THE CHANGING ECOLOGIES OF WAR AND HUMANITARIANISM

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CONFERENCE REPORT

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PANEL 3: POPULATIONS ON THE MOVE AND THE REGIONALIZATION OF HEALTHCARE

PANEL 4: EMERGING GLOBAL HEALTH TRENDS IN CONTEMPORARY CONFLICTS IN THE MIDDLE EAST

KEYNOTE ADDRESS: INTERNATIONAL LEGAL FRAMEWORKS

KEY OUTCOMES OF THE CONFERENCE

ACKNOWLEDGMENTS
**AGENDA**

**Wednesday 4 May**

10h00 – 11h00  *Welcoming remarks*
Iman Nuwayhid, Dean of AUB’s Faculty of Health Sciences & Nasser Yassin, Director of Research of AUB’s Issam Fares Institute for Public Policy and International Affairs

*Organizers remarks*
Jonathan Whittall, MSF Head of Humanitarian Analysis & Omar Dewachi, AUB Assistant Professor of Anthropology and Global Health

11h00 – 12h00  *Key note Address: 40 years of working in conflict - the MSF perspective*
Meinie Nicolai (MSF President of Operational Centre Brussels)
*(Full video of welcoming remarks and keynote address)*

12h00 – 13h00  Lunch

13h00 – 15h00  *Panel 1: The changing histories and landscapes of humanitarian aid*
*(Full video of panel 1)*

▸ Chair: Jonathan Whittall (MSF)
▸ Mark Duffield (Bristol)
▸ Stephen Hopgood (SOAS)
▸ Lisa Hajjar (AUB)

The institutional forms of humanitarian aid have their roots largely in Western power and institutions, as the primary donors remain western governments. However, this is starting to change as Western power declines. This panel will explore the ways in which the history of humanitarian aid has affected and exacerbated the current challenges of aid delivery, and will explore whether humanitarian aid needs to be rethought in light of changing political landscapes.

15h00 – 15h30  Coffee break

15h30 – 17h30  *Panel 2: War on medicine - The targeting and implication of medicine in warfare*
*(Full video of panel 2)*

▸ Chair: Fouad Fouad (AUB)
▸ Francoise Bouchet Saulnier (Legal Director, MSF)
▸ Roger Normand (Harvard)
▸ Discussant: Rania El Rajji

Recent attacks on healthcare and humanitarian organizations in various conflict zones have raised many concerns. Such attacks should not be seen as individual incidents. They are part of broader global and local processes that reveal the different paradoxes inherent in the ongoing “war on terror” and the increasing militarization of healthcare in contemporary conflicts. This panel explores the various ways in which healthcare has come under fire and seeks to address how the provision of healthcare can be better protected.
**Thursday 5 May**

10h00 – 12h00  **Panel 3: Populations on the move and the regionalization of healthcare**  
 *(Full video of panel 3)*

- Chair and Discussant: Nasser Yassin (AUB’s Issam Fares Institute)
- Michiel Hofman (MSF)
- Omar Dewachi (AUB)
- Kareem Shaheen (The Guardian)

Conflicts in the Middle East have resulted in massive population displacement and have shaped the ways in which people are able to move or are trapped, and therefore their ability to access healthcare and aid. This panel explores the relations between the conditions of mobility and immobility and the effects of such movement on the reconfiguration of healthcare delivery within and across state borders.

12h30 – 13h30  **Lunch**

13h30 – 15h30  **Panel 4: Emerging global health trends in contemporary conflicts in the Middle East**  
 *(Full video of panel 4)*

- Chair: Ghassan Abu Sitta (AUB)
- Abdulrahman al Bizri (AUB)
- Jesse Berns (DHARMA)
- Discussant: Vinh-Kim Nguyen (University of Montréal)

The proliferation of conflicts across the Middle East has given rise to different forms of physical, psychological and social injuries. This panel builds on the notion of the ‘war wound’ to explore a broad range of often-neglected medical and global health challenges facing populations affected by conflict.

15h30 – 16h00  **Coffee break**

16h00 – 17h00  **Open discussion/Closing remarks session**  
 *(Full video of open discussion/closing remarks)*
Contemporary protracted conflicts across the Middle East have presented health professionals and systems, as well as the humanitarian response, with unprecedented challenges. The changing nature of warfare has meant that today conflicts are increasingly taking place in urban settings with high civilian casualties and massive population displacements. The medical and humanitarian response to these needs is often partial and inadequate and takes place in settings marked by the degradation and even targeting of humanitarian health actors and establishments. The attacks on MSF health facilities in Afghanistan, Syria and Yemen have underscored the changing roles and responsibilities of humanitarian medical aid in responding to endemic conflicts in the region, and have opened up many broader questions related to rethinking the medical, public health, and humanitarian responses in contemporary warfare.

On the 4th and 5th May 2016, Médecins Sans Frontières (MSF) staff members, civil society, academics, students and members of the public gathered at the American University of Beirut (AUB) to participate in a conference titled “Changing Ecologies of War and Humanitarianism.” The conference was organized by MSF, AUB’s Faculty of Health Sciences, and the Issam Fares Institute for Public Policy and International Affairs. The aim of the conference was to critically examine contemporary theoretical and operational challenges to humanitarian action within and beyond the conflict zones of the Middle East. The conference sought to historicize, analyze, and reflect on the changing dynamics of contemporary warfare and the resulting challenges in the provision of healthcare.

