

HCiD workshop for academics

Structure of the workshop

- I. Film: "Health Care in Danger – The Human Cost" 15 min**
- Introduction to the movie and the ICRC project
 - In-class brainstorming on the issues touched upon in the movie

- II. Presentation: 75 min**
- The issue of safe access to health-care and the knock-on effect
 - The legal framework protecting health care in armed conflicts and OSV
 - Other obligations and medical ethics
 - The use of emblems

- III. Questions and discussion 30 min**

- BREAK & informal discussion 30 min**

VI. Case studies ¹

Following the legal approach of the IHL reference publication *How does law protect in war?*, the purpose of this workshop is exclusively to allow participants to identify which rules of international humanitarian law could or should have applied in practice. Hence, the discussion will only address legal issues and arguments.

- A. Introduction to the cases and questions 15 min**
- B. Group discussion (3 groups) 45 min**
- C. Group report and discussion 60 min**

¹ Case study and discussion taken from SASSÒLI Marco, BOUVIER Antoine, QUINTIN Anne, "How does law protect in war", available online on : <https://casebook.icrc.org/> (last visited on 30.05.2018)

According to the preamble of this reference publication in IHL (p. 35), "neither the ICRC nor the authors can be identified with the opinions expressed in the Cases and Documents [...] The criteria for inclusion of a document is not whether historical facts are accurately described, but whether it allows a discussion of a particular aspect of IHL. No description of alleged historical facts in a reproduced document can therefore be construed as an opinion of the ICRC or of the authors".

Afghanistan, Attack on Kunduz Trauma Centre²

History line:

Attack on the trauma centre:

On October 3d 2015, the MSF hospital in Kunduz was attacked by US Airforce. Sustained airstrikes targeted the main hospital building. MSF staff and patients died in the attack.

Investigation into the airstrike:

The investigation showed that several human errors by the aircrew and ground personnel contributed to the attack on the hospital. The crew thought they were shooting at the intended target which was a Taliban-controlled structure. However, MSF officials provided the correct grid coordinates for the trauma centre and the location was entered on the U.S. military's "No Strike List" database.

Group discussion: acts harmful to the enemy

1. Are medical personnel, facilities and transports specifically protected under IHL? If this is the case, does the presence of armed combatants, weapons or fighting in a hospital mean that it loses its protection from attack?
2. In your opinion, did the US do everything feasible to verify that the object of the attack was a military objective? Given that the information required had not been received and that the communication system was failing, do you think that the airstrikes should have been called off in line with the principle of precautions?

² Case study and discussion adapted from SASSÒLI Marco, BOUVIER Antoine, QUINTIN Anne, "How does law protect in war", available online on: <https://casebook.icrc.org/case-study/afghanistan-attack-kunduz-trauma-centre> (last visited on 30.05.2018)

Iraq, Tikrit - Care for Wounded Enemies (2007)³

History line:

- First incident: Three helicopters touch down at Camp Speicher near Tikrit and the men, all Iraqis, are hurt badly. Two of them were two insurgents, while the other two were bystanders caught in the fire.
- Medical assistance: The worst injured, one of the insurgents, goes immediately into surgery. The blood supply is soon running out and other major traumas are coming in.
- Blood donation: Volunteer blood donors are called and dozens of soldiers line up.
- Second incident: An Iraqi policeman shot in the head is brought to the hospital, but his life cannot be saved.

Group discussion:

3. Does IHL provide for an equal treatment between the wounded whether they are combatants or non-combatants and whether they have violated IHL or not?
4. Is it realistic to expect military medical personnel to make the same effort to save the lives of those who tried to kill their comrades and to save those of their comrades?

³ Case study and discussion adapted from SASSÒLI Marco, BOUVIER Antoine, QUINTIN Anne, "How does law protect in war", available online on: <https://casebook.icrc.org/case-study/iraq-care-wounded-enemies> (last visited on 30.05.2018)

Iraq, Medical Ethics in Detention⁴

History line:

Detainees at Abu Ghraib Prison have been reportedly tortured with the complicity of the US medical military staff present on the premises.

Even though some detainees reported having received good medical care, experiences of detainees in general and medical records suggest that health professionals have become ethically compromised in these detention settings just by allowing torture to go on.

Death certificates were falsified. Injuries and illnesses were not reported and medical staff have purportedly authorized interrogators to continue their interrogation on severely injured or passed out detainees after waking them.

Group discussion:

5. Do detainees in Iraq benefit from POW status? If they do not, are they still protected under IHL?
6. May military orders or procedures differ from established principles of medical ethics?
7. Under medical ethics, may medical staff refuse to cooperate in interrogating prisoners? In acts of torture? Would the answer be the same under IHL?

⁴ Case study and discussion adapted from SASSÒLI Marco, BOUVIER Antoine, QUINTIN Anne, "How does law protect in war", available online on: <https://casebook.icrc.org/case-study/iraq-medical-ethics-detention> (last visited on 30.05.2018)