



Medical Peace Work Online Course 5

Peace through Health
in violent conflict



MEDICAL PEACE WORK



Education and Culture

Leonardo da Vinci



Course 5 – General objectives

In this course you will learn about

- the relationship between medicine, warfare and militarisation
- the nature of medical assistance in times of war
- how armed conflict affects the provision of medical aid
- how health professionals can work to prevent further escalation of violent conflict
- how health professionals can promote peace building, trauma healing and reconstruction in a post-war situation.

Introduction

Health workers can work on various levels within armed conflicts:

- Emergency service provision ↔ post-war rebuilding
- Community health workers ↔ employed in public health system ↔ employed in private health sector
- Members of humanitarian organizations ↔ members of armed forces ↔ local health staff

Medical peace work in armed conflicts

- Promoting peace
- Preventing resurgence of violence
- Mitigating the effects of violence
- Avoiding doing harm
- Addressing psychosocial issues
- Promoting reconciliation and justice



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Peace through Health in violent conflict



Chapter 1: Medical assistance
in violent conflict

Chapter 2: Offering support
during violent conflict

Chapter 3: Improving mental
health after violent conflict

Ch. 1: Medical assistance in violent conflict

You will learn about

- the history of war and medicine
- how the relationship between war and medicine is mediated by context
- how health and health care are influenced by war



Consequences of war on health

- War directly causes health problems
 - ⇒ death, physical & psychological injury
- War indirectly causes health problems
 - ⇒ breakdown of health systems
- War hampers medical research (and possible advances are rarely relevant in peacetime)



Problems facing military health professionals



- 'Dual loyalty' conflicts
 - ⇒ needs of the army/nation ↔ needs of soldiers/civilians
- Civilian training may not prepare for wartime work
- Danger of numbness to patients' needs in peacetime
- Health may be used for ulterior ends
 - ⇒ "winning hearts and minds"



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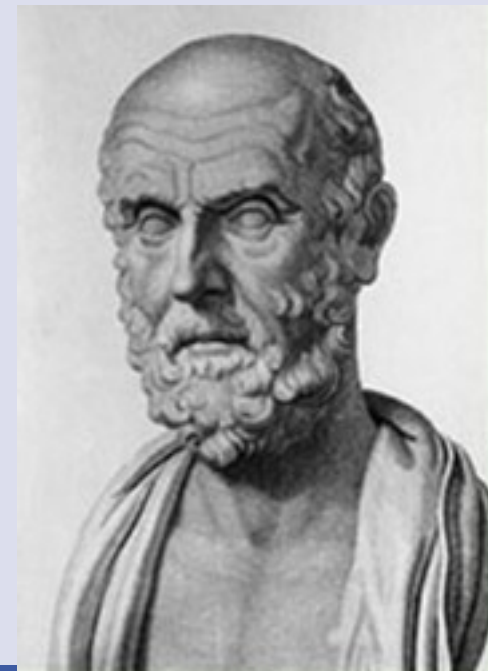
Problems facing humanitarian agencies

- Challenges to maintaining neutrality, impartiality and/or independence
- Humanitarian aid may be abused by warring parties
- Humanitarian aid workers may be targeted by warring parties
- Close cooperation with the military may endanger the humanitarian purpose



Fundamental principles

- Geneva Conventions (international humanitarian law)
- Human rights law
- UN resolutions
- Professional ethical standards and guidelines
 - ⇒ Hippocratic oath
 - ⇒ WMA declarations
 - ⇒ Istanbul protocol



Medical practice in war ↔ peacetime (1)

*'Persons taking no active part in the hostilities, including members of armed forces who have laid down their arms and those placed hors de combat by sickness, wounds, detention, or any other cause, **shall in all circumstances be treated humanely**, without any adverse distinction founded on race, colour, religion or faith, sex, birth or wealth, or any other similar criteria.'*

(First Geneva Convention, Article 3)

Medical practice in war ↔ peacetime (2)

- Civilians have a right to receive medical assistance as needed
(Protocol I, Article 10; Protocol II, Article 7; WMA Havana Declaration)
- Enemy combatants have a right to receive medical assistance on a par with one's own side
(First Convention, Article 12)
- Conclusion: medical practice in wartime is governed by the same ethical principles as in peacetime

