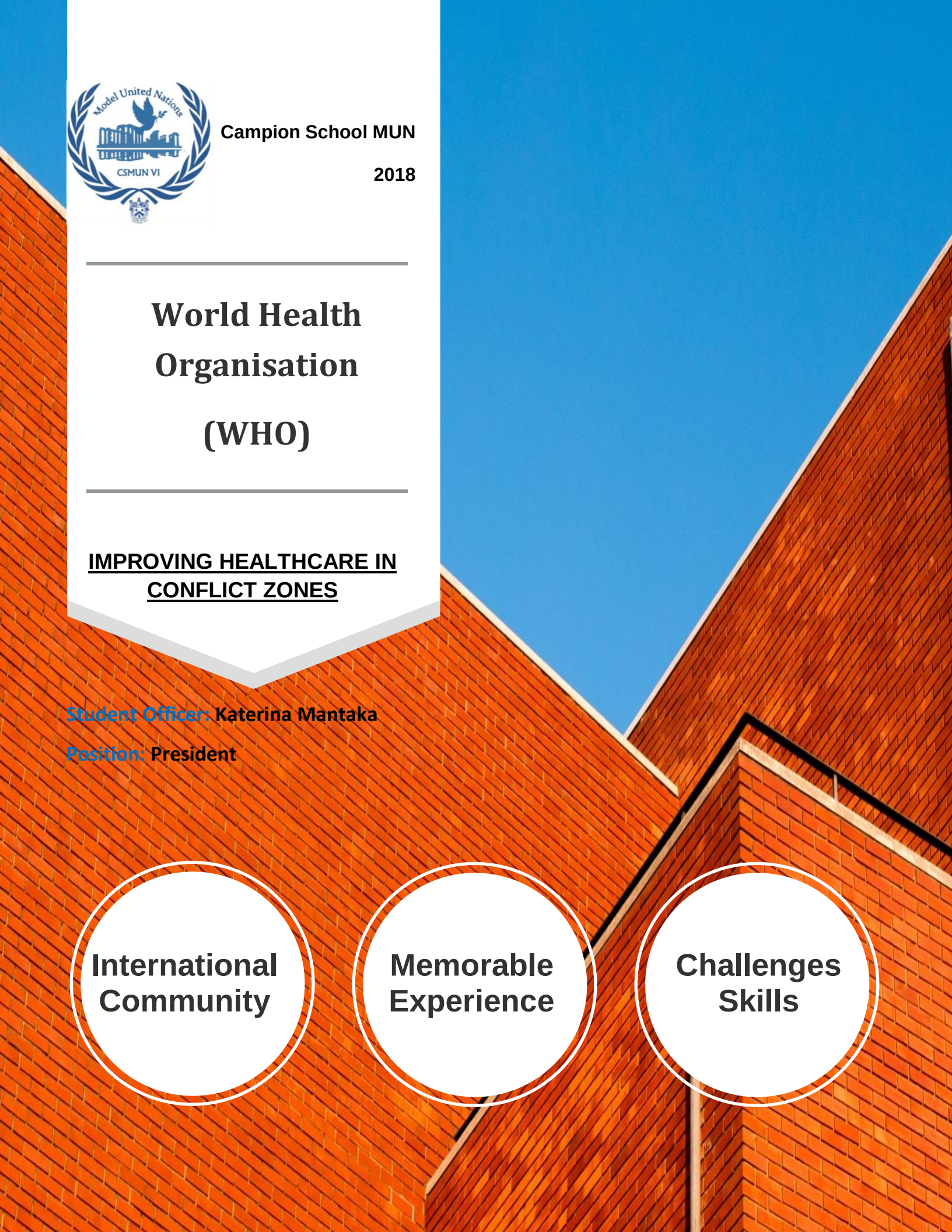

Campion School MUN

2018

World Health Organisation

(WHO)

IMPROVING HEALTHCARE IN CONFLICT ZONES

Student Officer: Katerina Mantaka

Position: President

International Community

Memorable Experience

Challenges Skills

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PERSONAL INTRODUCTION

First of all, I would like to start by saying how sorry I am as the president of this committee that there was such a delay on this study guide. The reasons vary but it would not be of any help to analyse them so please read the following carefully.

