

HEALTH PROTECTION AND MEDICAL ASSISTANCE IN DISASTER SITUATIONS

INTRODUCTION

In the natural and man-made disasters — including armed conflicts — of recent years, civilians have become the main victims, though in armed conflict they are neither the cause of contention nor the potential gain. Whatever the type of disaster, the most vulnerable sections of the population are those hardest hit, whose health and dignity are most severely impaired, especially in parts of the world where famine and poverty are rife.

The direct and “incidental” damage inflicted upon the civilian population when military operations are conducted without regard for humanitarian considerations and heedless of the rules of law, and the limited effects of dispersed humanitarian assistance provided with inadequate or inefficient supervision, are a constant reproach to the conscience of the international community and continue to place a heavy strain on the components of the Red Cross and the Red Crescent Movement in their work to protect and assist the victims.

These alarming developments will be examined at the forthcoming International Conference of the Red Cross and Red Crescent, to be held in Budapest in late November. The Review is therefore presenting a series of articles on the problems of providing protection and assistance — particularly in the area of health care — to the victims of armed conflict and natural disaster. By publishing the views of experts from inside and outside the Movement, the Review hopes to make a contribution to the discussion. At the same time, through its section on the humanitarian policy and operational activities of the ICRC, it would like to give greater insight into the work of ICRC doctors and teams of experts in the field by describing the difficulties they must overcome day by day and the lessons they draw from their experience.

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In the spring of 1991, the ICRC organized a seminar entitled "Famine and War" (see the summarized proceedings on pp. 549-557). The participants noted a frequent tendency for belligerents to destroy the civilian population's means of subsistence instead of confining themselves to attacks on military objectives. Deliberate acts are still all too often responsible for the loss of access to resources and the resultant destitution. Thus war both contributes to the onset of famine and limits the possibilities of combatting it.

To what extent does international humanitarian law prohibit such acts and, more generally, is it properly adapted to the new problems that have emerged of providing humanitarian assistance in armed conflicts?

In his study on protection of the civilian population, including humanitarian assistance, (see pp. 440-459), a lawyer who specializes in such assistance shows that international humanitarian law provides clear solutions prohibiting both the starvation of civilians as a method of warfare and attacks on objects indispensable to their survival. Yet these mandatory rules do not always resist the onslaught of reality, since belligerents have great difficulty in viewing the civilian population and the assistance to which it is entitled as being entirely separate from military considerations. Similarly, in his examination of three interdependent factors relating to humanitarian assistance (consent by the authorities, access to victims and proper control over the operations) the author stresses the difficulty of putting the law into effect, in view of the realities of modern war and the complexities of relief action and its coordination. For example, the law as it stands does not provide a definition of humanitarian and impartial action, thus leaving States some freedom of interpretation which can lead to abuse. On the other hand, since blockades remain permissible, even vis-à-vis civilians, important practical problems arise with regard to control over the distribution of foodstuffs and other essentials which must nevertheless be allowed entry for the sole benefit of the civilian population. The terms and conditions of control should thus be reconsidered, as should the very principle of imposing a blockade on foodstuffs.

The author feels that all these problems require further development of the law, and indeed a number of studies have been carried out and proposals made by international organizations and the academic world (see comprehensive account list on pp. 458-459).

*It cannot be stressed too much, however, that humanitarian law already affords civilians substantial protection. Most urgently needed is actual **compliance** with the existing provisions of humanitarian law. Everything must be done to safeguard the self-sufficiency (and this*

includes the **dignity**) of the civilian population. The Review will come back to this subject in the future.

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As a neutral and independent organization, the ICRC has a very specific role to play in preserving public health in the event of armed conflict. The mandate entrusted to it by the States party to the Geneva Conventions and their Additional Protocols, its right of initiative and its role as a neutral intermediary give it great latitude in its approach to health problems and allow it to go beyond the classic medical assistance which other organizations are also able to provide.

The medical work of the ICRC nevertheless faces many obstacles. How can the institution discharge its mandate when its delegates find that people's basic needs are not being met by local services for political or economic reasons, or when the authorities refuse them access to the victims? What has it done to adapt its assistance strategy to ensure that those activities compensate for any inadequacies in its protection work?

In a series of articles providing specific examples and statistics (see pp. 460-512), the ICRC's Chief Medical Officer and several members of the Medical Division show how the ICRC provides protection and assistance via its various medical activities.

To safeguard the health of the victims of armed conflict, the ICRC takes action in three ways. First, it provides direct medical care when local medical services and staff are inadequate. Over the past decade especially, the ICRC has built up its own surgical capacity to give wounded people the care that the authorities are unable to provide. The same approach has been taken to orthopaedic rehabilitation and the ICRC has set up programmes in fourteen countries to provide prostheses and orthoses using technologies appropriate to the country concerned.

Secondly, the ICRC gives a material and moral boost by helping local resources and services to recover their viability and thus restores life and hope to the community.

The ICRC's particular capacity to negotiate with the authorities is the most unique aspect of its work. Persuasion remains the best means of mitigating the effects of constraints of all kinds, and especially of handling problems concerning health care for the most vulnerable sections of the population, assistance to displaced persons and above all access to conflict zones. The main thing is for ICRC delegates to

be able to be present everywhere and at all times. The article on visits to prisoners by ICRC doctors (see pp. 469-482) shows how perceptive they must be, in conversation with those they meet, in order to find what really lies behind any shortcomings they observe and be able, on the basis of their own expert knowledge, to substantiate allegations of ill-treatment. Above all, they must maintain a dialogue with the responsible authorities in order to find specific solutions to specific problems, and a dialogue with the prisoners to be able to reassure and advise them.

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It is now generally recognized that the often unbridled and over-publicized international assistance that floods in after disasters is not a panacea and can even be counter-productive, bringing about a state of sustained dependency which, apart from anything else, seriously undermines the recipients' dignity and self-respect. How can the international community, in particular the various components of the Movement, come to terms with these problems and improve preventive measures by gaining a better understanding of the effects of certain human activities on the environment and the way in which such activities can trigger off disasters? Above all, how can community participation be developed and the appropriate staff be trained to deal with disasters and their consequences?

The head of training at the ICRC's Medical Division describes the institution's assistance strategy (see pp. 494-504), which gives local communities and their institutions a leading role in dealing with disasters so that outside aid serves only to strengthen them, not to replace them. This approach is also advocated by an expert from the Pan American Health Organization, the World Health Organization's Regional Office for the Americas, who cites his experience to show that, after having for too long harboured preconceived ideas about relief work, the international community has revised its priorities over the past few years and now stresses disaster preparedness, improvements in local health services and economic development in vulnerable areas (see pp. 513-523). The more thorough the preparations taken by the local communities and health services, the more effective emergency action will be.

The head of the Health Department of the League of Red Cross and Red Crescent Societies takes a similar position, advocating the community approach to health care in disaster situations and

explaining how the National Red Cross and Red Crescent Societies and the League, their federation, can help promote that approach (see pp. 524-532).

But, more than ever, the key to truly effective protection and assistance is adequate preparation and training of volunteers and specialists. Many National Societies have stepped up their training programmes in order to enable their volunteers to take action in the event of emergency and also deal with more general health problems. Likewise, the ICRC's Medical Division has been giving courses since 1986 to prepare executive medical staff to take part in emergency programmes launched by the ICRC or other humanitarian organizations (see pp. 505-512). This is no small matter, since the goal is nothing less than to reconcile the increasing professionalism of relief work with the Red Cross/Red Crescent ideal of spontaneous humanitarian assistance.

The Review