Health workers and human rights violations

- Tokyo Declaration (1975)
- Hamburg Declaration (1997)
- Istanbul Protocol (1999)
- UN Resolution on torture and other cruel, inhuman or degrading treatment or punishment: *The role and responsibility of medical and other health personnel* (2009)

Peace through Health in violent conflict



Chapter 1: Medical assistance
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Ch. 2: Offering support during violent conflict

In this chapter you will learn about how health workers

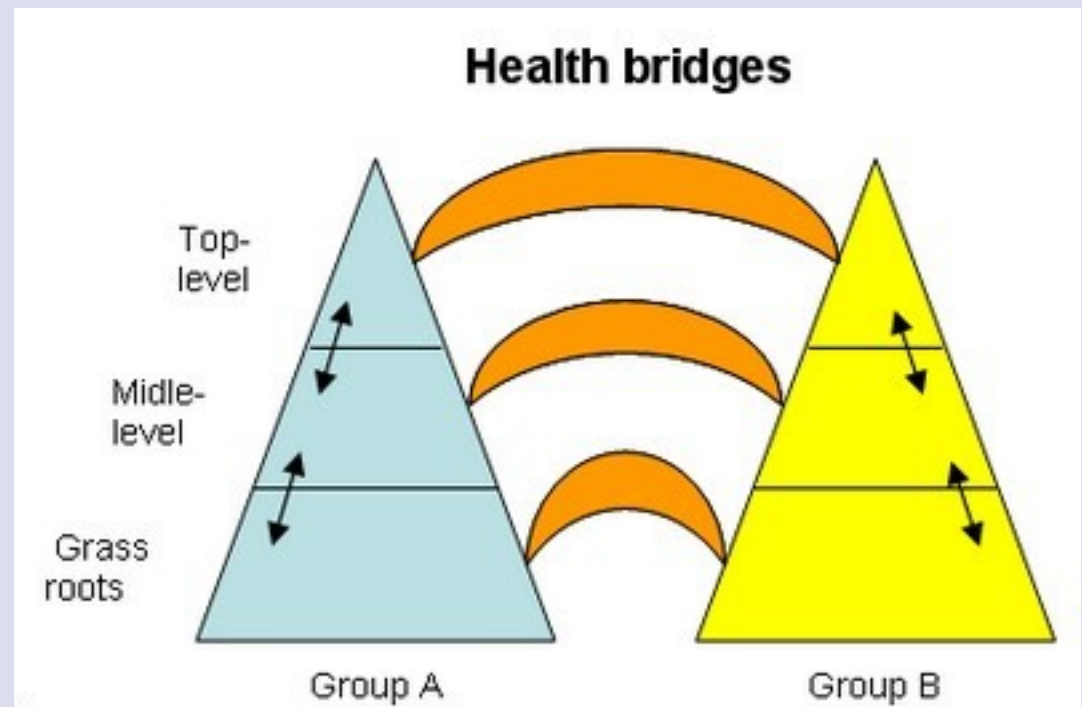
- attempt to stop combatants fighting and other violent events
- engage in peace building



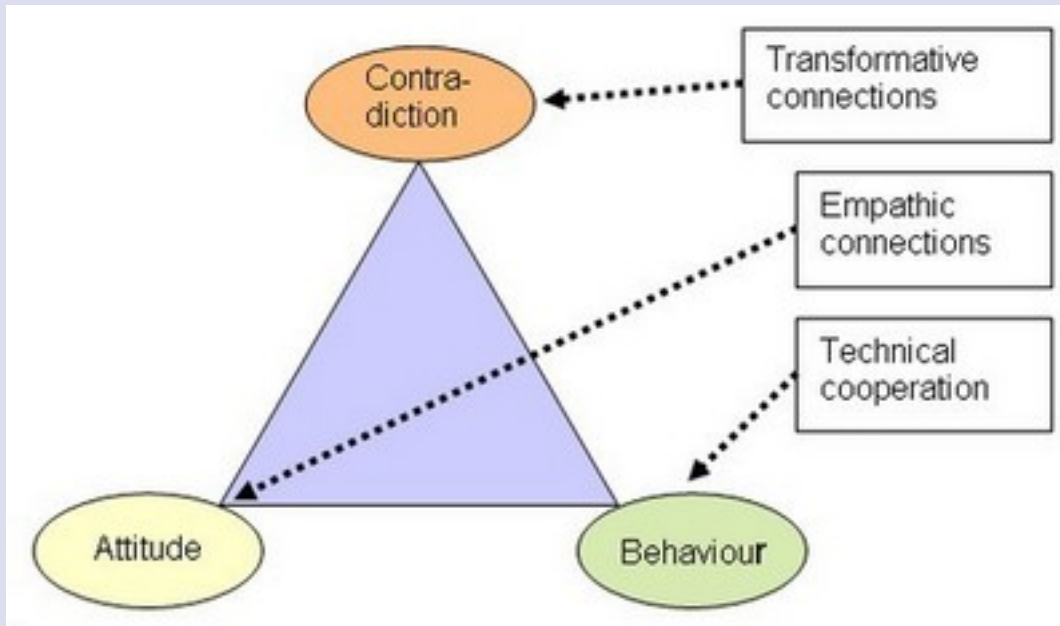
Health initiatives bring people together

