Conflict and Catastrophe Medicine: A Practical Guide

Second Edition

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Springer

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Preface to the Second Edition

Six years have passed since the first edition of *Conflict and Catastrophe Medicine* was published. Those 6 years have not been peaceful: conflict has continued in Iraq, Afghanistan, Africa, and the Middle East.

Terrorist attacks have continued around the world and London has had its first experience of suicide bombings.

The landscape for humanitarian work is dangerous and challenging.

The aim of this second edition is in line with the first edition – to provide an entry-level resource for people working (or considering work) in a hostile environment.

Contributors with real hard one practical experience have been invited to share their views, and they do this with a raw honesty in a variety of writing styles.

The second edition of *Conflict and Catastrophe Medicine* has benefited from these contributions, and we hope our prospective readers will do so as well.

The book editors are donating their royalties from this book to the charity "Help for Heroes'.

Adriaan Hopperus Buma
Alan Hawley
David G. Burris
James M. Ryan
Peter F. Mahoney

Preface to the First Edition

This work is intended as an *entry-level* text aimed at medical, nursing and paramedical staff undertaking work in a hostile environment.

It covers aid across a spectrum of hostile environments encompassing natural disasters, man-made disasters and conflict in all its forms, and extending to cover remote areas and austere industrial settings. The common thread in these situations is an increased risk of injury or death, which extends to both the local population and the expatriate workers.

Providing care in these environments needs an understanding of the situation, and how this constricts and limits what can be achieved. This understanding bridges the fields of medicine, politics, economics, history and international relations.

Many humanitarian and equivalent organisations have long recognised the difficulties which can be experienced, and run a wide variety of courses, workshops and exercises to broaden the skill and knowledge of the worker.

We hope this work will help in these endeavours, and provide a link to the more specialist texts and training available.

It should give the prospective volunteer a feel for the depth and breath of the subject, and make volunteers realise the importance of external factors which impact upon medical care. It should also heighten their respect and understanding of other professionals in the field, such as engineers and logisticians.

Finally, this work should educate and inform those who now, or in the future, volunteer to deploy into an environment of conflict or austerity.

Jim Ryan
Peter F. Mahoney
Ian Greaves
Gavin Bowyer

Foreword

The experienced authors and editors provide us with an expanded and improved valuable resource. The first edition of *Conflict and Catastrophe Medicine* was of great value, particularly to those studying for the Examination for the Diploma in the Medical Care of Catastrophes under the auspices of the Apothecaries of London. Having worked extensively with all of the Editors, I have learned considerably from all of them based on their vast individual and collective experiences as well as the academic and teaching abilities of all involved. Admiral Hopperus Buma, COL/Professor Burris, General Hawley, COL (Ret.)/Professor Ryan, and COL/Professor Mahoney representing perspectives from the Netherlands, the UK, and the USA have had broad civilian and military experiences at multiple levels in government and in healthcare delivery throughout the world. These editors/authors have augmented and complimented their own experiences with specific contributions by other authors who have had significant recent experiences.

The six sections in the Table of Contents provide a rapid review and help identify specific areas of interest ranging from a broad spectrum of medical responses to both natural and man-made disasters, including military conflicts. The topics range from health planning in action in the Rwanda Crisis and from "Operation Phoenix" with the British Medical Aid Program in Sarajevo in the Balkans to multiple other topics including conflict recovery and ethics involved with those who have the misfortune to be injured or who are deprived of even the basics for human survival.

This is a "must read" for anyone working in the broad field of conflict and catastrophe medicine to include those in non-government organizations (NGOs), military medical personnel around the world, and those in government addressing these global challenges. Specifically, this will be the primary source for review for those being examined for the Diploma in the Medical Care of Catastrophes. The material is informative and interesting being well organized. Hopefully, reading this material and teaching from this book will create an exciting incentive in others to contribute to those less fortunate around the world as "globalization" becomes more part of our common existence.

Norman M. Rich

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SECTION 1

Introduction: Players and Paradigms

Peter F. Mahoney and James M. Ryan
Associate Editor - Ravi Chauhan

The aim of this section is to give the reader the context in which conflict medicine is delivered.