The two-day conference was held at the Issam Fares Institute in AUB, and consisted of a keynote lecture, four panels, and multiple opportunities for open discussion. Participants were invited to engage in an active and lively discussion on the key themes and draw on lessons learnt that shape the future of research on healthcare under conflict and the practice of humanitarian aid.

The conference marked two critical events: MSF’s first project in conflict was in Beirut in 1976; and AUB’s 150th anniversary, which marked the University’s long tradition of medical, educational, and humanitarian presence in the region. The conference was therefore both timely and pertinent. The concept note and program for the conference was prepared by Jonathan Whittall, MSF Head of Humanitarian Analysis, and Omar Dewachi, Assistant Professor of Anthropology and Global Health and co-director of the newly-instated Conflict Medicine Program at AUB.

The significance of the conference is that it was held at a critical point in time for medicine and humanitarianism. It was not a coincidence that the conference took place one day after the passing of a UN resolution on the protection of hospitals in conflict zones.1 While humanitarian aid in war zones has always been contested, a survey of recent events across the region suggests an unprecedented number of targeted attacks on medical facilities and humanitarian services. In light of its critical relevance to current events in the region, the conference also formally established the necessity for humanitarian and local academic institutions to collaborate to think beyond the present limits of crisis and put forth options for moving forward.

The panels were organized around the following conference themes:

- The changing histories and landscapes of humanitarian aid
- War on medicine: The targeting and implication of medicine in warfare
- Responding to populations on the move
- Emerging global health trends in contemporary conflict in the Middle East

Building on the themes of the conference, this document reports on the proceedings of the conference and some of the critical points that emerged during the two-day event.

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MSF’s first project responding to conflict took place in Beirut in 1976 during the Lebanese Civil War. Since then, from Lebanon to Liberia, Cambodia to Congo, Rwanda to Romania, the international medical humanitarian organization has worked in major conflict zones across the world. As armed conflict and violence continue to spread, MSF teams face increasing challenges in their attempts to provide essential medical care. In 2015, our teams lost patients and colleagues in both targeted and indiscriminate attacks that have damaged and destroyed medical facilities in countries such as South Sudan, Yemen and Afghanistan. The difficulties facing MSF pale in comparison to the reality of life in war for people trapped in brutal conflict.

Here are 40 photos taken across 40 years of MSF’s medical humanitarian response to war. Some are iconic images taken by renowned photojournalists, others are ordinary moments captured by staff. All of them are windows into suffering, struggle and survival at war.
**BACKGROUND ON MSF’S WORK IN CONFLICT**

Médecins Sans Frontières (MSF) was founded in 1971 in France by a group of doctors and journalists in the wake of war and famine in Biafra, Nigeria. Frustrated with the International Committee of the Red Cross’s approach of “silent neutrality”, the new organization was to be more flexible in delivering emergency medical aid across borders and advocating for the rights of vulnerable populations. As noted in a 1999 MSF Op-ed, “This aversion to silence stemmed from the post-Holocaust debate in Europe, influencing the intellectual generation that presided over the birth of the “Sans Frontières” movement. Often the sole witnesses to violations, MSF volunteers consider themselves accountable to international civil society and humanitarian principles, rather than to governmental or multilateral financial backers of aid.”  

MSF thus works independently, conducting its own needs assessments in close consultation with the community but refusing to embed with any party of a conflict. With private donors providing over 95% of its funding, MSF does not rely on state support. Its ability to operate independently on the ground rather depends upon consultation with all parties to a conflict and the quality of its work, being ready to take risks but based on negotiated acceptance. It is this adaptability that has enabled MSF’s work in international conflict zones over the past 40 years.

With private donors providing over 90% of its funding, MSF does not rely on state support. Its ability to operate independently on the ground rather depends upon consultation with all parties to a conflict and the quality of its work, being ready to take risks but based on negotiated acceptance. It is this adaptability that has enabled MSF’s work in international conflict zones since its inception.

MSF’s first project responding to conflict was in Beirut in 1976. Since then, the organization has worked in major conflict zones across the world and has grown in size to navigate the medical, political and social realities of providing healthcare during war. While the demand for humanitarian aid grows, MSF’s ability to work in conflict zones faces compounding obstacles and challenges.

In recent decades, MSF has been at the forefront of responding to protracted conflicts and humanitarian crises in the Middle East and North Africa. Unfortunately, many of these projects have been forced to close down due to the changing political realities and conditions of war in certain locations. In 2013, MSF announced the closure of all its programs in Somalia because of increasing attacks on its staff. In 2014, the growing insecurity in post-Gaddafi Libya forced MSF to withdraw from the country. In Syria, following the kidnapping of five staff members in January 2014, the organization suspended most of its activities in opposition-held areas. At the same time, access has been systematically denied in government-controlled parts of the country.

In 2015, MSF faced the biggest loss of life in a single airstrike when the U.S. attacked and destroyed one of the most important and largest trauma hospitals in Afghanistan. Subsequent attacks on MSF-run and supported health facilities in Syria and Yemen have further highlighted the limits of international humanitarian law in preventing such attacks given the changing nature of war.

