

Defending Health Against Persecution, Violence, And Armed Conflict

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[Attacking Humanitarians as Strategy II](#)

by [Christopher R. Albon](#) on November 19, 2008 [[edit](#)]

The strategy of attacking humanitarians has been discussed on War & Health before. In a [previous blog post I argued](#) armed groups attack humanitarians to prevent them from winning the minds and wills of populations. Now it seems the Foreign Policy Association agrees:

But I, and Stratfor agrees, believe that they are mainly targeted as way to embarrass/undermine the Afghan government and NATO troop presence. These workers are trying to spread education, health, infrastructure, business, and good governance in the nation, and if they are successful, along with the Afghan government, the Taliban are cooked. As in their ability to replace the government will become less likely. They need to foment instability and chaos in places where the Afghan government is present and solidify their rule where it is absent. Concerning NATO and foreign NGOs, many European nations and groups support for the ISAF and Afghan state building are becoming shaky and less long-term committal, and these aid worker attacks are not making them feel any better. The resolve of the Afghan people, Afghan government, NATO forces, NGOs, and NATO home citizens is being challenged by these Taliban attacks. We have to be ready to meet these challenges, for the alternative is a ruler who believes no one is safe, not even Muslim aid workers building schools.



I could not have said it better.

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[Using Satellites to Map Cholera Epidemics](#)

— Christopher R. Albon — November 14, 2008 [edit]

Science Daily is running a [story on a new technique using satellites to predict and map cholera outbreaks](#). Researchers have found a relationship between sea surface temperature, sea surface height, and cholera epidemics. Professor Rita Colwell proposes that satellites could be used to measure the latter two and thus predict regions at risk.

While Professor Colwell's work is interesting and I am a big fan of satellite based analysis, as a political scientist, I wonder if this could be applied to conflict zones. Cholera and armed violence have always been linked. Almost all major armed conflicts in human history are accompanied by cholera outbreaks. Given this close connection, can satellites help predict and map cholera during conflicts? I think so.



In a 1999 paper, Matthew Smallman-Raynor and Andrew Cliff found that the Cuban insurrection shaped the spatial course of infectious disease epidemics in the country (not cholera, however):

... the spatial course of epidemics in wartime was dictated by a shifting locus of hostilities, with early involvement of the south-Eastern province of Oriente and a drift away from this initial focus as the insurrection progressed. In contrast, the pre-war period was characterized by a mortality centre that was rooted in the north-western and central provinces of the country.

Colwell's modeling technique does not include information on human behavior (namely violence and population movements). However, in theory her technique could be combined with traditional intelligence sources to generate a prediction map of cholera risk in conflict zones.

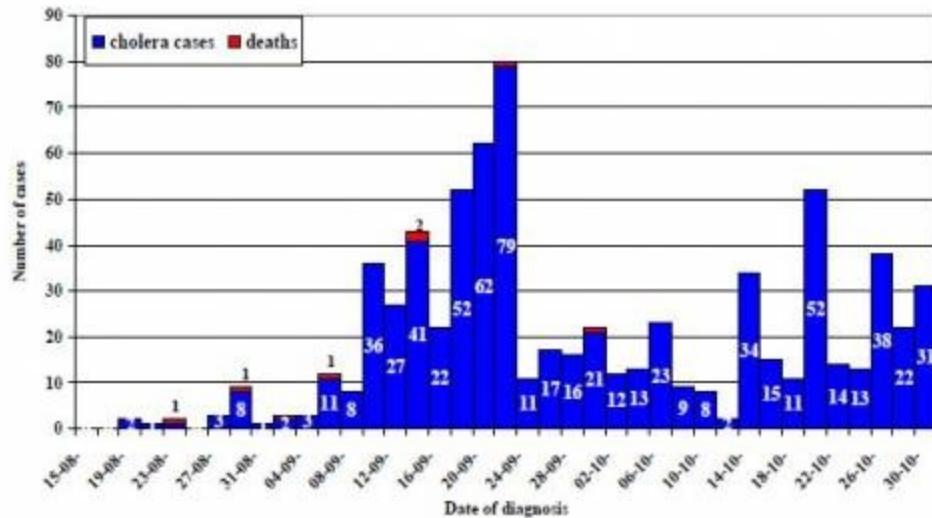
Work Cited

Smallman-Raynor, Matthew, and Andrew D. Cliff. 1999. "The Spatial Dynamics of Epidemic Diseases in War and Peace: Cuba and the Insurrection against Spain, 1895-98." *Transactions of the Institute of British Geographers* 24(3):331-352.