Health bridges can connect

- decision-makers
- health professionals
- civil society



Characteristics of health bridges



Three aspects of health bridges can contribute to changes in

- attitude
- behaviour
- contradiction in a conflict.

Do No Harm: An analytical framework for understanding conflict contexts

Aid in a violent conflict setting becomes part of the conflict, as it

- interacts with **connectors** and **dividers**
- impacts through **resource transfers** and **implicit ethical messages**.



The impacts depend on the project details, but there are always **options!**

Protection of civilians during violent conflict

- International humanitarian law
- Human rights law
- Refugee law
- Mandated protection agencies:
 - ICRC
 - UNHCR
 - UNICEF
 - OHCHR
- Non-mandated protection agencies: NGOs



Humanitarian protection

- Appropriate types of assistance
- Presence
- Training
- Documentation and reporting
- Advocacy



Conflict resolution and mediation

Three main strands:

- Training, preparation, and networking
- Creating mediation contexts
- Active mediation



Examples of health work situations demanding conflict sensitivity

- The triage process
(combatants ↔ civilians, or civilians from opposing groups)
- Working for a nation or organization perceived as hostile by the local population
- Tensions with cultural norms and taboos
(e.g. women examined by male doctors)

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Chapter 3: Improving mental health after violent conflict



- In this chapter you will learn about
- the role of health professionals in rehabilitating and reconciling individuals and communities in post-war situations

Signs and symptoms of stress responses

- **Emotive**
 - ⇒ e.g. shock, terror, blame, sadness, numbing
- **Cognitive**
 - ⇒ e.g. concentration or memory impairment
- **Physical**
 - ⇒ e.g. fatigue, insomnia, pain, decreased libido
- **Interpersonal**
 - ⇒ e.g. social withdrawal, reduced intimacy

Preventing PTSD

- Safety first!
- Attend to basic physical needs first (water, food).
- Encourage the person to talk about the traumatic event and to other survivors.
- Reassure them that their emotional reactions are normal.
- Encourage them not to avoid situations that remind them of the event.
- Activate resources: people, skills, beliefs.
- If there are severe difficulties, a short course of medication may help.

Psychosocial trauma programmes

- Range from trauma counselling and therapy to non-violent conflict resolution
- May include initiatives to build life skills and self-esteem
- Are usually implemented by foreign professionals, who sometimes train local staff
- Have been criticized for not taking into account possible diversities in psychological make-up and indigenous methods of psychosocial healing

Justice, truth and reconciliation

- Restorative justice
 - ⇒ benefits both victim and perpetrator
 - ⇒ fosters insight and acceptance of responsibility
 - ⇒ creates opportunities to make amends to individuals and/or communities as a whole
 - ⇒ example: the South African Truth and Reconciliation Commission
- Retributive justice
 - ⇒ holds perpetrators responsible through punishment
 - ⇒ deters further crime
 - ⇒ example: the International Criminal Tribunal for the former Yugoslavia

Social healing and reconciliation

Five essential elements (Becker 2005)

1. Developing a shared vision of an interdependent and fair society
2. Acknowledging and dealing with the past
3. Building positive relationships
4. Significant cultural and attitudinal change
5. Substantial social, economic and political change



References

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