Decades of experience have honed the organization’s logistical skills and workers are able to transform nearly any building into a medical facility within a short period of time. MSF does not care exclusively for the war-wounded but also focuses on maternal and child healthcare, malnutrition, and the medical and psychological needs of survivors of sexual violence. In the absence of other actors, MSF will also provide access to food, water, shelter and other basic needs for survival. After decades of operations on the ground it has recently begun working to rescue people at sea, part of a response to the large numbers of refugees drowning in the Mediterranean Sea.

While the challenges facing MSF pale in comparison to the reality of life in war for people trapped in brutal conflict, the ability of MSF to work, or lack thereof, is often an indicator of the broader processes entailed in the provision of assistance amid the disregard for civilian life and infrastructure in conflict zones around the world.

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WELCOMING REMARKS

Iman Nuwayhid, Dean of AUB’s Faculty of Health Sciences, opened the conference with an emphasis on the need for collaboration to find new ways to think about conflict, especially in light of global social and economic injustice, and new wars with no political and geographic boundaries, in addition to mass displacement.

Nasser Yassin, Issam Fares Institute's Director of Research, also emphasized the importance of partnership in examining the changing nature of conflict; specifically, its endemic nature, the targeting of hospitals and healthcare institutions, and the dehumanization that has become central to the changing ethos of war.

Jonathan Whittall, MSF Head of Humanitarian Analysis, and Omar Dewachi, AUB Assistant Professor of Anthropology and Global Health, reflected on the history as well as the recent trends of humanitarian aid and healthcare under fire. Whittall outlined how MSF has experienced an unprecedented number of attacks on health facilities in the past year, which he attributed to the criminalization of patients and by extension the health facilities that treat them, within the context of strategies of warfare that seek to extend the limits of what is legally justifiable. At the same time, Whittall pointed out that refugees are trapped and confronted with shameful policy-made barriers prohibiting them from moving across borders. Within such a context, Whittall argued, humanitarian aid can be considered an act of resistance against the status quo. Inherent in this act is an ability to question, to reflect, and to critique. Whittall stressed on the need for subjecting the frontline experience of MSF to critical reflection with regards to the changing ecologies of war.

Omar Dewachi gave a brief overview of how the conference came about. Specifically, he commented on the significance of the conference being held at AUB given that AUB has acted as a key player for treating the war injured over the history of the region, and has been a hub for interdisciplinary academic thinking addressing the changing natures of war. Dewachi referenced the Lancet article (“Changing Therapeutic Geographies”)3 as a product of such collaboration. Dewachi stressed on the need to move away from the common paradigms that are found in war and global health literature, where the problem of health is seen as confined to nation states or refugee camps. Instead, he called for questioning the assumptions of humanitarian discourses around crises. He gave the example of the concept of therapeutic geographies as an alternative “bottom up” model that looked at survival strategies on the ground and people’s everyday experiences in seeking mobility and care. Finally, Dewachi called into question the moral clarity of humanitarian interventions, and how these moral questions change along with the changing nature of war.

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KEYNOTE ADDRESS: 40 YEARS OF WORKING IN CONFLICT - THE MSF PERSPECTIVE

Meinie Nicolai (MSF President of Operational Centre, Brussels)

Meinie Nicolai, President of MSF’s Operational Centre in Brussels, gave an overview of MSF’s 40 years of involvement in conflict zones. Nicolai traced MSF’s actions and innovations across the 40 years, including the introduction of emergency kits, providing care to those injured by violence in conflict zones, as well as maternal and child care and care for chronic and infectious diseases, to providing care to people seeking refuge from violence, including their new operational model for rescuing people at sea. On the topic of the refugee crisis, Nicolai took a firm position against the recent deal between the European Union and Turkey that allows Greece to return “all new irregular migrants” to Turkey, in exchange for EU member states increasing the resettlement of Syrian refugees currently residing in Turkey, accelerating visa access for Turkish citizens, and increasing financial support for Turkey’s refugee population. Nicolai described the deal as a disgrace to humanity and a violation of international refugee law that ensures human beings have the right to flee conflict and seek protection elsewhere.

Forty years after MSF came to Lebanon, Nicolai continued, several changes have taken place in conflict zones, although the core medical needs of populations in war zones remain remarkably similar. There are less humanitarian organizations working on the ground delivering care and assistance, and a larger focus on lobbying and advocacy. In addition, humanitarian field workers have increasingly become targets of attacks and abductions.

Although the needs of the populations in many conflict zones have remained similar, the increased conflict in the Middle East and North Africa (MENA) region over the last few years has led to a rise of new challenges, particularly responding to chronic and infectious diseases which MSF facilities are not always able to address. As highlighted by Nicolai, MENA countries often have a higher level of healthcare prior to wartime collapse than in earlier areas of MSF intervention such as Sub-Saharan Africa, Afghanistan, Yemen, or Somalia. In turn, patients often require or expect advanced technologies that MSF does not always offer.

The ability of MSF to send teams into conflict environments is extremely precarious. Recent wars in the region have explicitly targeted aid workers. Currently, there are no lines of communication between MSF and Al-Shabab in Somalia or ISIS in Syria and Iraq (following the kidnapping of five MSF staff in 2014). Staff have been unable to return to Kunduz, Afghanistan after US airstrikes destroyed an MSF trauma facility. In conflict environments, staff exposure to threats is extremely high and daily activities require constant reevaluation. MSF fieldworkers and field hospitals are suffering from what Nicolai describes as a loss of respect for medical care at the frontline, especially considering the number of nurses, doctors, hospitals, and ambulances targeted recently. This is a loss of respect for medical care at the frontline, especially considering the lack of accountability for the killing of unarmed doctors, nurses, and patients.

