



HEALTH CARE IN DANGER IT'S A MATTER OF LIFE & DEATH

NEWSLETTER

JULY – NOVEMBER 2015

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RESPECT FOR ETHICS IS CENTRAL TO PROTECTING HEALTH CARE



On 3 October 2015, Médecins Sans Frontières' hospital in Kunduz, Afghanistan, was bombed. 30 people were killed – including 13 health-care workers

– and 37 injured. MSF declares that Coalition and Afghan officials were informed of the hospital's location, and demands an official independent investigation into an attack that should never have happened.

Between January 2012 and December 2014, the International Committee of the Red Cross (ICRC) as part of the Health Care in Danger (HCiD) initiative recorded 2,398 incidents of violence against health-care services in 11 countries, with over 4,200 health-care workers assaulted, beaten, tortured, shot or killed while doing their work. If they are attacked, who then is left to provide care? We shouldn't have to ask ourselves that question. International humanitarian law (IHL) states that medical personnel, transports and facilities that are exclusively carrying out

medical duties must be protected and respected.

When a doctor is killed or a nurse imprisoned for treating a wounded person from the "wrong side," it affects not only that doctor or that nurse but the very principle of humanity that IHL and the ethical principles of health care enshrine. But how can we ensure that the principle of humanity is upheld? Health-care professionals, be they civilians or soldiers, must know their rights and responsibilities and make sure all patients are treated on the basis of medical considerations only. But for this to happen, their medical ethics must also be respected by others.

The HCiD initiative, which is marking its 4th anniversary this year, has rightly made respect for medical ethics central to safeguarding health care. This newsletter covers just some recent achievements: the Model Unilateral Declaration, with which non-State armed groups can formally voice their commitment to respecting and protecting health care (page 3); the Liberian army's updated training

manual that includes operating procedures to safeguard health-care services (pages 4-5); and workshops for military medics on dealing with ethical dilemmas in the field, and thus ensuring the safety of patients (page 7).

This valuable work must continue. In December, representatives from governments and the International Red Cross and Red Crescent Movement will gather in Geneva for the International Conference of the Red Cross and Red Crescent. It will be an occasion for them to reaffirm their commitment to the principle of humanity, first made 151 years ago, and a golden opportunity to show that medical ethics matter.

Doris Schopper
 Director of Geneva Centre for Education and Research in Humanitarian Action
 Member of the International Committee of the Red Cross



ICRC



SHAPE Photographic

In July, the [Commonwealth Red Cross and Red Crescent Conference](#) on international humanitarian law was held in Canberra, Australia. It was co-hosted by the Australian Government, Australian Red Cross and the ICRC, and supported by the British Red Cross and the Commonwealth Secretariat. One morning session was dedicated to discussing issues related to Health Care in Danger (HCiD). Participants were given an update on the project, followed by a presentation by the Kenya Red Cross on its HCiD activities and a presentation by the Jamaican Ministry of Foreign Affairs and Foreign Trade on the role of States in protecting health care in armed conflict or other emergencies.

The Life & Death campaign marked its [4th anniversary](#) on World Humanitarian Day (19 August). The campaign's goal is to raise awareness of the serious consequences of violence against health-care workers and facilities. Four years ago the Life & Death posters shot by the renowned war photographer Tom Stoddard were put up in various European cities to show the fatal consequences of violence against health care. In 2013, a short film on HCiD called [The Human Cost](#) was launched to further raise awareness. In 2014, a video game named [Pilot Civilian Air Rescue on Missions](#) won the HCiD special award for the Arma 3 contest. A unique opportunity to teach high-ranking officers about HCiD arose in Mons, Belgium, in September when the HCiD ambulance and photo exhibition were on display at [NATO's Supreme Headquarters of the Allied Powers](#) in Europe.

In August, the Austrian Red Cross and the ICRC organized a discussion on HCiD at

the [Alpbach Health Symposium](#) in Austria. It was attended by representatives from the International Pharmaceutical Federation, the Swedish Red Cross and the HCiD project. The lively discussion was moderated by the secretary-general of the Austrian Red

Cross, and provided an excellent occasion to foster relationships with people from different fields.

Some 350 medical students took part in a round-table entitled [Gaza and Syria: Assistance in Situations of Armed Conflict](#) in Madrid, Spain, in September. Moderated by the Spanish Foundation of Medical Colleges for International Cooperation, the discussion introduced the students to the challenges of providing health care in modern conflicts. Raising awareness among future doctors about this is vital to ensuring the safety of both sick and wounded people and health-care workers. A meeting on HCiD with the Spanish Red Cross also took place.