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[Iraq's War Against Corruption and Cholera](#)

by [Christopher R. Albon](#) on November 11, 2008[edit]

Fig. 2 Reported cholera cases and deaths by date of diagnosis, Iraq, 14/08-30/10/2008

The above graph tracks the incidence of cholera in Iraq from August 15 to October 30, 2008. The September outbreak [has been blamed](#) on corrupt officials using expired Iranian chlorine which failed to sterilize local water supply:

This year, the government hoped to stop another outbreak of the disease by repairing shattered water and sanitation stations and putting chlorine in the water supply. An Iraqi government official, who did not want his name published, said the Health Ministry bought \$11m (£6.4m) worth of chlorine from Iran for use in the provinces of Babil, Diwaniyah and Kerbala, all on the Euphrates river south of Baghdad.

In the latter two provinces, officials noticed that the chlorine was old and the time during which it could be employed effectively had expired, and refused to use it. But in Babil the chlorine was put in the fresh water supply stations at al-Madhatiyah, al-Hashimiyah and al-Qasim, south-east of the provincial capital, al-Hillah. Soon 222 people were confirmed as having cholera in Babil, in a total of 420 cases of whom seven have died.

This is not the first time politics has shaped cholera in Iraq. In 2007, insurgents [detonated a number](#) of chlorine trucks in improvised chemical attacks. As a result, the US and Iraqi government [began holding up chlorine imports at the Jordanian border](#) due to fears of their use as VBIEDs (Vehicle Based Improvised Explosive Devices). However, chlorine is a key tool in preventing the spread of cholera. The resulting chlorine shortage allowed an [epidemic of cholera](#) to spread across Iraq, infecting more than 7000 Iraqis.

Hat Tip: [The Ground Truth in Iraq](#)

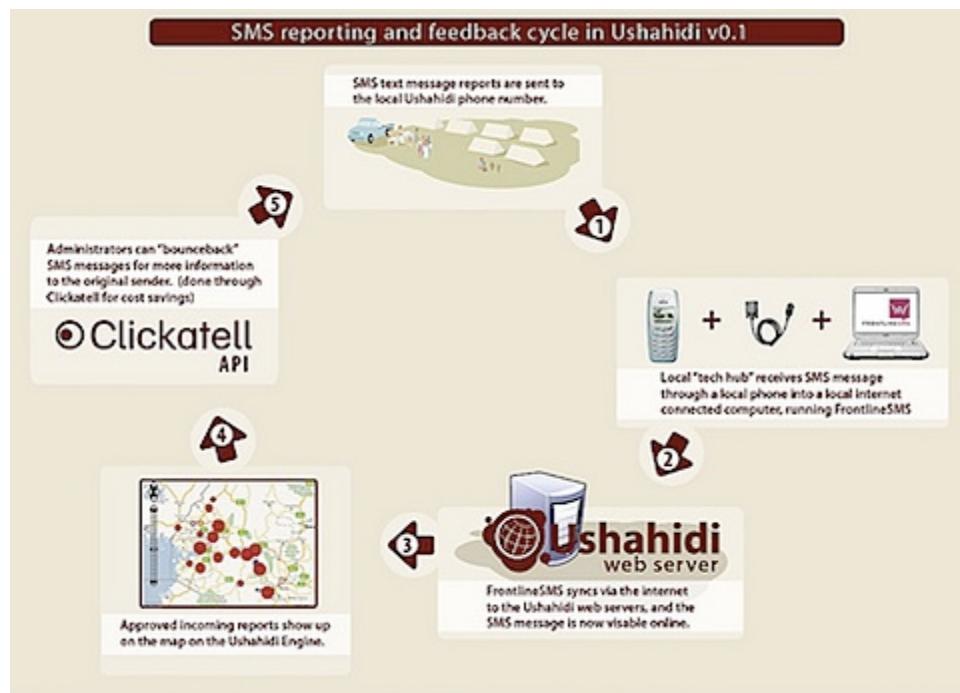
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[Ushahidi Deploys In The DRC](#)



Ten months ago, War & Health [discussed](#) a little known, but promising, project called [Ushahidi](#). Born from the 2007/2008 electoral violence in Kenya, Ushahidi is a new way to report and gain low-level, real-time intelligence in crisis zones. Today, Ushahidi, in partnership with some NGOs, took a big step forward and deployed their system in the Democratic Republic of Congo.

In a nutshell, Ushahidi allows individuals to report instances of violence, looting, and other incidents via local SMS messages. The report is then displayed on a web-based map using the Ushahidi engine. A more detailed explanation is offered in the diagram below:



I am a strong supporter of Ushahidi and I believe it will become a standard part of any humanitarian's toolkit. That said, the project still has work to do. Presently, while the project is an innovative technological tool, it has yet to be connected with the interests of the policy folks. How well Ushahidi's crowdsourcing methods mesh with the operations of NGOs? Of international peacekeepers? Does the project offer a value-added service to existing local health information networks? What is the potential for armed groups to exploit Ushahidi's crowdsourced design? How best can the raw information collected be converted into reliable and actionable intelligence? In the coming weeks, War & Health will publish a series of articles looking at Ushahidi from a political science / policy perspective. Stay tuned.