The deployed environment is a complex blend of:

People: those living the conflict or disaster and those arriving to help or hinder the recovery, as either individuals or organizations.
Organizations: with a vast array of world views from media to militias, industry to armies. Organizations become involved in conflict and disaster situations with very different agendas.
Constraints: either climatic, geographic, or man made.
Expectations: of those involved and those watching events in the printed or broadcast media.
Politics and cultures: indigenous and imported.

The aim of this section is to provide a sampler of these different factors. The intention is that the reader will start to see the issues within the issues when considering how a conflict or disaster is unfolding and what their place should be in the process.

The link pieces and personal views show how different individuals came to be in a particular place at a particular time and what they made of the experience.

1. Baghdad Christmas

David R. Steinbruner

Baghdad
Christmas, December 25, 2005

Hello folks,

I will keep these big e-mails to a minimum. Just thought I would take a moment during a lull to reach out and say hello. For those of you who tuned in late, I am now stationed at Ibn Sina Hospital in the IZ or International Zone. I have been here just about a month now and have settled in. It is strange. Though I live in the heart of Baghdad, I see very little of the city. Occasionally I will go up on the roof and can see into the "Red Zone." That is the area beyond the well-fortified walls of our city within a city. Baghdad looks sleepy, exotic, and peaceful … from a distance.

Ibn Sina was the jewel in the crown of Saddam's medical system, though much of it was flash without substance. The long years of sanctions took a devastating toll on the medical system here. The ER has marble floors, which makes for a bizarre juxtaposition of blood and stone. There is a din of helicopters on most days, bringing in the wounded and sick from all around the region, and airlifting our soldiers out of theater. Tonight is quiet (it is midnight here). We are getting a welcome reprieve from several days of nonstop casualties. I am glad because the nurses had given me the title of "black cloud" after several mass casualty incidents on my shift. Perhaps tonight will lift the mantle and lay it on someone else's shoulders.

The mood in our unit is excellent. We know that we have the best mission in the Army. We are safe, relatively. We see more sick patients than any other medical facility and we get to save lives every day. For an emergency medicine doc, this is what we call a good gig. I get to call Gilda and the kids every day and have plenty of hot showers. There is lot of food (how good it is a matter of dispute) and plenty of gym facilities. I do have the strange feeling of being on a ship at sea, working and living in a very small space. There is wonderful common sense of purpose, which strips away the petty jealousies and insipid disputes that plague so many hospitals at home. The deployment will get very stale with time, but for now, I am doing well. Just miss my family and friends. So Merry Christmas, Happy Hanukah, and Peace on Earth.

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2. New Paradigms: The Changed World Since 9/11

James M. Ryan

Objectives

- To introduce the subject
- To examine the world before and after 9/11
- To describe the failed state and its significance
- To introduce the concepts of globalization and disintegration
- To suggest means of staying safe in these new environments

Introduction

Confucius's phrase "May you live in interesting times" can be interpreted equally as a blessing or a curse. When directed at a prospective humanitarian aid volunteer, eager to embark on an overseas mission in the new millennium, the phrase leans more toward the latter.

We do live in interesting times because of the advent of global terrorism and the radical restructuring of the world political scene that came about in the last quarter of the twentieth century. Humanitarian volunteers are already feeling the impact of these changes. To improve our understanding it is useful to look back at a number of historical watersheds.

In 1648, the Treaty of Westphalia was signed, ending the Thirty Years War and the secular power of the Papacy. The *sovereign, independent state* as a discrete entity was born and ushered in a period of relative enlightenment, interspersed with wars. These new states embarked on a series of interactions, often resulting in *Treaties*, concerning such varied activities as trade, commerce, and the conduct of war. This included the treatment of prisoners of war, wounded soldiers, and noncombatant civilians. These attempts at reducing the appalling consequences of wars culminated in the next watershed in affairs between states – the establishment of the International Committee of the Red Cross.