Nicolai quoted MSF International President Joanne Liu’s address to the UN Security Council: “Last Wednesday airstrikes obliterated al Quds hospital in Aleppo. They blew apart at least 55 men, women, and children. It killed one of the last remaining pediatricians in the city—A murderous airstrike. There were almost 300 airstrikes in Aleppo over the last 10 days. Civilians, often in crowds, were repeatedly struck. What are individuals in wars today? Expendable commodities, dead or alive. Doctors and patients are legitimate targets. Women, children, the sick and the wounded, and their caregivers are condemned to death. Stop these attacks.”

Together these scenarios pose ongoing challenges to MSF’s neutrality, community support, and operational capacity. Through all such challenges the central guiding principle remains: any person injured in conflict has a right to medical care. “We don’t ask where they come from”, noted Nicolai, “who they work for, what their national affiliation is... We diagnose, and we treat.”
The institutional forms of humanitarian aid largely have their roots in Western power and institutions. The primary donors of the humanitarian system largely remain Western governments. However, this is starting to change as Western power declines. This panel attempted to explore the ways in which the history of humanitarian aid has affected and exacerbated the current challenges of aid delivery, and explored the way in which humanitarian aid is being rethought in light of changing political landscapes.

Chair: Jonathan Whittall

Jonathan Whittall of MSF discussed the relationship between humanitarian aid and political power, arguing that the history of humanitarianism is deeply implicated in Western power. Whittall argued that humanitarian aid provided in alignment with Western political interests often results in aid failure, while in situations where humanitarian aid is provided beyond the strategic interests of Western powers, that aid can be rejected or come under attack.

Whittall pointed out that the War on Terror has deepened the links between aid provision and geopolitical interests. Humanitarian concerns have repeatedly been used to justify military intervention, with Iraq and Libya serving as classic examples of the rhetoric of “humanitarian intervention.” Beyond being used in the rhetoric of Western interventionism, the act of humanitarian aid itself has been used as a tool of political power, as was evident in the American use of polio vaccinations in Pakistan to identify DNA as a means to target and kill Osama bin Laden. In Afghanistan and South Sudan, aid has been central to state-building agendas, with humanitarian organizations building the legitimacy of the state through their involvement in long-term development projects. In the MENA region, aid is being used by the European Union to more carefully manage population mobility. As argued by Whittall, we are seeing a clear frontline being drawn behind which aid provision is facilitated, funded, and supported only when it serves the national security interests of donor states. Beyond this line, aid is increasingly difficult to provide, at times even legislated against under new counterterrorism initiatives. The failure of humanitarian aid, noted Whittall, is thus twofold: first, even within the domain of Western interests, aid organizations are failing to respond to humanitarian emergencies due to a focus on longer term development and state building objectives; second, when organizations attempt to work beyond the limits of Western interests, their work is regularly rejected, criminalized, or directly attacked.

Speaker 1: Mark Duffield

University of Bristol Professor Mark Duffield reflected in his conference address on the notion of “enforced self-reliance in distant wars”. Duffield argued that the most significant historic change from the period of decolonization up until today is that the West has severed its connection with the rest of the world, what he calls “the loss of an outside world that appears as a space of political possibility.” For Duffield, the politically contested world that existed until the end of the Cold War carried with it an interconnectedness between the Global North and Global South that was central to imagining alternatives to war and state violence. It was this environment that enabled NGOs at the time to campaign against the foreign policies of their own government. The entrenchment of Western power resulted in its viewing the world outside it as a space of intervention, deserving of violence in the name of national security. Borders were militarized, migration barriers were built, and the international asylum regime has all but disintegrated. The Global War on Terror has completed this closing off: there are only those who are with us, and those who are against us. As a result, risk management began to grow as a global business, bringing with it the centralization of control and governance through new information technologies.

A consequence of centralizing control in this way is the new, remote management of both humanitarianism and warfare. The future of humanitarian assistance, Duffield argues, very possibly tends towards automation. Humanitarianism is shifting away from solidarity towards the use of data informatics to personalize the humanitarian response, thus feeding into Duffield’s initial theme of “enforced self-reliance.” Remote aid technologies, and Duffield here gives the example of the success of mobile banking apps in Kenya, actually feeds into enforced self-reliance as they enable those who live “off-grid” in zones of exclusion to continue doing so, thus normalizing these “off-grid” conditions.

Speaker 2: Stephen Hopgood

According to SOAS Professor of International Relations Stephen Hopgood, the World Humanitarian Summit in Istanbul offered another example of the contrast between outspoken public declarations and behind-the-scenes inefficiency. Hopgood makes
the argument that humanitarianism is a charade composed of one part alibi, one part redemptive gesture. As alibi, the discourse of humanitarianism allows one to deflect responsibility on distant actors: as long as someone is doing something, it need not concern us. As redemptive, however, humanitarianism is far more nefarious. For Hopgood, humanitarianism is that redemption sought for a way of life built on the structural exploitation of large numbers of people around the globe. Those who live with abundant access to cheap food, cheap energy, cheap consumer goods, and safe tourist destinations absolve themselves of guilt with minor involvement in international humanitarianism: a donation, a membership pledge, a signature, the occasional attendance at an event. For Hopgood, humanitarianism is not simply implicated in Western power; it is a direct creation of it. “Humanitarians are in numerous areas because American and European foreign policies opened up these areas through intervention”, he declared.