Pray for Paula Loyd

by [Christopher R. Albon](#) on November 6, 2008[edit]

Paula Loyd, a social scientist working with a [Human Terrain Team](#) in Afghanistan was seriously injured in an Taliban attack on Tuesday. Danger Room [reports](#):

Paula Lloyd was interviewing locals in the southern village of Maywand on Tuesday as part of her duties in a Human Terrain Team, which embeds civilian cultural experts into U.S. combat units. She approached a man carrying a fuel jug and they began talking about the price of gas. Suddenly, the man doused Lloyd in a flammable liquid and set her on fire. She suffered second- and third-degree burns over 60 percent of her body, a Human Terrain source told Danger Room.

The injuries could have been worse. Lloyd's teammate immediately threw her into a nearby water source to douse the flames, then Lloyd was sped to a nearby medical facility. Fortunately, the first doctor to treat her was a U.S. Army burn specialist. After being stabilized, Lloyd was evacuated to the military's Landstuhl Regional Medical Center in Germany and is now en route to Brooke Army Medical Center in San Antonio. Lloyd is in "stable, but guarded condition," the source said.

Our thoughts and prayers go out to Paula and her family.

Editor's Correction: The initial version of this article mispell's "Loyd" as "Lloyd".

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Minds, Wills, And Fruit Trees

by [Christopher R. Albon](#) on November 5, 2008[edit]

Michael Yon's recent post has a [nice anecdote](#) on how quickly civilians can become 'insurgents' in battles for minds and wills:

On 02 September, the enemy sniper was at it again, and so five British snipers (in the photo above, one sniper was behind me) were searching for probable firing positions. At one point, there was credible information that the Taliban told the sniper that they could provide him an American scope. The sniper said he was happy with his iron sights. He was a terrible shot, but sooner or later he might get lucky.



The Brits know exactly who the sniper is. About half a dozen fruit trees occluded fields of

by regulations on how much they could pay. Major Adam Dawson told me the amount was something like \$20 per tree, which of course is tantamount to zero. Achmed, an Afghan neighbor, came to collect the money, but the owner of the fruit tress had told Achmed not to accept payment. The owner was livid, saying: "I can't believe Achmed let them cut down my trees! I'm going to go @#%& his wife!" I don't know if anything happened to Achmed's wife, but I do know that the Brits said the owner of the fruit trees bought himself a sniper rifle. He's been shooting at [FOB] Gibraltar ever since.

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China's New Hospital Ship

by [Christopher R. Albon](#) on November 4, 2008 [[edit](#)]



The latest addition to China's budding navy is a hospital ship. As reported by [Information Dissemination](#), China's Type 920 Hospital Ship has completed sea trials and entered service. [Global Security offers a great analysis](#) of the ship's role in China's grand strategy:

Some have suggested that the new Type 920 hospital ship will be making a humanitarian tour in the South Pacific to reinforce other soft power gains made in that region over the last few years. ... China's launch of its first large naval hospital ship in August 2007 seemed to some to demonstrate an intention to project increased "soft power" in the maritime realm. There is no inherent reason why China's already significant domestic maritime disaster relief capabilities could not be mobilized in the future to provide humanitarian assistance overseas. The Chinese government recognizes the value of humanitarian assistance, medical diplomacy and national responses to international natural disasters. Providing medical assistance to needy countries, particularly in response to natural disasters improves international image through people-to-people

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When In Doubt, Side With The Government

by [Christopher R. Albon](#) on October 30, 2008 [[edit](#)]

Eck & Hultman's great study about the deliberate killing of civilians finds rebels are nearly six times as likely to target civilians than government forces during territorial conflict. The authors find the results puzzling since rebels often rely on local populations for support and protection. Their explanation is that the disparity in the targeting of civilians is caused by the prevalence of ethnic-based rebellions using cleansing-like strategies to assert authority over a territory.

Eck, Kristine, and Lisa Hultman. 2007. "One-Sided Violence Against Civilians in War: Insights from New Fatality Data." *Journal of Peace Research* 44(2):233-246.

Picture: Ivan Bohun, a Ukrainian Cossack colonel.