In June 1859, the battle of Solferino took place. It resulted in the usual mass slaughter on both sides and the abandonment of the wounded where they fell. The majority would die alone and untreated. A Swiss national, Henri Dunant, witnessed this battle. He was so moved by the plight of the wounded that he organized care for them, and in 1862 he published *A memory of Solferino* recounting these events. Dunant then set

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in motion initiatives that resulted in the creation of the *International Committee for Relief to Wounded Soldiers*. As its flag, it adopted the distinctive Red Cross on a white background. The following year, members drawn from 16 States drew up the first Geneva Convention for *the Amelioration of the Condition of the Wounded in Armies in the Field*. In 1880, the name was changed to the International Committee of the Red Cross.

Thus was ushered in a period where the rights of wounded and captured soldiers, civilians, and medical aid personnel were enshrined in a variety of treaties and memoranda of understanding. Humanitarian aid organizations including international governmental organizations (IGOs) and nongovernmental organizations (NGOs) concerned with caring for the victims of war and disasters proliferated, particularly in the latter half of the twentieth century. In 1909, there were 37 IGOs and 176 NGOs. In 1997, these numbers had risen to 260 IGOs and a staggering 5,472 NGOs. Two observations can be made on the increase in IGOs and NGOs – the ever-increasing demand and, until recently, their freedom to work in a climate of relative safety. The reasons for this climate of safety are worth noting. Within most nation states, even when at war, there was recognition of the institutions, of law and order, of the laws of war and, in addition, there were codes of ethics and morality governing the activities of noncombatants and combatants alike. Although there were notable exceptions these understandings pertained in most instances.

The World After 9/11

It is commonplace for writers and commentators to look at the twenty-first century world through the prism of the destruction of World Trade Centre and to see the events that followed as directly arising from the attack. The attack on the World Trade Centre and the Pentagon on 9/11, incidentally the most devastating terrorist attack on continental USA, was not the cause of radical and convulsive changes that were witnessed post 9/11 and which are continuing. The world was already reshaping and events were in train that would lead inexorably to war/conflict and the rise of global terrorism. In truth, while 9/11 is the watershed date in recent global history the events that reshaped the new paradigms began in the latter quarter of the twentieth century and were well under way before 9/11.

Background to the New Paradigms

The spectacular failure of Marxist–Leninist communism and the rise in nationalism resulted in a convulsive and often violent disintegration of old alliances and power blocks. The collapse of the Soviet Union is the most obvious example, but there are others. Collapse, disintegration, and armed conflict have occurred in the Balkans, the Caucasus, North and Central Africa, and Asia. The result has been the emergence of dozens of new self-governing entities that have obtained or are still seeking recognition as sovereign independent states. United Nations membership statistics are illuminating. In 1991, the United Nations had 166 member states; in 1997, this number had increased to 185. Predictions for the future suggest a membership of up to 400; many

of these will lack the means to survive independently without international assistance and will fail. The terms *failed state, failing state, and defeated state* have now entered the literature of sociology, politics, and journalism. Consensus on definition has yet to be reached. They may be defined in terms of governmental mismanagement resulting in the loss of loyalty of the population and leading to disintegration. Further, they may be defined in terms of economic or political nonviability, following the breakup of a larger state or union of states (parts of the former Yugoslavia are good examples). This definition fits many of the newly emerged states in Africa and Eastern Europe.

Conflict in Failed States

Failed, failing, and defeated states are characterized by conflict, which may be internal or external. Conflict from without may be the result of the new state's cleavage from a larger entity. The larger entity may endeavor to ensure the new state's failure to survive, by economic means or direct military intervention. New or newly emerging states that have suffered in this way include Slovenia, Croatia, Bosnia, Kosovo, Chechnya, and East Timor. Conflict from within may arise because of ethnic or religious divisions. Examples include Azerbaijan, Armenia, and much of Central and West Africa. Some entities are affected by conflict both from without and within; Bosnia and Kosovo are examples.

These conflicts pose novel threats to the humanitarian volunteer. The climate of relative safety for humanitarian volunteers achieved in the late eighteenth and much of the nineteenth centuries is no longer to be taken for granted. The reasons for this are complex; no single factor can be blamed: it is discussed in the closing section of this chapter.

We now turn to other factors that have had an impact on the new paradigms – these are globalization and disintegration.