My name is Katerina Mantaka and I will be serving as the main chair of the World Health Organisation committee. It is both an honor and a pleasure to be appointed with such a position as this year's topics are issues which can be found all around the globe concerning every human on earth. In this study guide you will find useful information as far as the healthcare during conflict is concerned but most of all you will be offered a great basis in order to further your studying. I am aware of the little time you have so I would suggest to read the guide thoroughly and search your country's history for cases where healthcare was concerned. I expect a fruitful debate and effective discussions. MUN is not just learning to cope with workload it also means learning to cooperate and finding solutions. I am excited to be meeting you delegates and hope for an MUN experience that will be unforgettable.

I am sure that you will not find it difficult but if such is the case do not hesitate to contact me. Email: cat.cat.caterina@gmail.com, Facebook: Katerina Mantaka

Best regards,

Katerina Mantaka

INTRODUCTION

The problem of healthcare during war may be seen by some as an irony. However, the neutrality of medical personnel, hospitals and patients shouldn't be debated. On the contrary, the right to health during conflict must be strengthened. Health facilities in recent years as stated by the UN have been strategic and military aims of government forces and affiliated militias. Attacks on health systems often have a strategic advantage as a tactic of war, are rarely prosecuted nationally and may even have been committed by the government that would, theoretically, be prosecuting them. Invoking the jurisdiction of the International Criminal Court in prosecuting these attacks may, therefore, be appropriate in these circumstances[1].

There is also another point that ought to be addressed when referring to the war healthcare and that is the maximum efficiency, quality and speed which are needed by the mobile hospitals and the doctors during conflict. It is almost impossible for relief workers to provide their help with non- existent safety and medicine.

[1] http://www.jhsph.edu/research/centers-and-institutes/center-for-public-health-and-human-rights/_pdf/BellagioReport-03192014.pdf

DEFINITIONS OF KEY TERMS

- **MEDEVACS**

The timely and efficient movement and en route care provided by medical personnel to wounded being evacuated from a battlefield

- **ICRC**

The ICRC is an independent, neutral organization ensuring humanitarian protection and assistance for victims of war and armed violence. It acts in response to emergencies and promotes respect for international humanitarian law and its implementation in national law.

- **DOCTORS WITHOUT BORDERS**

Is an international humanitarian medical non-governmental organisation (NGO) of French origin best known for its projects in conflict zones and in countries affected by endemic diseases.

- **REALIEF WORKERS**

Is a person who works for a charity providing aid for people in need, especially in disaster areas.

Historical Information

Ancient era up to the 15th Century

Firstly, the standard of dealing with injuries procured during war. This would consist of either pulling out arrows from wounds and may involve the use of amputation. During the conquests of Alexander, the use of Tourniquets to stop the bleeding by squeezing the arteries and veins was first employed, with the Romans adopting this later for the purpose of amputation. This decreased the likelihood of infection as blood flow would be restricted. Then at around 1380 the first stretchers to carry the wounded appeared making the transportation of the wounded without affecting the blood flow too much. Then the first arrow was surgically removed in 1403, allowing for similar operations to be performed later on. Then in the siege of Malaga during the Reconquista, the first military ambulances appeared allowing for the more efficient and quick transportation of wounded from battle.

15th Century up to the 19th Century, the Early Modern Period

The first advancement of note comes from the Frenchman Ambroise Paré, when he introduced dressings to treat bleeding. Then another Frenchman, Dominique Jean Larrey, made a pioneering use of triages and ambulances during the Napoleonic wars allowing for the increase in the efficiency of the transportation of the wounded. Then during the Crimean war, Nikolay Ivanovich Pirogov revolutionised the use of esters as an anesthetic, this reducing the number of deaths to shock. Not long after, the American Johnathan Letterman revolutionised the way that medical organisations were organised during war, allowing for healthcare to become more efficient. Meanwhile, the German Friedrich von Esmarch pushed for the introduction of first aid kits into the army. This meaning that some wouldn't have to wait for an ambulance to carry them to a doctor, when they can carry out some procedures on themselves.

World War 1, 1914-1918

During the Battle of the Somme, in 1916, notable advancements were made in the field of amputation. This reduced the number of deaths of patients' post-amputation.

Spanish Civil War, 1936-1939

The Catalonian, Duran I Jordà, invents the first way of transporting blood practically. This allowed for transfusions to be performed if necessary. Another Catalonian, Moisès Broggi, invents the mobile operating room allowing medical operations during war to be completed in sterile conditions.

World War 2, 1939-1945

The United States adopted the first use of mobile hospitals in order to allow more efficiency in wartime healthcare. Then MEDEVACS with helicopters were first used in Burma in 1945. In the same year, the first MEDEVAC under fire came in Manilla. The introduction of the MEDEVAC was influential as it allowed for the full removal of wounded combatants from the conflict zone.