Hopgood argued that alongside the fact that the humanitarian system was largely dependent on the Western states’ interests in “managing the world,” the actual interest of the Western public is not only in large scale altruism but also in what Hopgood calls the “market of humanitarianism and human rights.” “Good feeling” is rented out in exchange for humanitarian assistance. Hopgood also notes that the increasing professionalization of humanitarianism (through degrees and credentials) could be an indicator that the West is not likely to lose interest in humanitarian assistance in the near future.

**Discussant: Lisa Hajjar**

Hajjar summarized the points raised by each speaker and highlighted how MSF has been leading the humanitarian efforts and confronting the paradoxes of the war on terror. MSF has often developed pragmatic means to work across lines and have had a strong role in contributing to the rise of humanitarian ethics. Hajjar argued that the recent attacks present an important opportunity to levy a political and ideological critique to the war on terror by using technical and legal tools to push back attempts of states to normalize violence.
**PANEL 2: WAR ON MEDICINE: THE TARGETING AND IMPLICATION OF MEDICINE IN WARFARE**

They are part of broader global and local processes that reveal the different paradoxes inherent in the ongoing “war on terror” and the increasing militarization of healthcare in contemporary conflicts. This panel explored the various ways in which healthcare has come under fire and sought to address how the provision of healthcare can be better protected.

**Chair: Fouad M. Fouad**

On April 27, 2016, the MSF-supported Al-Quds Hospital in Aleppo, Syria, was destroyed in a government airstrike, killing over 50 people, among them one of the last pediatricians remaining in the rebel-held part of the city. Some days later, rebel rocket fire struck another hospital in government-held Aleppo. As argued by Syrian physician Fouad M. Fouad, such attacks do not only demonstrate mutual disregard for civilian life but are intentionally aimed at dismantling infrastructure, punishing service providers for presumed political affiliations, and scaring doctors away from treating “enemies” or speaking out about war crimes. Tens of thousands of Syrian doctors have fled since the start of the war, exacerbating a situation where medical care is already difficult to access and provide. Despite the protocols of International Humanitarian Law (IHL) and the Geneva Convention, we continue to witness a spate of attacks on hospitals in diverse conflict zones.

**Speaker 1: Françoise Bouchet-Saulnier**

“One violation is a violation”, noted Françoise Bouchet-Saulnier, Director of the International Legal Department of MSF, but “a hundred violations is a new norm.”

International legal frameworks make it clear that the intentional targeting of a medical facility is a war crime. However, debates around the meaning of “intentional” and “protected” as well as claims of mistaken identification, collateral damage, and the general ‘fog of war’ mean that such actions (particularly when perpetrated by the powerful) tend to continue with impunity. It is precisely this fragility of IHL that Bouchet-Saulnier drew attention to in her presentation.

We must both recognize how little the law can protect marginalized actors, and simultaneously resist its selective interpretation by those states acting in their own interests. This is especially true in armed conflicts between state and non-state actors, where there is not only a military asymmetry between the two parties but also a legal asymmetry that favors the state as both party to the conflict, and responsible for enforcing the law. Non-international conflict further blurs legal boundaries with the invocation of domestic and criminal law, producing a grey area that again favors the strongest party in the conflict. Lastly, the legal status of combatants who belong to non-state armed groups remains uncertain, as does their access to medical and legal care (as evident in the last decade of debates in the US surrounding extraordinary rendition and the Guantanamo Bay detention camp).

Bouchet-Saulnier suggests that moving forward, any medical personnel assigned to medical duties—even if not assigned to those duties by a state—should be protected under IHL.

**Speaker 2: Roger Normand**

Given these circumstances, can humanitarian law serve any protective purpose at all? Human rights advocate Roger Normand noted that in years of activism around the issue, he has been repeatedly struck by how ineffective the system remains. If these are principles the majority of states have signed on to and the majority of populations approve of, why do they continue to fail? Normand, too, sees the role of powerful states in creating and implementing the laws as the answer. Normand explores how the international humanitarian legal system has been designed to be without accountability, and the powers who define its terms are those who deploy it to their advantage. Information is critical within the political and legal strategy for using IHL. The assumption that the law is right is not enough in the case of applying IHL in these situations of warfare. New strategies, such as leveraging public outrage over Kunduz, should be employed.

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As argued by MSF’s MENA Humanitarian Advisor Rania El Rajji, attacks on medical facilities are not limited to explosions but may often take less spectacular forms, including sanctions and embargoes that greatly impact the ability to provide health services. Yet the use of IHL does not require belief. It is a professional tool to be selectively mobilized. Our aim, concluded El Rajji, is for a stricter set of norms that govern all parties at hand. When MSF has supplies mere kilometers away from hospitals that do not have oxygen for newborn babies and is unable to reach them, the distant regulations of international law are simply reminders of the reason such jurisdiction was fought for in the first place.
**PANEL 3: POPULATIONS ON THE MOVE AND THE REGIONALIZATION OF HEALTHCARE**

Conflicts in the Middle East have resulted in massive population displacement and have shaped the ways in which people are able to move or are trapped, and therefore their ability to access healthcare and aid. This panel explores the relations between the conditions of mobility and immobility and the effects of such movement on the reconfiguration of healthcare delivery within and across state borders.