Globalization and Disintegration

With the start of the new millennium the world political scene changed – a process that actually had begun in the latter half of the last century. Far from looking to a world full of certainty and an end to conflict, the world in the new millennium seems confused. Two distinctive processes can be identified – globalization and disintegration, resulting in a troubling paradox.

Globalization

The nature of sovereign independent states is undergoing radical change. States are drawing together over a range of activities including trade, communications, and defence. National economies are moving toward integration and increasing political integration seems inevitable (witness the extent and speed of change within the European Union over the last 25 years). These moves have resulted in a globalized market, which is changing forever the way the world functions. This is in a word, globalization. In 1977, the United Nations General Secretary, Koffi Annan stated:

"Globalisation is a source of new challenges for humanity…Only a global organisation is capable of meeting global challenges…When we act together, we are stronger and less vulnerable to individual calamity." It is not just the desire by individual states for closer integration that is driving the trend. New hierarchies, the IGOs, are wielding power and influence. World affairs are increasingly influenced if not controlled by IGOs such as the United Nations, The World Trade Organization, and the North Atlantic Treaty Organization. Transnational regional organizations also exert influence – notably the European Union and the Organization of African Unity. Although these organizations comprise sovereign national states, the power and influence of the individual states is often subsumed. These networks of international interdependence are concerned with a growing range of global issues.

The more important are as follows:

- Defence and disarmament
- Trade and economic development
- Communication and information dissemination
- Humanitarian aid and development
- Human rights
- Health and education
- The environment
- Refugees and internally displaced people (IDPs)

What is clear is that the power of states to act independently is being progressively eroded as the trend toward globalization develops. While the benefits are enormous, problems lie in the resulting inequality between states and groups of states. Already a backlash is evident.

Disintegration and Backlash

In opposition to moves by many major states toward integration and an acceptance of cultural diversity, other states and groups within states are resisting. The result is widespread instability with increasing threats to world and local peace. This backlash is occurring and gathering pace.

Destructive and disintegrative trends are appearing in parts of the globe. Globalization and its dependence on communication via the new information highway, the Internet, favor the more developed and wealthier economies, leaving much of the less developed world trailing in its wake. There is an increasing view that territorial conquest by sovereign states is of less importance than economic dominance. This shift is occurring as the primary fault line in international affairs as conflict between communism and capitalism disappears. This change, often described as the end of the bipolar distribution of power, has not resulted in stability or world peace. The rise of nationalism, tribalism, transnational religious movements, and racial/ethnic intolerance seems to defy the trend toward globalization and a toleration of cultural diversity.

The backlash against globalization is all the more worrying due to the proliferation of weapons, including weapons of mass destruction. The most powerful and lethal weapons are no longer controlled by Great Powers alone. With the collapse of the Warsaw Pact, vast quantities of small arms, explosives, and a range of other weapons

appeared on the international market at very low cost. Many of these weapons have fallen into the hands of terrorist, extreme nationalist, and religious fundamentalist groups. Further, many smaller states have now developed nuclear weapons and the means to deliver them globally. Many of these states and groups are unstable and vehemently opposed to globalization and integration.

Natural Disasters

Natural disasters are discussed in detail in later sections of this work. Here it is appropriate to consider them in relation to the changed world described earlier. Whereas the move toward globalization has great attraction for the developed world, with greater stability and growing economies, the move toward disintegration of unstable and economically poor states, while undesirable seems inevitable. These disintegrating states face double jeopardy. In the last quarter of the twentieth century natural disasters resulted in over three million deaths, and one billion people have been affected by their aftermath, by intolerable suffering and by the reversal of years of development. The World Bank, one of the key IGOs, estimates annual losses to be in the region of £23 billion, while current annual mortality is in the region of 250,000 and is expected to rise. The escalating world population can only lead to further deterioration of this situation, particularly as many of these people will be concentrated in zones, which are prone to natural hazard. By the year 2100, 17 of the 23 cities estimated to have more than ten million people will be in these areas. The double jeopardy arises from the fact that these are the very centers of population, which face the greatest risk of disintegration and internal conflict.