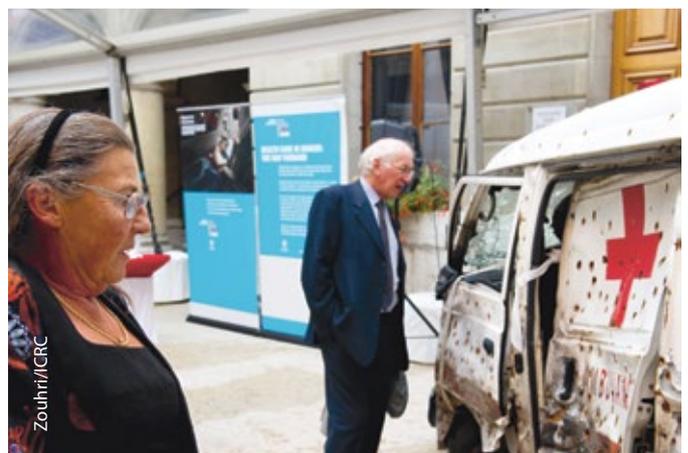
Two sessions on HCiD were held at the [75th World Congress of Pharmacy and Pharmaceutical Sciences](#) of the International Pharmaceutical Federation (FIP) in Dusseldorf, Germany, in September. A joint FIP-ICRC session was held on the issue of violence against pharmacies. The second HCiD session entitled Finding the Humanitarian Face of Pharmacy looked at the solutions the pharmacy sector could implement to improve safety of health-care provision. Pharmacists are in direct and frequent contact with patients and potentially exposed to aggressive behaviour.

The Southern African Development Community (SADC)

and the ICRC regional delegation in Harare, Zimbabwe, organized a seminar on the [protection of health care during SADC peace support operations](#) in September. 17 experts from 15 southern African countries discussed how to improve access to essential health services during peacekeeping operations. Recommendations were identified for the SADC Military Health Services, the SADC Standby Force and SADC Member States to help them prepare for and respond to health-related needs. Peacekeeping forces are required to protect and ensure the availability of health-care personnel, facilities and equipment during missions.

The security and safety of medical facilities was one of the topics in Chicago, USA, at the International Hospital Federation's [39th World Hospital Congress](#) in October. Participants discussed how to ensure hospitals remain functional in emergencies and crises. The HCiD publication [Ensuring the Preparedness and Security of Health-Care Facilities in Armed Conflict and Other Emergencies](#) was presented at the event. Many participants were hospital managers, who are key to ensuring the safety of their personnel and therefore that of the patients.

A HCiD Working Group meeting was held in Moscow, Russia, during the [World Medical Association General Assembly and Council Sessions](#) in October. The participating countries were given an update on the HCiD project. The meeting was an excellent opportunity for strengthening ties and promoting the project among key individuals in the medical field from around the world.



Zouhri/ICRC

ARMED GROUPS, HOSPITAL MANAGERS AND AMBULANCE DRIVERS PLAY AN IMPORTANT ROLE IN PROTECTING HEALTH CARE

Three new HClD publications bring together important steps non-State armed groups, governments, hospital managers and ambulance drivers can take to improve access to health care and make its delivery safer.

Too often, armed groups are seen only as perpetrators of violence. The publication *Safeguarding the Provision of Health Care: Operational Practices and Relevant International Humanitarian Law concerning Armed Groups* focuses on them as key players in the protection of health care: not only as combatants bound by humanitarian law, but also as beneficiaries and providers of health-care services. The publication is

based on the two-year consultations the ICRC carried out with more than 30 armed groups worldwide who agreed to discuss the challenges they had faced and their solutions to making access to health care safer. It also contains a Model Unilateral Declaration that armed groups can use to voice their commitment to safeguarding health care.

Violence can disrupt health-care services when they are needed most; even one single attack can have serious knock-on effects. *Ensuring the Preparedness and Security of Health-Care Facilities in Armed Conflict and Other Emergencies* is a practical manual for governments and hospital managers to help them prepare for and manage situations where caring for wounded and sick people is put at risk. Health-care facilities are complex systems where human, structural and operational factors interact. These three factors should be considered together when designing strategies and implementing measures to protect medical facilities.



L. Courtois/ICRC

The Norwegian Red Cross has published a report entitled *Best Practice for Ambulance Services in Risk Situations*. It is the outcome of two HClD workshops that the Norwegian Red Cross co-hosted with the Colombian and Lebanese Red Cross Societies in 2014. The 12 National Red Cross and Red Crescent Societies that took part drew on their experiences running ambulance and pre-hospital services in complex environments to propose practical solutions for ambulance drivers and other first aiders.

