

LETTER TO EDITOR

Sometimes there is no easy answer: Health care protection in conflict zones

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Abstract

Globally, health care providers and facilities are facing growing risks due to political instability, sieges, and warfare. Public health is indisputably at the forefront of saving lives during military operations. In the current climate of global adversity, public health professionals have the responsibility to be prepared at all times and well-informed when responding to medical crises in conflict situations. Complex humanitarian emergencies cause great disruption, disabling, damaging, destroying community well-being. Public health services are evidently at the leading edge of health planning and provision in mass casualty incidents. This editorial letter draws attention to the critical and current subject of health care and medical workers under attack in war zones. Criminal violence is against the law and an action that requires punishment. Lawful conduct that is part of a legally legitimate military operation must comply with the fundamental principles that govern armed conflict. It is important not to confuse the two actions in terms of clarity and purpose. As for the extremely topical and vital issue, this editorial letter calls upon all parties in relevant fields to refresh and update their knowledge of the International Humanitarian Law, the Geneva Conventions and the additional protocols in relation to current crises. Particular emphasis is placed on alerting both national and international audiences at this seminal turning point in history. When health care is faced with war-torn ethical damage, it is incumbent upon every professional to understand the context, to refrain from getting caught up in dilemmas, avoid getting carried away by popular tabloid trends.

Keywords: War, Warfare, Combat, Armed Conflict, Complex Humanitarian Emergency, Mass Casualty Incident (MCI), Public Health Crisis

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INTRODUCTION

The international community is presently confronting unprecedented levels of hardship and suffering, which calls for a fundamental reassessment of humanity's vulnerabilities. The increasing frequency of global conflicts has led to a period where attacks on health care services have become alarmingly routine. Although profoundly troubling, attacks on public health professionals have regrettably become a disturbing norm, resulting in severe consequences for both patients and health care providers. In conflict zones, public health professionals play key roles in disease control and essential service delivery. Their roles also involve coordinating humanitarian assistance, where resilience, adaptability, and ethical rigor are essential for effectiveness. Public health strategies must be central to safeguarding lives.

Public health is fundamentally devoted to preserving life and protecting human well-being. This editorial letter emphasizes the importance of policies aimed at preventing war and highlights the need to prioritize these efforts. Concerns are expressed from the perspective of medical and public health ethics, also drawing attention to the need for public health professionals to stay well-informed and access timely information on medical services in conflict zones to enhance their preparedness, confidence, and response abilities. Due to the intrinsic objectives of their profession, health care providers are opposed to war and armed conflicts. While this holds true, they have a responsibility to recognize, acknowledge, understand the complexities and challenges these situations pose, rather than become enmeshed in the conflicts themselves. In such contexts, it is crucial for medical staff, particularly public health professionals, to

gain a thorough understanding and advocate for anti-war policies from a broader societal perspective. This manuscript highlights issues related to attacks on health care professionals and hospitals in conflict zones and reviews international regulations on this topic. Particular emphasis is placed on nondiscriminatory care, the protection of civilian medical personnel and units, ensuring dignity and justice.

Situated at the crossroads, Türkiye is surrounded by hot wars, in relatively close spatial proximity to its borders. For the benefit of humanity at large, it is of great importance that Türkiye remains in a position of geostrategic stability, continues to serve regional peace and security. It is therefore especially critical that this article is presented to the international community from Türkiye.

APPLICABLE LAW REGARDING HOSPITAL ATTACKS

According to International Humanitarian Law (IHL), the greatest obligation of warring parties is to keep civilians and combatants distinguished in battle at all times. War crimes are defined in Part 2 of the Preamble to the 1998 Rome Statute of International Law by the United Nations International Criminal Court, where Article 8, Section 2 penalizes "intentionally directing attacks against buildings dedicated to religion, education, art, science or charitable purposes, historic monuments, hospitals and places where the sick and wounded are collected, provided they are not military objectives." Hospitals are protected under IHL with oversight from the International Committee of the Red Cross (ICRC). It is crucial to understand that civilian hospitals can forfeit their protection and become lawful targets if they are used for "acts harmful to the enemy," as specified in Articles

18 and 19 of the 1949 Geneva Convention Relative to the Protection of Civilian Persons in Time of War, and in the 1977 Additional Protocols I and II to the Geneva Conventions.¹ Attacking a hospital that is being used for purposes other than its civilian function and is considered “harmful to the enemy” does not contravene existing laws. The loss of protection for medical units and transports may be justified under certain circumstances outlined in Article 11 of the 1977. Article 19 of 1949 states that “the protection to which civilian hospitals are entitled shall not cease unless they are used to commit, outside their humanitarian duties, acts harmful to the enemy.” When hospitals become targets, combatants are required under international laws to adhere to the principle that “all belligerents have a duty to give effective advance warning of attacks that may affect the civilian population, unless circumstances do not permit”²