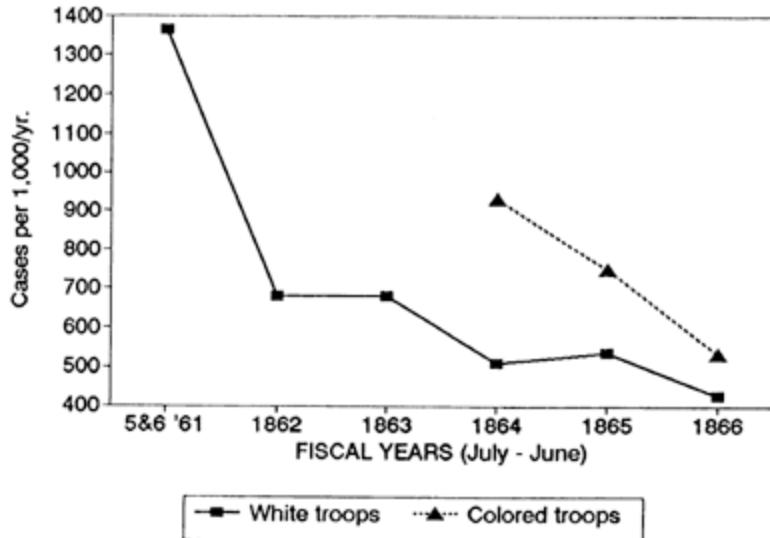
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Infectious Disease Trends During The US Civil War

by [Christopher R. Albon](#) on October 28, 2008 [[edit](#)]

ACUTE DIARRHEA & DYSENTERY, 1861-1866 WHITE AND COLORED UNION TROOPS



Two-thirds of military casualties during the American Civil War were caused by infectious diseases. Both armies kept excellent public health and sanitation records during the war, however, almost all Confederate records were destroyed during the burning of Richmond, VA. Diarrhea was so common amongst Union (and Confederate) troops that the expression for bravery, “have the guts”, came from soldier slang for being strong enough to stand the symptoms. At the start of the war, basic sanitation and hygiene were largely ignored by Union officers, reflected in the initially high levels of diarrhea and dysentery. During the later years of the conflict, the realization that sanitation improvements helped maintain force strength produced a dramatic drop in both diarrhea and dysentery amongst Union armies.

Bollet, A J. 1992. “An analysis of the medical problems of the Civil War.” Transactions of the American Clinical and Climatological Association 103:128-41.

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Can We Crew USCG Hospital Ships?

by [Christopher R. Albon](#) on October 23, 2008 [[edit](#)]

We have some smart readers at War & Health and this has never been so clearly demonstrated than in the last few days. Early in the week, I briefly [discussed a proposal](#) to add hospital ships to the US Coast Guard. Over the next few days I received counter-arguments in the comments section and over email from a number of highly experienced and knowledgeable readers. The primary counterclaim is that the USCG is grossly undermanned to crew one, let alone many, hospital ships. Two great comments from TEJ and Leesea summarize the problem:

TEJ Writes:

CG only has a dozen or so physician assistants. The 50 or so medical officers, 50 or so dental officers, and dozen or so pharmacists are all detailed from the US Public Health Service. All the CG nurses are civilians. The USCGR has no medical, dental, pharmacy, or nurse officers. Even the CG Auxilliary has let die on the vine its limited medical officer program. The US Navy, with its huge medical, nurse, medical service, etc. corps has difficulty spring enough practitioners to field these missions. I don't see how the CG could do it. You can't inflate their (borrowed) medical, dental, nurse, medical service corps by 200% just to be able to surge them out every other summer. Besides, the creation of DHS has stretched the CG thin with LE missions, they are not in the market for an additional non-core mission.

Leesea Writes:

As someone who helped introduce the Hospital Ships to MSC, I think I can say conclusively that the USCG is completely under manned and not set up to operate them. What the authors fail to appreciate is that the crew alone on these ships ranges from 25 in ROS to 125 CIVMARs in FOS. The Medical Treatment Facility aka hospital, ranges from 40 to 1200. The MSC provides all the ship's crew while large MTF/Hospitals and the naval reserves provides all the needed medical and support personnel. The USCG & PHS are simply NOT sized or structured for T-AH operations.

I cannot speak for the authors, but I (personally) never envisioned Coast Guard medical personnel manning the hospital ships. Rather, the Coast Guard would be charged with coordinating the operation and operating the ships, while the mission's medical personnel (riders) would be drawn from all branches of the armed forces, allied states, and partner NGOs. This mixed medical staff has already been tried with success on the USS Boxer and USS Kearsarge. To be clear, I am not claiming the USCG is better suited than the Navy for health diplomacy, in fact I [discussed the Navy's role in health diplomacy](#) just last week. Rather, I am interested in debating the relative merits and challenges faced by employing different institutions in health diplomacy.

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Two Experts: Give the Coast Guard Hospital Ships

by [Christopher R. Albon](#) on October 19, 2008 [[edit](#)]



Craig Hooper from the Naval Postgraduate School and Lt. Jim Dolbow, USCGR, have a great article this week in [National Defense Magazine](#). In the article, the authors lay out the case for adding both small and large hospital ships to the Coast Guard fleet.