The first two publications can be downloaded free of charge on the [HClD website](#). The report from the Norwegian Red Cross is available for download in [English](#) and [Spanish](#).



HEALTH CARE IN DANGER – MEETING THE CHALLENGES

A humanitarian worker caught up in the conflict in Mali, a religious leader in the occupied Palestinian territory, a doctor in Côte d'Ivoire, and many others striving to protect health-care services share their stories of courage and hope in the new publication *Health Care in Danger – Meeting the Challenges*. Four years on from the launch of the HClD project, this publication reminds us how violence can

disrupt the delivery of health care, leading to dramatic consequences, and explains what individuals can do to prevent violence against health-care workers and facilities. The stories in *Meeting the Challenges* prove that even in times of armed conflict, access to health care can be made safer.

The publication can be downloaded free of charge on the [HClD website](#).



S. Mahmud Leyla/A. Agency/Getty Images

LIBERIAN ARMY SETS OUT TO PROTECT HEALTH-CARE WORKERS



P. Yazdi/ICRC

The Armed Forces of Liberia (AFL) recently incorporated HCiD recommendations into their military training manual with the help of the ICRC. The manual now includes an entire chapter on HCiD, setting guidelines for Liberian soldiers to carry out military operations while preserving people’s access to health-care services.

In true military fashion, the day starts early for some 20 officers of the AFL brought together in the Barclay Training Centre at their headquarters in Monrovia. The officers have a mission to accomplish: draft new guidelines which will strengthen the existing rules and facilitate the work of both the military and medical personnel. One of the officers, Captain Golafale explains what is at stake: “Military operations and health care are closely connected. Sometimes we say doctors and nurses are our best friends. When we carry out operations, we know we need to protect and respect them because we will have injuries resulting from our operations. This relationship is

very important.” Nester Urey, an ICRC legal adviser, adds: “What we do [at the workshop] today will definitely have an impact on generations to come.”

“If you are a military commander, and you have to carry out an attack near a medical facility, you need to know how you can guarantee the safety of the medical

personnel and patients in there. You need to carry out an assessment. After that, you know the level of force you can use,” continues Captain Golafale. “Before you launch an operation, every soldier from a private to a highest commander must know not only the goal of the mission, but also their rights and responsibilities. IHL stipulates that medics must be allowed to



Y. Castro/ICRC



evacuate victims, combatant and civilian alike, from the conflict zone," he adds.

The workshop ends after two days of intense discussions. It did not take long to bear fruit. Only a few months later, HCiD issues were included in chapter 13 of the *Armed Forces of Liberia Law of Armed Conflict Training Manual*. The chapter provides detailed procedures on the precautions to be taken during attacks, ground evacuations, search operations in health-care facilities, and other situations where medical

personnel, facilities, ambulances, ships and aircraft are protected by IHL. The possible consequences of military action in various scenarios on medical personnel and their patients are discussed. In addition, there are recommendations for training that ensure the law is respected and health-care workers and the sick and wounded protected during military operations.

Captain Tarplah, Chief of Public Affairs, says: "[D]eveloping operational guidelines on how to interact with health workers that allow

the protection of health facilities, personnel, patients and visitors is key. It is not our intent to harm them, but to carry out operations in a difficult security situation."

He also explains how civilians are affected and must therefore be better informed: "These guidelines are in everybody's interest. If access to health care during crises in Liberia is safe, people won't be afraid to go to hospital. It is important that our civilian population not only knows, but also feels that IHL protects them."

The Monrovia workshop built on the outcomes of the HCiD international consultations held in Sydney in 2013. There, 27 experts from around the world discussed military operational practices which could bolster the protection of health care in times of armed conflict. These practices are

presented as practical recommendations and locally implementable measures addressed to State armed forces in the publication *Promoting Military Operational Practice that Ensures Safe Access to and Delivery of Health Care*. These practices are to be adopted when planning and

carrying out military operations to avoid a negative impact on the delivery of health care in armed conflict. The armed forces can incorporate them into military orders, rules of engagement, standard operating procedures, training manuals, and so on.

HELPING THE HELPERS – WHY DOES PSYCHOSOCIAL SUPPORT MATTER?