Humanitarian Volunteers and the Changing World

Deployment overseas on humanitarian missions has always been associated with risk, and workers have always accepted this – risk goes with the job. The humanitarian community has long accepted this fact and has coped with sporadic instances of death and serious injury. Historically it has been concerned with accidents or disease, and rarely has the humanitarian volunteer been deliberately targeted. There was a widespread belief that the flags and emblems of the humanitarian organizations provided shields for their volunteers. This is no longer the case.

The historical safety of the humanitarian volunteer and the noncombatant civilian was based on concepts developed within sovereign states as already discussed. However, these concepts such as neutrality, impartiality, human rights, and the various duties imposed by various Geneva Conventions assume a functioning state with its instruments of power (police and military forces, for example) intact and obeying the rules of national and international law.

Within failed, failing, or defeated states such institutions and codes of behavior may cease to exist. This may also apply to states affected by natural disasters, at least for a time. Power or control may become vested in the hands of illegal bodies such as irregular militias, paramilitary groups, or terrorists, often commanded by local

warlords. Within failed states there may be a myriad of such groups engaged in conflict between themselves, but often forging short-lived alliances, making the climate even more dangerous and unpredictable for outside agencies. The particular tragedy of such conflicts is the deliberate targeting of civilians, including women, children, and the elderly. In some cases, the aftermath of the fall of Vukovar in Croatia, for example, has extended to the slaughter of the ill and injured in hospitals. In past wars, the majority of the killed and injured have been soldiers. The ratio has historically been 80% soldiers to 20% civilians. In modern war and during conflict in failed states this ratio has reversed as a matter of deliberate policy. It is salutary to note that between 1900 and 1987 about 130 million indigenous people were slaughtered by genocide within their own countries.

One of the features of conflicts within these states is an attempt to *purify* the regions ethnically by enforced movement of populations perceived to be alien and posing a threat – this is the phenomenon of ethnic cleansing. On occasion this may extend to attempts at annihilation. Mass murder of refugees and IDPs has occurred in Darfur, Rwanda, Bosnia, Kosovo, and East Timor.

Humanitarian volunteers cannot remain immune. Nonstate groups such as militias, or indeed state-sponsored organizations in the case of external conflict, increasingly find political advantage in targeting volunteers and their organizations. The aim has usually been to cause destabilization. Aid organizations are also targeted because they may be seen to favor one faction over another. In Bosnia, Somalia, Sudan, and Afghanistan this has led to hijacking of food and medical aid convoys, and the kidnapping and beating of volunteers. At the time of writing, articles are appearing in international newspapers describing a climate of cold-blooded terrorism against aid volunteers. Volunteers working with the World Food Programme (WPF) are being targeted as they deliver food in refugee camps. Many have been killed. WPF has the unenviable record of having lost more staff members to violence than any other UN agency. The statistics are grim – The UN has lost 184 civilian employees to violence between 1992 and the end of the century. In 1998, more civilian humanitarian aid workers died than armed and trained UN military peacekeepers. Risk extends to all humanitarian aid organizations. Volunteers working for the International Committee of the Red Cross, an organization long considered immune, have been threatened and beaten in Africa and murdered in their beds in Chechnya.

Staying Safe

With the close of twentieth century a paradox may be observed. It was on the one hand the most productive century in terms of social progress, education, and health and wealth creation, and on the other hand, it was the most destructive in the annals of human history. There were 250 wars and conflicts resulting in nearly 110 million deaths. These are grim statistics for humanitarian workers gazing in the crystal ball of the new millennium. One fact is clear – during this millennium, no aid worker should consider that donning a white uniform with an NGO emblem on the sleeve is a guarantee of safety. The opposite may be the case. What then are the implications for the humanitarian aid volunteer in the twenty-first century? To withdraw

completely and ignore such conflicts is not an option – although many have suggested it. Highly motivated and skilled humanitarian volunteers have never been needed more urgently. The numbers required will also rise during the new millennium. Assuming that people will continue to volunteer, the question must be asked – how may they protect themselves and their colleagues? Should they be armed or work under the protection of armed groups? These are vexing questions and must be addressed. At last, the United Nations Security Council is debating these issues. Under discussion are initiatives to train future aid volunteers in techniques such as anticipating danger, recognition of minefields, extraction from trouble at roadblocks, coping with kidnap imprisonment, and interrogation. Many of these difficult and contentious issues are debated in later chapters and sections of this manual. There are no easy or hard and fast answers; however, preparation and training well in advance of deployment has never been more important. While other sections of this manual discuss personal preparation and training in detail, it is reasonable here to emphasize some of the more important aspects.

