 23 DWB-supported Syrian health staff were killed and 58 wounded. Furthermore, 63 MSF-supported hospitals and clinics were bombed or shelled on 94 separate occasions in 2015; 12 of these facilities were completely destroyed.

**Iraq:** Iraq has been the site of some of the worst attacks against health-care professionals. In 2008, the Iraqi health ministry estimated that over 625 medical personnel had been killed since 2003. Over half the country’s doctors have fled abroad; many of those who stay are forced to live in the hospitals where they work, to avoid the dangerous journey home each day.

**Previous Attempts to Resolve to Issue**

- Ban Ki-Moon, previous Secretary-General of the United Nations, described the International Committee of the Red Cross (ICRC) and Doctors Without Borders (DWB) as “reliable partners playing a vital role in conflict and disaster areas”
- In 2016, the Secretary-General urged all Member States, parties of the conflicts and other relevant actors to heed the Council’s demands by:
  - Facilitating humanitarian access
  - Developing domestic legal frameworks that protect health facilities and medical workers
  - Training armed forces so they understand their obligations
  - Prosecuting those responsible for such attacks and other violations

**Possible Solutions**

There is an urgent need to secure the safety of the wounded and the sick, and of health-care personnel, health-care facilities and medical vehicles during armed conflict and other violence. More must be done to ensure that the wounded and the sick have timely access to health care and that the facilities and personnel to treat them are available, adequately supplied with medicines and medical equipment, and secure. Safeguarding health care cannot be addressed by the health-care community alone. Primary responsibility for it lies with politicians and combatants. The ICRC is seeking support for the following initiatives:

- Building a Community Concern: In order to solve this issue, the support should be mobilised. Working together to decrease the gaps in laws, the healthcare community should raise awareness and responsibility among all concerned to safeguard healthcare.
- Regular and Methodical Information Gathering: To better understand and reacting to attacks on patients, healthcare workers, facilities and medical vehicles, reports of incidents should be systematically collected and centralised with the data of other institutions.
- Engaging with Professional Healthcare Institutions and Health Ministries: Increasing the dialogue with health associations may be beneficial for sustaining solidarity
Encouraging Interest in Academic Fields: In order to achieve a long term solution assisting universities, other educational institutions to incorporate modules on the implications of violence against patients and health-care workers and facilities into courses in public health, political science, law and security studies.

These are only a few examples of potential solutions, there are many other aspects of the problem such as finance, civil society, security. Because the conflicts around the globe are ongoing and killing people daily the best solutions are shot-term and immediate solutions.

Possible solutions should also cover the safety and motivation of health workers:
- Community support
- Appreciation by supervisors
- Effective working conditions such as food, accommodation and transportation
- Respect from the government

Useful Links

https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule35

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3176880/


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