**Chair: Nasser Yassin**

Yassin introduced the panel and called to pay attention to the plight of the refugees across the region, especially with recent media attention being focused on the refugee crisis in Europe.

**Speaker 1: Michiel Hofman**

Reporting on his work as senior Humanitarian Specialist for MSF, Michiel Hofman described how the recent refugee crisis posed a unique challenge for MSF. It was a rare instance of the populations needing aid on the doorstep of headquarter offices, rather than in distant countries abroad (albeit only a tiny fraction of the refugee population that has fled to neighboring countries, as from Syria to Turkey, Lebanon and Jordan). Hofman offered an incisive history of contemporary European paranoia over refugees as follows: in 2004, Tony Blair traveled to Libya and made a deal with Muammar Gaddafi to outsource the management of migrants to Libya in exchange for welcoming Gaddafi back into the international fold of “enlightened” state leaders. What used to be training camps for opposition forces were to be transformed into asylum-processing camps in the desert where all refugees en route to Europe would be stopped by Libyan forces. Here, European officials would process their asylum claims far from the watchful eyes of European television cameras. This “Dirty Deal” marked the birth of a consistent European policy that established similar schemes in Morocco, Algeria, Tunisia, and Egypt that would position staff of Frontex, the European agency for border control, in each of these countries, offering financial assistance and even “boots on the ground” to stop migrants trying to enter Europe. The paranoid, xenophobic reaction witnessed against Syrian refugees over the past few years, noted Hofman, should thus come as no surprise, and nor should the recent EU-Turkey deal that continues such policies of outsourcing border policing at an even larger scale. When MSF began to advocate for the right of refugees to flee without being subjected to the European border fortress, many MSF chapters in Europe were themselves reluctant to carry the message, fearful of their home countries being “overrun” by migrants and the larger implications of calls that could be understood as advocating for open borders.

**Speaker 2: Omar Dewachi**

Dewachi started with showing a short documentary, “Hidden Clinic: Where Wounded Syrian Rebels Recover”, by Lebanese filmmaker Raed Rafei. The film explores the clandestine treatment of fighters from Syria in Lebanon and shows the complexities of their everyday experience at the clinic. Dewachi explored two main ideas building on his research on the breakdown of healthcare across the region: therapeutic geographies and war wounds. He described how decades of war and sanctions systematically destroyed healthcare infrastructure in Iraq, pushing Iraqis (both refugees and those who stayed) to seek treatment abroad. He argued that tracing the movements of populations across war-torn countries present an important challenge to document how healthcare has become increasingly fragmented and how patients and families negotiate survival strategies across a regional context. Beyond the immediacy of humanitarian assistance, any form of social and political redress must account for the many toxic legacies of war, and the practices of travel and care that affected populations have developed in the absence of other alternatives. For Dewachi, war-related afflictions could be seen through the lens of the “wounds through the notion of the “wound”, should be extended beyond physical injury (or, in the case of trauma, psychological injury), into a broader psychological and social analysis. This shows how conflict-related afflictions are collective, shaped by historical processes and transfer across generations.

**Discussant: Kareem Shaheen**

According to the Guardian’s Middle East reporter, Kareem Shaheen, narrative work is necessary to address the irrational panic we are witnessing around migrants fleeing to Europe. The figure of the helpless refugee does not always elicit sympathy. The so-called crisis, however, is simply a symptom of larger processes at work. It is putting individual stories into the larger context of war, displacement, and dispossession that allows us to reconfigure seeming threats into everyday acts of heroism, while simultaneously impressing upon the ongoing need to find a political solution to the conflict in Syria.
PANEL 4: EMERGING GLOBAL HEALTH TRENDS IN CONTEMPORARY CONFLICTS IN THE MIDDLE EAST

The proliferation of conflicts across the Middle East has given rise to different forms of physical, psychological and social injuries. This panel builds on the notion of the ‘war wound’ to explore a broad range of often-neglected medical and global health challenges facing populations affected by conflict.

**Speaker 1: Abdulrahman Al Bizri**

The primary humanitarian activity of MSF is the provision of medical services. War poses a series of specific challenges for such activities. As argued by Dr. Abdul Rahman Bizri, consultant and Director of Quality Program in Internal Medicine at the AUB Medical Center, war has always exacerbated rates of infectious diseases. The destruction of public health, sanitation, and medical infrastructures as seen in Syria today is often the greatest cause of this increase. Conflict is further accompanied by critical shortages in key medicines, whether due to the destruction of local pharmaceutical industries or external sanction regimes. Patients with chronic illnesses are also regularly neglected in favor of emergency aid. Refugees, both stigmatized and at times carrying illnesses unfamiliar in their new environments, require particular attention. Refugee populations settling in already-deprived host communities has also led to tension between host and refugee populations. Bizri asserted that a multidisciplinary approach was vital to begin addressing these problems and developing guidelines and protocols for managing the burden of war-related diseases. A range of solutions to the concerns raised were offered by panel participants. For Bizri, the current situation in the region requires both more data collection and new guidelines to train local practitioners ill-equipped for the concerns at hand.