The Coast Guard operates in a diplomatic space that the Navy is unable to replicate, and offers the United States another avenue to engage in politically sensitive disaster response and medical outreach projects.

Hospital ships are, by design, multi-use vehicles that are capable of serving in command and control, educational outreach, or as virtual sea bases.

Hooper and Dolbow propose a two-tiered fleet of US Coast Guard hospital ships. Larger ships would serve as command-and-control for a number of smaller ambulance-type craft. The authors offer a number of possible hull designs for the fleet including France's [Mistral amphibious assault ship](#) (shown above), Japan's [Oosumi amphibious transport dock](#), and the United States' [Lewis and Clark dry cargo ship](#).

I agree with Hooper and Dolbow. Hospital ships would serve well in the Coast Guards current role. Furthermore, the use of Coast Guard ships in health diplomacy might deflect [some of the anti-imperialist rhetoric](#) produced by a grey hull parked off foreign soil.

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Training Local Health Providers in Counterinsurgency

by [Christopher R. Albon](#) on October 16, 2008 [[edit](#)]



[medical clinic in Afghanistan](#), offers a great quote on training local medical staff during counterinsurgency:

“We try to put an Afghan face on what we do because we want people to accept the government of the Islamic Republic of Afghanistan,” the captain said. “It’s very important that the people support and work with the government. That’s the long term goal.”



In counterinsurgency, the battle is over the support of the population. Winning population support occurs slowly and thus any large counterinsurgency effort must position actions within a long time horizon. That is, counterinsurgency is about winning the population’s support today, tomorrow, and forever.

Providing health services to populations is one way to win support and training local indigenous health personnel is a way to extend that support long into the future. Furthermore, it is likely the public support benefit from providing health services to populations is an exponential effect. The positive effect on population support increases with time. That is, at any given moment, a force providing health care for two years likely benefits more than a force providing health care for two weeks.

Training local health personnel thus offers an increasing benefit to population support through being able to provide sustained, long term health care to populations.

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[**Statistics Finland**](#)

by [Christopher R. Albon](#) on October 12, 2008[edit]

[Statistics Finland](#) is one of the oldest government institutions in the country. Created in 1865, the organization collects and disseminates a wide range of quantitative data about Finland. While not technically focused on conflict, Statistics Finland offers an easy [english language interface](#) to access national data, some of it dating back to the 1700s, including data during the Finnish War, the Finnish Civil War, the Winter War, World War Two, and the Cold War.



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[**Fake Embassies & Fake Refuge**](#)

by [Christopher R. Albon](#) on October 11, 2008[edit]

was committed by both the Soviet supported loyalist and Axis supported nationalist forces. The targeting of civilians was particularly brutal in the largely nationalist Madrid. Nationalist residents of Madrid and their sympathizers fled loyalist paramilitary gangs to the sanctuary of foreign embassies. At its height, more than 20,000 nationalists found protection behind embassy walls. In response, one loyalist militia opened a fake embassy and murdered any nationalist seeking sanctuary.



Beevor, Antony. 2001. The Spanish Civil War. Penguin (Non-Classics). Pg. 63.

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British Military Suicides in the Falklands and Iraq

by [Christopher R. Albon](#) on October 10, 2008 [[edit](#)]

258 British soldiers died in the 1982 Falklands War against Argentina. A less known statistic is that in the decades following the conflict a reported 264 British Falkland veterans committed suicide. Thus, the Falklands War holds the ignoble but common characteristic causing more British suicides than combat casualties.

The suicide statistics for veterans of the Falklands War and other deployments was the subject of a 2002 lawsuit by British veterans claiming the Ministry of Defense did not adequately care for soldiers with Posttraumatic Stress Disorder (PTSD), widely believed to be correlated with suicide.



While data on British Iraq War military suicides is hard to come by. A 2004 [Telegraph](#) story reported that 119 soldiers had been evaluated from Iraq due to psychiatric problems and seven soldiers had committed suicide since the start of the war.

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by [Christopher R. Albon](#) on October 7, 2008[edit]

UNOSAT offers up *another* excellent set of satellite-based damage assessments from the Russia-Georgia conflict. This new set of maps presents (in my opinion) the most complete set of satellite analyses of conflict done by UNOSAT, covering the main Russian military thrust from Kekhvi to Tskhinvali. I am a strong believer in the power of this type of dynamic map. Satellite damage assessments enable the fast, cheap, and effective analysis of damage to health infrastructures, of refugee movements, and of situational knowledge, all of which are critical to developing humanitarian responses to conflict. For another innovative and promising technology-based source of damage assessment, check out [Ushahidi](#).