Timeline

Date	Description of Event
1916	• Advances in plastic surgery: A new hospital devoted to soldiers' facial injuries opens in Sidcup, Kent, with over 1,000 beds available. • First plastic surgery patient: Naval officer Walter Yeo, injured in the Battle of Jutland, is the first person in the world to undergo plastic surgery. • Advances in storage of blood: The first successful attempts to store human blood for transfusion are made by the Allies on the battlefields of northern France.
1939	• The Second World War starts:The use of mobile medical units, where surgery can be performed, means casualties receive treatment much faster in The Second World War than in any previous conflict. It will prove to be arguably the most important change in military medicine during the six years of the Second World War. • Fatalities from disease drop: Immunisation programmes and the widespread availability of antibiotics are significant in the fight against disease among Allied Forces.
1953	• New limb-saving technique: New surgical techniques to repair damaged blood vessels in field hospitals dramatically reduces the need for amputation.(The amputation rate resulting from vascular injuries drops from about 50% during the Second World War to about 10% in Korea.)
2003	• New life-saving equipment and techniques for combat casualties are introduced during operations in Iraq and Afghanistan. With catastrophic haemorrhage being the main cause of death on the battlefield, soldiers are equipped with new blood-stemming products such as the HemCon bandage.

POSSIBLE SOLUTIONS

The following are some indicative solutions that have been proposed or are part of treaties and conventions.

- ✓ **Hospital zones and protection of medical establishment**: Hospital zones or medical units should be protected if their safety cannot be established. The form of protection should be armed but accessible to government soldiers or trained people for such cases.
- ✓ **Neutralised zones**: The neutrality of hospitals should be on the top of the list for debating as it is the main
- ✓ **Protection of personnel**
- ✓ **Safe transport by land, sea and air:** When an injured is transferred to the closest hospital or somewhere further it needs to be ensured that the safety of
- ✓ **Food and medical supplies** should be equipped to the medical units in order for them to be functional
- ✓ **Hygiene and public health:** It is often tha in times of crisis hygiene is not the main focus. That can lead to unnecessary diseases and infections not only among the patients and the personnel but also the public.
- ✓ **A distinctive emblem:** An emblem must be carried for those working in the warfare healthcare in order to be separated from soldiers. This would ensure their safety and would make their job easier.
- ✓ **Funding:** Although it may seem irrational, the main resource of funding is not by governments or companies but from individuals which give donations to organizations such as Red Cross and Doctors Without Borders

MAJOR COUNTRIES & ORGANIZATIONS INVOLVED

SYRIA:

The Syrian International Coalition for Health (SICH) is a consortium of organizations and health professionals who are committed to improving health care and healthcare delivery in Syria. SICH was formed in 2012 in response to increasingly urgent calls for comprehensive reform. 2Syria is experiencing a protracted political and socioeconomic crisis that resulted in a severe deterioration of living conditions which has also significantly eroded the health system.

YEMEN:

The war in Yemen has completely decimated the health care system. More than half of the people have little access to basic health care, and less than 45% of the hospitals work and the health personnel cannot cope with the needs. By December 2017, the outbreak of cholera in Yemen had infected a staggering million people. Despite being a completely treatable disease, thousands of people have died from the disease.

AFGHANISTAN:

After 23 years of conflict and political instability, a collapsed economy, and three years of severe drought, Afghanistan's health system is among the very poorest in the world. The impact of the conflict and remaining deadly land mines and unexploded ordnance daily adds victims both through physical injury and mental stress, affecting every family in Afghanistan over time.

TURKEY:

Although one of the most advanced countries right now in the world, Turkey has a major problem with the refugee camps. Health services are insufficient and due to the severe conditions of living the spread of diseases cannot be stopped.

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3697421/

UN INVOLVEMENT: Relevant Resolutions & Treaties

The most important piece of work referring to healthcare during conflict is the Convention of Geneva, 12 August 1949. The following are some specifications of the convention and some further UN work.

- ✓ Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field. Geneva, 12 August 1949
- ✓ International legal framework for the protection of healthcare during armed conflicts
- ✓ Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949
- ✓ International Code of Medical Ethics (1949, last revised in 2006)
- ✓ Regulations in Times of Armed Conflict (1956, last revised in 2006)
- ✓ Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946
- ✓ Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977

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