**Speaker 2: Jesse Berns**

Jesse Berns, data scientist and CEO of The Dharma Platform, described her work founding a software service that allows users to collect and access information on medical trends among patients in the Middle East. Berns, in her work with public health data, found that data on the macro scale was often retrospective and the academic model was not efficient for responding on the ground. Berns developed the HSP (Health Surveillance Project) to make real time data on the ground actionable and operationally relevant to people working on the ground. With pilot projects among Syrians and Lebanean in the Beqaa Valley and Tripoli, Lebanon, Berns conducted large household surveys to assess community access to a range of health services, from reproductive health and family planning to food safety and shelter, subsequently analyzing the data and making it available in real-time to help aid providers like MSF decide what is most needed in any given region.

**Speaker 3: Vinh-Kim Nguyen**

On the other hand, for physician and medical anthropologist Vinh-Kim Nguyen, social science provides a set of tools that bring a “bio-social” approach to medicine. Nguyen described the importance of MSF for social scientists trying to understand the phenomenon of contemporary humanitarianism. Anthropologists in particular have argued that in focusing exclusively on saving lives, “humanitarian reason” or the logic of humanitarianism reduces subjects to their barest biological essence. But the biological definition of life is not the definition of life that most of us live with. During Nguyen’s work with doctors at the height of the Ebola epidemic, for example, the common practice was to rapidly dispose of bodies in sealed body bags and bury them in unmarked mass graves. While this may have maximized efficiency and hygiene, it left no time for religious burial rites or community mourning. Anthropologists intervened, and MSF doctors changed their practices to accommodate local requests. Nguyen also noted that the shift in practices of warfare have led to the rise of specific kinds of injuries, particularly blast injuries that are highly prone to infection. One of the consequences of urban warfare is that civilians and combatants often face the same injuries, but with very different narratives accompanying them. Humanitarian aid therefore intervenes in a complex therapeutic economy where the wounds treated and the lives saved may have different values to the various parties in the conflict.

**Chair and discussant: Ghassan Abu Sitta**

Over years of treating the war wounded from across the region, Abu Sitta has witnessed, ‘the political capital of wounds’ shift with changing regimes and government alliances. Over the lifetime of a single Iraqi patient, a wound hailed as the sign of a hero under Saddam Hussein becomes a source of embarrassment under the post-Saddam regime, suddenly altering the patient’s access to medical care. Part of the fragmentation of political elites in the region, argued Abu Sitta, includes a continuous competition for the value of different wounds, such that whether a soldier is injured by the state, an enemy
force such as ISIS, or local sectarian civilian militias has drastic consequences for his treatment. One wound will see the patient sent to the AUB Medical Center with all expenses paid by the government, while another will be silenced through the denial of access to adequate care. Wounds, like fleeing refugees or designated enemies, carry with them unstable narratives, inextricable from the murky and contested terrain of contemporary warfare.
KEYNOTE ADDRESS:
INTERNATIONAL LEGAL FRAMEWORKS

Richard Falk (Professor Emeritus of International Law, Princeton University, and the UN Special Rapporteur on the Situation of Human Rights in the Occupied Palestinian Territory (2008-2014).

“A rather shocking departure from the rules of international humanitarian law”: this is how Richard Falk, professor of international law and former UN Special Rapporteur on human rights in Palestine, described the American attack against MSF’s Kunduz hospital. In his concluding address to the conference Falk emphasized that the kind of warfare taking place in countries like Syria and Afghanistan places great pressure on the traditional frameworks of IHL. Despite encouraging developments such as the recent Security Council Resolution, Falk argued, the struggle continues for a functioning legal order wherein all parties are equally subject to the structures of the law.

It has always been difficult to induce respect for law in the context of war. There is a primacy accorded to military necessity as seen by military commanders who seek victory at any cost, continued Falk; to quote Cicero, “In times of war, the law falls silent.” It is against this silence that IHL developed over the last century. Much of this law depends on the logic of mutuality and a sense of reciprocity: if one party treats their prisoners horribly, it is assumed, this provides an incentive for adversaries to do the same. However, argued Falk, what has emerged in recent combat challenges this logic. The multidimensional struggles for the establishment of new political orders that characterize contemporary warfare require a modified legal framework. Key to this modification is a rethinking of how to construct an effective legal framework that allows humanitarian aid to be delivered and services to be conducted in relative safety. To this end, Falk called for two sets of action: ongoing independent responses to serious violations of IHL, as in the recent spate of attacks on medical facilities; and the convening of a new international conference tasked with reexamining the core tenets of IHL.
The following emerging themes and recommendations are outcomes of the conference, and all come together under the initiative of establishing conflict medicine as a field and launching the Conflict Medicine Program at AUB. The emerging themes included:

1- Defining a new field
The conference asserted the need for a new language, concepts and paradigms to examine the complexities of conflict and health. This culminated in the launch of the Conflict Medicine Program at AUB.

2- Strengthening the nexus of research and practice
One of the outcomes of the conference was the consensus on the need to document the transformations in different fields of medicine and public health which are currently responding to the changing ecologies of war, and to reconfigure current strategies in the field. This new research and practice is integral to redefining some of these fields under the framework and paradigm of Conflict Medicine.