While some arguments may seek to inflame extreme beliefs and provoke further violence, it is crucial to understand the legal perspective. Under the international law, designating civilian hospitals as legitimate military targets is an exceptionally rare circumstance. Such a designation is permitted only under the most exceptional conditions. Claims might be strong on occasion, with arguments supported by irrefutable evidence. Under the principle of absolute proof, only incontrovertible and unequivocal evidence can validate these claims. Over 700 attacks on hospitals, health workers, and other medical infrastructure have been reported from Ukraine. These incidents include bombings of hospitals, torture of medics, and shootings at ambulances. One Ukrainian doctor described witnessing a hospital being occupied and used by the

warring party as a “human shield,” because it could not be targeted in return.³ There are numerous reports suggesting that attacking health service points has increasingly become a military “tactic” in the modern era.⁴ Although individual actions may vary according to regional decisions and prosecutions concerning the targeting of civilian hospitals, they are consistently underpinned by judicial principles. The international community will remain uncertain about these inquiries until investigations are completed and decisions are finalized by the legal authorities.

COMPLICATIONS IN CONFLICTS INVOLVING TERRORIST ORGANIZATIONS

The legal landscape becomes more complex when one party in a conflict comprises civilians governed by an uncertain or unrecognized authority. The legitimacy of the state and the status of non-state actors complicate the application of IHL. Historical case studies, including those from Vietnam, Bosnia and Herzegovina, Palestine, and Afghanistan, illustrate the challenges of upholding IHL when combating groups with ambiguous legal status.⁵ These complexities require a thorough understanding of IHL and demonstrate the inherent challenges in negotiating with entities whose international status is contested.

CURRENT LEGISLATION REGARDING HEALTH CARE PROVIDERS

Under IHL, Rule 25 of the ICRC, which has remained unchanged since 2005, mandates that medical personnel assigned exclusively to medical duties must be respected and protected. Protection is lost if they participate in actions that harm the enemy beyond their humanitarian role, as outlined in Rule 25.⁶ The World Medical Association (WMA) has highlighted the fundamental right to health

as a core human right, reaffirmed in the “WMA Declaration on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence.” The WMA asserts that medical personnel must uphold their ethical responsibilities and adhere to international laws, even in times of conflict. The ICRC also provides guidelines for protecting health care access in both armed conflicts and non-conflict situations, with relevant legal factsheets available on their official website. In “situations that do not meet the threshold of armed conflict, only international human rights law and domestic law apply,” and these laws generally remain in force at all times unless derogated by the states. In a similar fashion, the safety and security of the United Nations humanitarian personnel are protected.⁷ The issue remains, however, regarding the information provided by the Israeli authorities about the alleged involvement of several United Nations Relief and Works Agency (UNRWA) employees in the malicious attacks on Saturday, October 7th of 2023. An official statement by UNRWA Commissioner-General Philippe Lazzarini, titled “Serious allegations against UNRWA staff in the Gaza strip” announced on Friday, January 26th, 2024 that the decision was made to terminate the staff members’ contracts and that an investigation was launched.

Armed conflict is a major public health problem, causing significant injury and death globally. War impacts not only combatants but also civilian lives, leading to displacement, disruption of services, and heightened risk of disease. Civilians and health care workers, who are often caught in the crossfire, face significant challenges. An effective response and mitigation require advocacy, research, collaboration, and, crucially, training and preparedness for public

health practitioners in conflict zones.^{8,9}

CONCLUSION

This editorial letter explicitly declares that public health professionals are pro-life and unequivocally averse to the violence and loss of life associated with war. It brings into acute focus the persistent and critical issues regarding the protection of health care facilities and personnel in conflict zones. The interplay between legal frameworks, ethical considerations, and practical realities of modern warfare necessitates sustained vigilance, collaborative acumen, up-to-date knowledge and expertise in disaster public health. The practice of medicine, particularly in conflict settings, must be safeguarded as a fundamental humanitarian endeavor. The evolving nature of warfare demands strong emphasis on preserving the sanctity of health care and ensuring the protection of those who provide it under perilous conditions. This text forcefully advocates for the urgent necessity of policies designed to prevent war, emphasizing their crucial importance from an ethical public health perspective. It calls on medical and public health professionals not only to develop technical expertise but also to become unwavering advocates for anti-war policies.

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