

The Debating Chamber - Protecting health care during armed conflict

By Rhona MacDonald, IHPI | Thursday at 4:15 PM | Comments (0)



Lebanese Red Cross personnel search for victims in a building which was hit by an Israeli air raid, Beirut, August 14, 2006. REUTERS/Jamal Saidi

By Dr Rhona MacDonald, [International Health Protection Initiative](#)

According to Marco Baldan, the chief war surgeon of the [International Committee of the Red Cross](#) (ICRC): “One of the first victims of war is the health-care system itself.” Sadly, he is absolutely right.

In 2008, the [ICRC](#) launched a study to examine how violence and armed conflict affects health care in 16 countries where it works and the resulting report, [Health Care in Danger: Making the case](#), gives a shocking factual narrative of the widespread nature of the attacks on patients, health-care workers and facilities, and on medical vehicles.

For example, the Iraqi health ministry estimates that over 625 medical personnel were killed between 2003 and 2008. And, in 2007, many doctors in Iraq were deliberately targeted in a spate of killings. Hundreds more doctors have received death threats or been kidnapped and 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.

Although appalling, the factual information and statistics do not do justice to the scale, scope and widespread consequences of attacks on healthcare. This is particularly the case in areas that are inaccessible to humanitarian and human rights organisations because of the level of danger, including many parts of Pakistan, Afghanistan and Somalia.

Statistics alone cannot capture the individual human tragedies of every single act that violates the [Geneva Conventions](#) or the cataclysmic impact that these violations have on health and health care.

For [example](#), in the Wardak province of Afghanistan, soldiers entered a hospital late one night in September 2009, searching for a wounded enemy combatant. Unsuccessful in their search, they rounded up the staff and ordered them to report the presence of “enemy fighters” seeking treatment. When the staff refused, citing medical ethics, the soldiers threatened them at gunpoint, saying they would be killed if they did not comply. Several members of staff quit their jobs after this incident, too afraid to return to work.

And in 2009 in [Sri Lanka](#), ICRC coordinates given to government troops to protect a field hospital were used to deliberately target the hospital. International codes and best practices are no guarantee of protection of health care in the face of such an unshakable determination to destroy.

So what can be done in the context of such blatant disregard for the Geneva Conventions? Is enforcement of health care protection a necessary action, or should the international community admit that the Geneva Conventions are now an aspiration rather than the foundation of human rights? These issues will be discussed at an event hosted by the [International Health Protection Initiative](#) on 29th November in London and filmed by AlertNet. [Email](#) for information about the event.

Dr Rhona MacDonald is one of the founders of IHPI