There is a need for important theoretical and empirical work, not only to document health outcomes, but to also document the changing nature of war (and wounding). This includes:

- A focus on different processes and dynamics through which war-related afflictions emerge;
- Better understanding of the pathways and technologies of injury and care;
- Understanding the strategies of survival and care of populations, communities, families, and individuals;
- Embracing new technologies and innovations in conceptualizing, delivering, and managing healthcare under conflict;
- Better understanding of the erosion of legal frameworks and the ramifications for the provision of healthcare in conflict;
- Making connections between global war, geopolitics, mobility, and healthcare, especially in terms of the movement of refugee population, and also in terms of examining the political value of war injuries;
- Research on the utilization of fragmented data in war settings; Attention to recurring and emerging global health problems as a result of conflicts and their manifestations (Rise of MDR, cholera, polio, cancer, mental health);

The need for conducting research and putting it into practice necessitates the need for researchers and health practitioners to have better access to frontlines, and more importantly, interdisciplinary partnerships and collaborations.

3- Moving Forward
Emerging from the conference was an urgent call for forging partnerships between the academic/civil institutions and the humanitarian actors, such as that formed between MSF and AUB’s CMP.

Interdisciplinary research should involve rethinking current, sometimes outdated, protocols and guidelines in the management of conflict-related injuries, and the integration of long-term perspectives on conflict and post-conflict reconstruction.

4- Launch of Conflict Medicine: Towards New Strategic Models
Humanitarian action appears to be failing and retreating in those areas where it is needed most. Subject to direct attacks and inadequately protected by a fragile legal system, new alliances are required to improve operational capacities on the ground and reassess strategic decision-making at the organizational level. At the same time, we are witnessing populations who have been living under decades of humanitarian relief, and many more with limited alternative prospects for the near future. Collaborations such as those represented by the AUB-MSF conference remain key to thinking through these contradictions. Alongside this, further attention needs to be paid to mental health and trauma, torture, sexual violence, and the role of pharmaceuticals in war and in aid. And for advocacy and critical conversation to reach the communities concerned, both MSF and AUB need to continue to find ways to engage a broader public — in Lebanon and at large — living amidst and affected by these changing ecologies of war and humanitarianism.

During the conference, AUB announced its new Health Initiative which included the launch of a Conflict Medicine Program. The program, to be co-led by Dr. Ghassan Abu Sitta from the Faculty of Medicine and Dr. Omar Dewachi from the Faculty of Health Sciences, is one of several Strategic Health Initiatives at AUB that aim to combine Medicine, Health Sciences, Nursing, Food Sciences, Business, Engineering and other disciplines to develop a health science resource center for the region. In addition to the provision of treatment,
research, and advanced clinical services, the program will also provide training to health professionals treating war injuries and develop long-term projects to improve and sustain attendant health infrastructure.

“Conflict Medicine” moves away from understanding conflict as a time-bound ‘crisis’ or as being exclusively focused on war-related surgeries and attendant medical care. Instead, it seeks to understand and respond to the way in which war alters peoples’ lived realities over an extended period of time. This roots the immediate act of medicine into a historical and political context of the social determinants of illness and injury. This approach situates the act of providing healthcare in conflict within the reality of changing ecologies of war and humanitarianism, and offers a way forward in building partnerships between actors such as AUB and MSF.

5- Conflict Medicine—A Manifesto
The Conflict Medicine Manifesto was written by Ghassan Abu Sitta, Omar Dewachi, Vinh-Kim Nguyen, and Jonathan Whittall. The objective of the manifesto is to highlight the need for a better understanding of the different pathways of injury and re-injury within the changing ecology of war. The manifesto arises out of the urgent need to rethink military and humanitarian medicine together as conflict medicine in light of evolving trends in contemporary warfare and their public health consequences. The authors argue that a conflict-centered approach to health provision is needed in order to go beyond addressing the lack of resources for health in wartime. Such an approach allows for reimagining healthcare delivery strategies and protocols in context, and improvising appropriate technologies and approaches that better suit such volatile environments. According to the manifesto, an interdisciplinary conflict-centered approach to health lies at the heart of conflict medicine. This will help detect emerging trends, reshape medical education and training, and reconfigure the delivery of care in societies afflicted by war. The trans-generational legacies of present conflicts will inevitably shape the health environment of the future. This requires medical needs in conflict to be understood beyond the temporality of crisis and emergency.

For more information, please click here.
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ABOUT THE AUB POLICY INSTITUTE

The AUB Policy Institute (Issam Fares Institute for Public Policy and International Affairs) is an independent, research-based, policy-oriented institute. Inaugurated in 2006, the Institute aims to harness, develop, and initiate policy-relevant research in the Arab region.

We are committed to expanding and deepening policy-relevant knowledge production in and about the Arab region; and to creating a space for the interdisciplinary exchange of ideas among researchers, civil society and policy-makers.

Main goals

▸ Enhancing and broadening public policy-related debate and knowledge production in the Arab world and beyond

▸ Better understanding the Arab world within shifting international and global contexts

▸ Providing a space to enrich the quality of interaction among scholars, officials and civil society actors in and about the Arab world

▸ Disseminating knowledge that is accessible to policy-makers, media, research communities and the general public

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