As always, click on the images below to see a full sized version (in PDF)



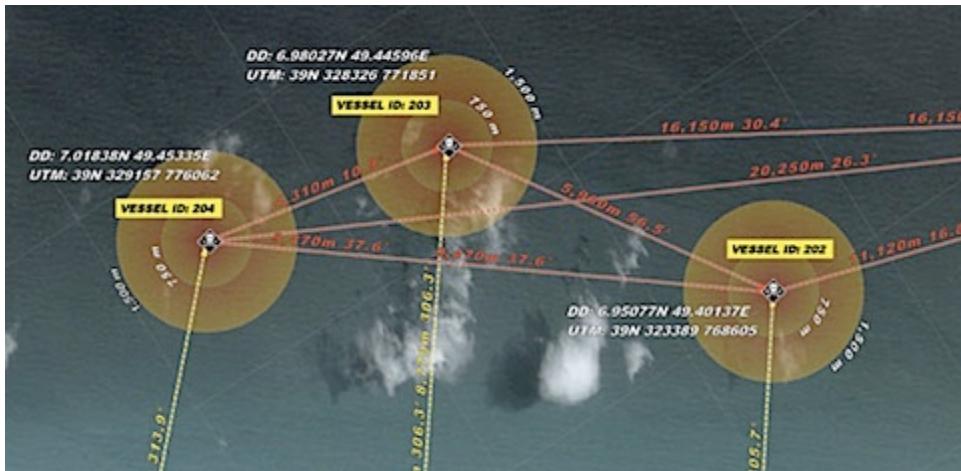


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UN Satellite Map of Hijacked Ships

by [Christopher R. Albon](#) on October 3, 2008 [[edit](#)]

[UNOSAT](#), the United Nations group in charge of producing satellite imagery for the organization, continues to offer innovative open source satellite intelligence. This week, UNOSAT released an incredible satellite map of a pirate area of operations. Specifically, the map depicts the anchorage sites of four suspected hijacked vessels and their land base. Click on the images below to download the high-resolution map.





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UN Resolution 1820 and Rape Epidemics in War

by [Christopher R. Albon](#) on August 18, 2008 [[edit](#)]

Last month, the UN Security Council voted unanimously (which is not an easy feat) to classify rape as a tactic in war and a threat to international security:

Stresses that sexual violence, when used or commissioned as a tactic of war in order to deliberately target civilians or as a part of a widespread or systematic attack against civilian populations, can significantly exacerbate situations of armed conflict and may impede the restoration of international peace and security, affirms in this regard that effective steps to prevent and respond to such acts of sexual violence can significantly contribute to the maintenance of international peace and security, and expresses its readiness, when considering situations on the agenda of the Council, to, where necessary, adopt appropriate steps to address widespread or systematic sexual violence;

You can read the full text of the resolution 1820 [here](#).

The move comes a few months after the United Nations Children's Fund (UNICEF) reported that practice of the widespread rape has '[taken a life of its own](#)' and reached epidemic proportions in some African conflict zones.

{ Comments on this entry are closed }

A Day In The Life

by [Christopher R. Albon](#) on August 16, 2008[edit]

If I could convey one message to the general public about the USS Kearsarge's mission, it would be this: Off the coast of Nicaragua 1500 Americans, Canadians, Dutch, and even a German are working 18+ hour per day, seven days a week, to provide health care and a better life to the residents of Puerto Cabezas. The Kearsarge is parked three miles off the coast of Puerto Cabezas. For the 100+ medical and humanitarian professions who go ashore each day, this means one hell of a commute. The following is a multimedia time line of an average day in the life of someone on board the USS Kearsarge, using all my own videos and photos:

06:00 – Reveille, get up, get dressed, pack a bag, go to the Wardroom / Mess and eat a full breakfast.

06:15 – Head down to the hanger deck for muster.

06:30 – Stand with your stick (group), get an MRE (Packaged Army Meal).

06:30 to 7:30 – Wait around on the main ramp to the flight deck (good time to get a nap).



07:30 – Walk onto the flight deck and board the CH-53E helicopter.

08:00 – Land in the FOB (Forward Operating Base) at the Puerto Cabezas airport.

08:15 – Board two finicky and old chartered buses and drive to the high school clinic site, escorted by the Nicaraguan army.



08:30 – Enter the school and setup all the different ‘departments’ (optometry, dental, general medicine, pharmacy, veterinarian, etc...)

back room of the school's auditorium.



2:45pm – Breakdown the clinic and muster in the school's auditorium (to get a clear head count).

3:30pm – Board the chartered buses and drive 15 minutes to the beach.



3:30pm to 5:00pm – Wait for the LCM (landing craft), another good time for a nap.



5:00pm – Wade out into the surf to board the LCM

5:30pm to 7:00pm – Ride the open top, bobbing, and wet LCM out to the USS Kearsarge.

7:00pm to 9:00pm – Drag your butt to get some food, a shower, some laundry, a little exercise, and check email.

9:00pm to 10:00pm – Attend the MEDCAP (medical mission) briefing preparing for the next day's operations.