Choosing an IGO or NGO

The proliferation of organization engaged on humanitarian aid missions in areas of conflict and catastrophe has been noted. Many, if not the majority of these, organizations enjoy well-deserved reputation for their effectiveness. They take great care in the preparation of volunteers and look to their safety. However, there are numerous smaller organizations that arise, often involved in single issues, and then disappear. Volunteers should spend time checking the credentials of any IGO or NGO seeking their services. There are central clearinghouses, which hold extensive information on such organizations – notably the International Health Exchange.

As a minimum, a volunteer should insist on the following:

- Written details of the organization, including annual reports and financial statements
- Mission briefings, including clear aims and objectives
- Political and security briefings
- Details of local and international logistical support
- Health checks, including vaccination needs and disease prophylaxis
- Medical insurance scheme including repatriation
- Mission-oriented training programs and workshops
- Provision of details concerning mission's end point and return home

In summary, volunteers should only work for organizations of good standing, who prepare volunteers before deployment, transport them safely, house them adequately during deployment, give clear and achievable tasks, and then ensure safe return.

Personal Preparation

In a climate of increased danger, volunteers should examine their motivation and suitability. Physical and mental fitness are paramount. A history of cardiovascular, gastrointestinal, or psychiatric illness should preclude deployment. This also applies

to those on any form of long-term medication. If in doubt seek expert advice (most reputable organizations demand rigorous heath checks); exacerbation of a long-standing medical condition during deployment may have catastrophic consequences. A well-known aphorism states, "Do not become a casualty yourself and become a burden on already overburdened comrades." Personal preparation should extend to home and family. Consider "Will and bills." Check life assurance policies for validity in conflict settings. Consider too the effects of deployments, particularly long and arduous ones, on family life. It is easy to forget that volunteers have to return home and pick up the pieces of their personal and professional lives.

Professional Preparation

Any volunteer must consider the professional task required during the mission and then question his/her ability to perform. This extends beyond the individual's own ability and skill to include the means to carry out a task. It would be pointless to recruit and deploy a surgeon without an appropriate team and infrastructure in place, yet this has happened.

It is usually a requirement for volunteers to be multiskilled and adaptable in austere environments. At very least an individual should be capable of personal survival and should, for example, be able to prepare clean water and food, choose appropriate shelter, drive off the road vehicles, and use a basic radio set. Many organizations would regard the above as a minimum set of skills over and above medical or related qualifications. Further, if the volunteer is taking part in a basic or higher professional training program, assurances must be sought that no time or professional penalty will be accrued because of the deployment.

Conclusion

This is the uncertain future facing the volunteer in the 21st century. Yet, taking part in a humanitarian aid deployment is an enriching experience and affords a unique opportunity to understand the plight of most the world's population and to realize the good fortune of those living in stable and wealthy sections of the world. The prospect for the future humanitarian volunteer is that he will *live in interesting times*. The author of this chapter wishes you *bon voyage*.

3. The World Seems to be Crumbling Around Us

David R. Steinbruner

Baghdad
July 1, 2006

The world seems to be crumbling around us. At least, that is the impression one gets with a quick glance at the news. On any given morning, when I manage to get up on time to pass through the checkpoint and go to the dining facility for breakfast (ammunition, check, weapon, check: okay you are safe to go to breakfast), I can see the BBC news on the large screen in the corner. Each day brings more news of deaths in southern Lebanon and Haifa, Israel. Hezbollah promises more death to Israel and the Israeli army responds in kind to the rocket attacks over the border. The specter of Iran, whose long mountain chain and southern lowlands form Iraq's eastern boundary, looms vividly in the US soldiers' collective conscience. The once tragic but comfortably distant "conflict in the Middle East" now takes on a frightening intimacy. History is swirling around us like a gathering dust storm. Our control of its course seems tenuous as events threaten to overwhelm us. So much, however, is perception. The reality of what is happening here will likely take many years to sort out.