Ea Suzanne Akasha,
IFRC Reference Centre
for Psychosocial Support

Health-care workers should be provided with tools, equipment and support that can ensure both their physical and mental well-being. It is essential to keep this in mind when developing strategies for the protection of health care. Only then can health-care workers treat people in need in a safe and effective manner. Ea Suzanne Akasha, technical adviser at the International Federation of Red Cross and Red Crescent Societies' Reference Centre for Psychosocial Support (PS Centre), tells us how psychosocial support benefits everyone and why managers should provide it for their staff.

What does psychosocial support mean and why is it important?

Health is both physical and mental. You must be able to support yourself before you can support others. Front-line health-care workers are physically safer when they have equipment such as uniforms and helmets, or training, such as in improving their driving skills. Whereas psychosocial support is about helping them understand the kind of stress they deal with at work and building up their ability to cope. It is about providing information about caring for yourself and getting help from your peers, for instance, by setting up support systems. It is important because healthy medical workers take better care of their patients.

A range of ways of providing psychosocial support to front-line health-care workers have been developed. How have they been received?

The Syrian Arab Red Crescent (SARC) recognized the role that psychosocial support could play in improving how their staff and volunteers are protected. They

worked with the PS Centre to pilot a training programme in the country, as part of the PS Centre's Caring for Volunteers initiative. One part of the programme was about practical relaxation exercises to cope with stress better. Reducing stress can help us sleep, relate to co-workers and provide care better. I taught both mental and physical relaxation techniques to volunteers, who derived immediate benefit. They in turn started teaching the techniques to the people they take care of. Psychosocial support can be provided in many ways, from such exercises to peer support systems.

How can we make sure health-care workers get the support they need?

Managers of health-care facilities play a vital role in supporting medical workers. The key is getting them to realize that learning how to manage stress makes a difference, and encouraging them to provide psychosocial support. This begins by ensuring that staff members believe that their managers understand and support them. Team spirit is really important. Managers – and trained peer supporters – can organize monthly outings and regular meetings to listen and share experiences. They can also

show appreciation for the work done to create a cohesive team where no one is left to deal with their stress and anxiety alone. The positive impact is immediate – when psychosocial support is provided and managers are aware of these issues, health-care workers provide better care and remain able and motivated to work.

HELPING THOSE WHO HELP OTHERS

The PS Centre organizes and develops training, manuals and toolkits for helpers. It also advises and assists National Societies in implementing initiatives related to psychosocial support. The ICRC, together with certain National Red Cross and Red Crescent Societies, is running mental health and psychosocial support programmes for community helpers in Côte d'Ivoire, Egypt, Mexico, Gaza, Syria and Ukraine.



ETHICAL DECISIONS - GOOD BUT NOT ALWAYS EASY TO MAKE



Daniel Messelken,
ICMM Center of
Reference for Education
on IHL and Ethics

Who to treat first, a civilian or a combatant? Under international humanitarian law all wounded people shall be considered to be patients first, whether civilian or combatant. Ethically speaking, military and civilian doctors must treat patients in a neutral manner based only on medical considerations. In an armed conflict, this is neither easy nor straightforward. Daniel Messelken, an ethics teacher at the International Committee of Military Medicine's Center of Reference for Education on IHL and Ethics, discusses the ethical dilemmas facing military medical personnel and how they can be helped to make the right decisions.

Daniel, what kind of ethical issues do military medical personnel face and why? Ethical dilemmas for military doctors often arise when doctors have scarce resources and have to decide who to treat first and to what extent (triage). Similarly, when cooperating with local health-care systems or treating local populations, the issue of different levels of care poses a challenge to treating people fairly. Other triggers for ethical problems are real or perceived dual obligations, time and peer pressure, and attacks on protected health-care facilities.

What did you discuss at the 2015 workshop and how do you share the results? One of our topics this year was medical neutrality (see box). Under international humanitarian law, army medical corps are considered protected medical personnel who have the same obligation to treat the wounded and sick, irrespective of who they are, as their civilian counterparts. Medical personnel are bound by humanitarian law to act according to their professional *medical*



ethics, which in turn accords them legal protection. All military personnel should understand the challenges faced by a physician who is also a soldier, and create a supportive environment where medical ethics prevail over military strategy. Abuse or disrespect of this dual role puts protected health-care personnel at risk and thus endangers the provision of medical care.

Informing and training both medical personnel and soldiers at all levels about legal and ethical obligations and the rights of health-care personnel is key. That is why we publish the proceedings of the workshops. We also use them during our courses on military medical ethics to aid reflection and provide guidance.

What would help military medics deal with ethical dilemmas better?