10:00 to 11:00pm – Prepare for bed, and get some sleep. It is going to be another long day tomorrow.

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Welcome To Happy Valley

by [Christopher R. Albon](#) on August 12, 2008[edit]

On April 15th 1961, CIA operated B-26B bombers took off from a covert CIA-built airstrip in Nicaragua, codenamed 'Happy Valley'. Their mission was to support an upcoming amphibious landing in Cuba's Bahía de Cochinos, better known as the Bay of Pigs. Today, 47 years later on that same airstrip, US Marine Corp CH-53E helicopters landed carrying US military doctors, nurses, dentists, public health experts, and myself. Stepping off the helicopter, I murmured four words: Welcome to Happy Valley.

The airport hosts a Navy Seabee base camp next to a small Nicaraguan Army base. The entirety of the base camp is visible below.



Getting to the medical site (a local high school) involves a short ride on a chartered local bus. An escort truck can be seen in front.



When I arrived at mid-morning the high school grounds were alive with people. This is the front of the line.



Even without most of their equipment (including chairs and lights) the dental team performed five

patient sitting in the improvised dental chair (a school desk) placed next to a window.



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Navy & The New Media

by [Christopher R. Albon](#) on [August 11, 2008](#) [[edit](#)]

The vague term ‘New Media’ popularly refers to the recent phenomena of amateur, semi-professional, and professional online journalists (often called bloggers). While I am a researcher and not a journalist in any form, my site War & Health uses blogging software, and it were my writings on War & Health that got me invited by the Department of Defense (DoD) to deploy with the USS Kearsarge.

As a researcher, one of my reasons for embarking was to get some understanding on how the Navy is engaging the New Media. After a week onboard I think I am able to make a few pedestrian observations.



First, the Navy is eager to engage the New Media. For the USS Kearsarge deployment, it was the Navy and not the New Media that first proposed inviting online journalists onboard. While onboard, the online journalists have had almost complete access to the ship and its crew. I have run across only two locations on the ship inaccessible to the online journalists. Everywhere else, from the bridge to engineering are open to journalists without restrictions on photography or reporting (besides OPSEC). As an anecdotal example, David Axe, online reporter for Wired.com, met the Commanding Officer of the Marine CH-53E squadron onboard and within a couple days David and myself were given a complete tour of the helicopter’s avionics on the flight deck during nighttime flight operations.

Kearsarge are the responsibility of the Public Affairs Office (PAO). Nobody in the PAO or rest of the Navy clears the photographs or articles published by the online journalists. Throughout the deployment, the PAO has been commendably accommodating. The role of the PAO so far could best be described as “fixers”, arranging interviews and giving directions and tours when requested by New Media journalists.

Third, the Navy is still learning how to engage the New Media. This deployment represents the first time the New Media has been invited to report during a Navy operation and there were some major issues that came up, primarily internet access. The online journalists do not have the DoD login required to use the ship’s computers and cannot connect their own computers to the ship’s network. Thus, for the first couple days, the only way for the New Media to file stories was to ask servicemen to borrow their unclassified terminals for a few minutes. This point was the major frustration for the New Media since, by definition, they require sustained internet access. Personally, in the first two days the only thing I was able to accomplish online was an email to my wife (luckily research is less time sensitive than journalism).

However, the Navy has been quick to identify the problems of the New Media onboard and placed significant resources (and a great IT staff working almost around the clock) into resolving them. Regarding internet access, by the fifth day an “NGO Café” was opened in two rooms off the gym, complete with laptop computers and unrestricted internet access (something even the officers and crew do not enjoy). Since opening, everyone from the Commodore on down has stopped by the NGO Café to make sure the New Media is happy with the Café.

Did the Navy drop the ball at times? Absolutely. I have a laundry list of errors and problems in my notes. But, problems are bound to crop up when trying something new and the Navy’s New Media experiment is not (and should not be considered) exceptional. But throughout the seven days I have been onboard, the Navy has shown an impressive eagerness and willingness to engage the New Media, time and again bending rules to cater to the needs of the online journalists onboard.

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Kearsarge, Operation Smile, and Kids

by [Christopher R. Albon](#) on August 8, 2008 [[edit](#)]

The USS Kearsarge has an impressive medical facility onboard, second only to that of a hospital ship. However, the facility was designed to handle the combat casualties of a Marine Expeditionary Unit, not pediatric cleft palate and cleft lip surgeries. I asked Commander Damstra, who was originally trained as a family physician, how the Kearsarge will handle pediatric surgery cases.

40-60 children are selected for the cleft palate or cleft lip surgery by Operation Smile’s permanent team in Nicaragua months before the Kearsarge arrives in Puerto Cabezas. Additionally, the Kearsarge has worked with Operation Smile to get the NGO’s specialized pediatric equipment and supplies onboard.