Life in Ibn Sina continues on without much change. The casualties continue to come in: IED and VBIED blasts, firefights among the various factions and against US forces continue to generate wounded. Caught in the middle are the Iraqi civilians, always in that nebulous area, not insurgents but not really friendly to US forces either. According to the latest issue of "Stars and Stripes" almost 6,000 were killed in May and June alone. July does not seem to be much better. The sides are fluid and the categories shades of gray. We have our friends and we have our enemies, but so much of the population seems to tolerate our presence with a mixture of desperate need and dread.

So much is in the eye of the beholder. I realize now that to study history is not always an exercise in learning about a different place or time but can be a search for some perspective on what one experienced but did not fully understand. I imagine that I will spend many years reading about this time and place just to gain a true understanding of my small part in it. Last month I had a rare opportunity to get a little visual perspective on what surrounds me but I do not see. I was called down to the EMT or Emergency Medicine Treatment area to transport a patient to the Air Force hospital in Balad, situated northwest of Baghdad. Since we do not have a neurosurgeon at Ibn Sina, we transport any severe head injury (that we feel will survive) north. Most have a tube down their windpipe to help them breath, are heavily sedated and require close monitoring for the flight. This is a job usually done by our nurses and medics, but that day I went.

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The transport of a patient is never an easy task. Medevac teams all over Iraq are risking a great deal every day to pluck casualties from roadside ambushes and remote forward operating bases (FOBs), to bring them to us at the Combat Support Hospital (CSH). If the patient is critically ill, the complexity of the thing increases dramatically, the margin for error becomes smaller and, naturally, the chance of equipment failure or a patient to decompensate approaches 100%. It is the medical version of Murphy's Law. This patient was fairly stable by CSH standards. He had only one IV drip for sedation, he was intubated purely to protect his airway in case his mental status decompensated in flight. His injury, a piece of shrapnel to the base of his brain, had not penetrated so far as to kill him. It should be an easy transfer. Inevitably, 10 min into the flight, his IV drip failed. I spent the remainder of the flight on my knees on the floor of the Blackhawk pushing the sedation into his veins a little at a time. The roar of the engines made it a completely visual exercise in monitoring, resting my hand on his chest and eyeballing the monitor to make sure that he was breathing. To complete the experience, the monitor chose that moment to stop recording his breathing. Murphy, apparently, was a physics professor who must have studied a great deal of chaos theory. Dressed in full battle gear with my M-16 now clutched in the hands of the air-sick nurse who accompanied me, I could only laugh at the absurd picture I must have made to the flight medic and crew chief behind me.

Flying sick patients in a combat zone ain't that easy is it doc?
Yeah, I get it.

The patient made it successfully to Balad, despite my best efforts at sabotage. We handed him off to a frenzied crowd of nurses and doctors in the emergency section of their hospital. I had run out of the sedation medication just prior to landing and now dutifully handed over a very awake and quite irritated patient. Another smooth transfer.

Back now to the CSH, relieved of any responsibilities, I could gaze out of the open side window of the helicopter and take in the scenery below. We flew low and fast, only a few hundred feet above the ground. Below us skimmed the bristling tops of the tall palms, many planted in neat rows…a manicured oasis. The afternoon sun lit up the square drainage ponds and the endless lattice work of irrigation ditches that stretched off to the south and the west. We came upon each field quickly, giving me a vivid, though brief, view down on the daily life of Iraq. First came the dusty roads around Balad, filled with military vehicles and the concrete maze of blast walls. This softened into the irrigated fields, filled with green and scattered with bright points of orange or dry grasses. Then a field with goats slipped by, the herder standing in the middle, now children playing soccer on a patch of dirt, small pickups bouncing down dirt tracks. As far as the eye could see was hazy green and patches of brown and always the flash of water catching the late afternoon sun. The "fertile crescent" revealing itself at 200 ft. and 100 miles/h. The dirt roads turned to asphalt and the traffic increased, now a small forest of palms spread below, square concrete houses hidden in the shade. A large sheet of glass windows emerged below, absurdly fragile in such a hard country. It appeared to be a large greenhouse with dense green beneath. Now the Tigris churned muddy brown below. The city of Baghdad proper spread out in all directions, each neighborhood denser than the last as we sped toward the heart of the