Ethical dilemmas could be reduced in number if the legal obligations and ethical principles of military health-care providers were better known by both military medics and soldiers to the highest level of command. The rules can only be upheld if all parties know them. This call to raise awareness concerns States and the armed forces particularly, but also other individuals and institutions, such as the civilian health-care system.

States could also ease some of the ethical dilemmas faced by military health-care

providers during missions by providing more adequate resources, i.e. personnel and material. However, this might prove difficult where resources are already stretched. Last but not least, the *Ethical Principles of Health Care** could be incorporated into domestic law. They could be consulted and explicitly referred to during the formulation of rules of engagement and be a standard part of the training of military medical personnel.

**The ICMM is one of the five signatory organizations of the Ethical Principles of Health Care in times of Armed Conflict and Other Emergencies, a code adopted in June 2015 as part of the HCiD project.*

THE ICMM ANNUAL WORKSHOP ON MILITARY MEDICAL ETHICS

The International Committee of Military Medicine (ICMM), through its Center of Reference for Education on IHL and Ethics, has been holding an annual workshop on military medical ethics since 2011. This event brings together some 40 experts on topics related to the military, international law and ethics, representing different geographic and religious backgrounds, to discuss specific dilemmas experienced in the field. Their common goal is to identify best practices and common guidelines in the field of military medical ethics.

8-10 DECEMBER 2015

32nd INTERNATIONAL CONFERENCE OF THE RED CROSS AND RED CRESCENT

HCiD will be one of the main themes of the 32nd International Conference of the Red Cross and Red Crescent in Geneva from 8 to 10 December. Every four years, this unique global forum brings together representatives from nearly every government in the world, the International Red Cross and Red Crescent Movement and partner organizations.

The Conference and the Plenary Commission on HCiD will provide an opportunity to discuss the progress made since the project's launch in 2011, and to promote further action to protect health-care services in armed conflict or other emergencies. By adopting the Resolution on HCiD and by committing to specific pledges on HCiD, all participants can step up their efforts to translate the recommendations and measures – raised during the global consultation phase – into action.

For more information, please visit the Conference website: <http://rcrcconference.org/international-conference/themes-and-topics/health-care-in-danger/>.

Health Care in Danger is an initiative of the International Red Cross and Red Crescent Movement to make access to, and delivery of, health care safer in armed conflict or other emergencies. This initiative calls for the respect and protection of health-care workers, facilities and vehicles and the implementation of a series of recommendations and practical measures to safeguard health-care services and their humanitarian mission. It is supported by a number of partners, individuals and organizations, members of the Health Care in Danger Community of Concern.

www.healthcareindanger.org
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RAISING AWARENESS: HCiD AMBULANCE IN SWEDEN



It has been a busy summer for the HCiD ambulance. It first travelled to Stockholm to take part in the 150th anniversary celebrations of the Swedish Red Cross. It then moved to Växjö for the Swedish Red Cross's General Assembly. The ambulance's final destination was the medieval town of Visby. The popular political event, *Almedalsveckan*, brought together some 30,000 people from Swedish political parties, the government, NGOs, academia, the private sector and the media. A round-table on the safety of Swedish health-care personnel was also organized, and involved the ambulance nurses' union, the nurses' union, local police and fire departments, and the disaster-preparedness agency.

The hard work of fifteen volunteers and one staff member organizing the events and sharing information on IHL and HCiD online and offline paid off: more than 30,000 people saw the ambulance. "Some were shocked; some were horrified," says Kristina Borg from the Swedish Red Cross. "But they appreciated seeing what it's really like in the field in such a powerful manner." Support for the HCiD project was unanimous. "In the ten years I have worked for the Movement, I have never seen such strong reactions and such a willingness to support a campaign, nor as much discussion generated by an exhibition."

During the International Conference of the Red Cross and Red Crescent in December, the ambulance will be on display in Geneva – don't miss it!

Should a National Society or an ICRC delegation be interested in hosting the ambulance, please contact the HCiD team in Geneva.

HCiD WEBSITE HAS A NEW LOOK

We have launched a new website to keep you better up to date with what is going on with the HCiD project. You can still find us at www.healthcareindanger.org, but there are now even more stories to share. We hope that you like the result and will enjoy reading, listening to and watching the HCiD news.

You can learn more about how HCiD recommendations are being turned into practical solutions in different countries and how more and more people are getting involved in the project. You also can join in the efforts to ensure that health care is safe!



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Front cover: *Sar-e-Hause medical clinic, Afghanistan, 2012.* Graham Crouch/World Bank. <http://bit.ly/1N8IO3e>