city. The mother of all mosques, the largest in the world, loomed in the window, construction cranes standing guard around it. The city seemed a carpet of concrete squares, each a different height, giving the impression of a geometric tapestry of shades of red and brown. We flew lower now as the taller buildings of the center of the city slipped by. Down we came, running quickly along the Tigris, the city slums and mansions alternating with visual dissonance below us. Tense now, each of us in the helicopter aware of the sentiments of those below us, we swung over the oddly familiar ground of the International Zone, IZ, or "green zone," the fortress in the heart of the city which has been my home these past months. It seems so much smaller from above, it is easily the greenest and cleanest part of the city even cut up by the many concrete walls that protect us from the rest of Iraq. Down we settle on the LZ at the hospital. The entire trip was peaceful, no shots fired at us, no sign of any real interest in us as we flew past. For a moment it seemed a different country: green, peacefully going about its business. So much depends on one's perspective.

Last night I worked the graveyard shift. It was once our quietest time, a chance to catch up on emails or sleep a little. Now, with the steady heat of the mid-summer day, the nights have become filled with the aftermath of violence. Killing has become a nighttime endeavor. A young woman is brought in, wrapped in blood-soaked blankets and sheets, her eyes wide and rolling in fear. The medic tells me that she is 5 weeks pregnant, a victim of a mortar. "Doc, her son was killed in the attack." The agony of this place. So we went to work upon her: Oxygen, IV lines, the monitor, her clothes, and blankets cut away to expose her injuries. Conscious of the embarrassment she must feel, for she is very alert, we cover her quickly. She is indeed pregnant, the baby looks good, seen as a small collection of head, bones and flickering heart beneath the ultrasound probe. The shrapnel, it seems, glanced across her back near her neck and did not plunge deep into her body. It is the only bit of good news which I can give her. She yells and protests as I explore and pack her wounds; always a good sign. It tells me she is still with me, has not lost that much blood. She breaks into surprisingly good English and when asked by me explains that she studied it in school. I tell her how well she speaks, far better than my Arabic, and she smiles and forgets for just a moment where we are, how we come to be here, and what has happened. Now the laboratory tests come back and she reveals that she has lost some blood. I give her some as the trauma surgeon and ob-gyn doctor mull over the next course of action. Again I walk up to her and say in English how sorry I am for the loss of her son. The pain of it, of the whole war and its aftermath, the sectarian killings and the chaos of this place settles wearily onto her face. Enshalah, it is God's will, she says and turns away to mourn alone and to spare me the sight of it. And so I withdraw from the table. So much, after all, depends on one's perspective.

4. The Spectrum of Conflict

Alan Hawley

Objectives

- To define conflict
- To describe the spectrum of conflict
- To indicate the changing nature of conflict
- To describe the impact of conflict on humanitarian assistance

Introduction

From the beginning of recorded history, organized fighting between human groups has been a frequent occurrence. The genesis of this behavior is a matter of debate; theories range from genetically driven to socially created. Regardless of this uncertainty, the fact of conflict is undeniable while its external manifestations vary. Patterns of conflict, purposes, and end states have all varied through the thousands of years of human existence. There have been as many different organizations for conflict as there have been different human societies. Nor should this be a surprise, since the organization of resources required to deliver violence is a social process which necessarily reflects the prevailing culture of the society from which it springs.

The Changing Nature of Conflict

The nature of conflict has continuously evolved and changed, while reflecting some external factors and their interplay on each other. Hence, the available technology is a main driver. This has evolved from simple hand-held weapons (possibly derived from hunting tools) to stand-off precision munitions with satellite control systems. In the process, the actual physical component of conflict has altered. There has been an increasing depersonalization of conflict as technology has allowed methods of killing at a distance to be utilized. Not that direct face-to-face violence has disappeared. There is a continuing tradition, and indeed a military requirement in certain circumstances, to close with the enemy and engage him in the most direct and intimate form of fighting.

However, for many armed forces this is not the preferred option since it gives free rein to the play of chance and fortune. Risk aversion has political attractions and requires the control, if not the elimination, of chance from the battlefield.

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