The following is a transcript of my conversation with Commander Damstra:

there, they will be re-evaluated and told which day they will be going onboard for the surgery, with patients requiring longer follow-up care going first. Each child will have an escort (normally a parent) and both will receive a chest x-ray (to test for TB) before being allowed onboard. Currently the plan is to fly patients onboard the Kearsarge via helicopter.

After the operation, all children will stay overnight (or as long as required) in the ward with their escorts. When the children are ready to disembark, they are given a complete, detailed copy of the medical records so that the children's local doctor has a clear understanding of the procedure that took place.

In the long term, Operation Smile will conduct follow-ups with all patients one week, six months, and one year after the surgery.

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The Wardroom

by [Christopher R. Albon](#) on [August 8, 2008](#)[edit]

The Wardroom on the USS Kearsarge is the officer's cafeteria, conference room, lecture hall, 24 hour coffee house and social club for the officers, foreign militaries, and NGOs onboard the Kearsarge. However, the Wardroom's most valuable function is more subtle: as a point of information exchange and social networking onboard the ship.

While the Kearsarge's crew and riders total more than 1600, only around 500 (my guess) are involved in the humanitarian mission and almost all of them eat in the Wardroom. Every night personnel from different nationalities, services, and specialties eat together at the Wardroom's communal tables. A typical table might include a Navy pediatrician, a Marine pilot, an NGO logistician, and an Army veterinarian.

The result is that, three times a day, people from disparate roles/organizations share information and perspectives over hot food. Through casual conversation, personnel are introduced to new and different aspects of the operation. Simply put, the Wardroom is possibly the greatest builder of intellectual capital on the ship.

Coordination and communication is going to be key determinants in the success of the Kearsarge's mission. While individuals do have more formal interactions through briefings and meetings, the Wardroom provides a much welcome extra, efficient, and informal medium for exchanging information and building working relationships.

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USS Kearsarge, First Impressions

by [Christopher R. Albon](#) on [August 6, 2008](#)[edit]

Greetings from the USS Kearsarge. We got underway less than 24 hours ago, so my observations of the mission are only cursory at this point. Two quick ones. First, the ship is packed with medical personnel. So far, I have seen and/or met medical personnel from the US Army, Navy, Air Force, Marine Corp, Coast Guard, US Health Service, Canada, Netherlands, Brazil, Operation Smile, and Operation Hope, all of whom spend a good deal of time wandering the halls lost. Second, although I had no time to take a more complete look, the ship is full with construction equipment and supplies.

More to come...

{ Comments on this entry are closed }

Attacking Humanitarians As Strategy

by [Christopher R. Albon](#) on July 29, 2008 [[edit](#)]

The Jamestown Foundation has a [new article](#) by [Sunguta West](#) on the targeting of aid agencies in Somalia. Aid groups in the country are increasingly being attacked and humanitarian operations have largely halted due to security concerns. The dangers of aid work come with the territory, but while most attacks against aid workers worldwide are robberies or mistaken identity, the attacks in Somalia, for political reasons, purposely strike against humanitarians.

According to Shaykh Muhammad: “The UN relief agencies took part in the war that resulted in the defeat of the Islamic Courts Union by giving arms, money and fuel to the forces ranged against the mujahideen... **I urge the mujahideen to make relief agencies their main target because they are assisting the enemy.** This struggle has started and is yet to be accomplished (Codka Nabadda Radio [The Voice of Peace], July 14; Garowe Online, July 14). [Emphasis Mine]



Insurgencies are contests for the minds and will of the population. In the eyes of insurgents, humanitarian organizations are competitors for the support of local populations. Thus, humanitarian NGOs and IGOs threaten to lose their century old, sacred position of neutrality.

Whether we like it or not, in insurgencies nobody is neutral.

{ Comments on this entry are closed }

RAND Removes Terrorism Incident Database

by [Christopher R. Albon](#) on July 29, 2008 [[edit](#)]

Any quantitative conflict researcher has heard of RAND's Worldwide Terrorism Incident Database (RWTD). RWTD is one of the best sources of data on terrorism, the whole thing was web-accessible and well documented (like a Google for terrorist attacks). So, you can understand my annoyance when RAND took the database offline and now wants to start charging to access:

On March 31, 2008, support for development and dissemination of the Worldwide Terrorism Incident Database lapsed, causing the Memorial Institute for the Prevention of Terrorism to remove web-based search of that database from its website. Since then, RAND has received many requests for access to the data. RAND is exploring options for making the data available on a subscription basis. If you wish to subscribe to a web-based search engine accessing the database, please contact us. Until RAND concludes this inquiry, we will provide customized search results on a fee-for-service basis. To price such a search, please send us the details of your request, including the types of terrorist events you wish to search for, the countries you are searching, the time period over which the search should be run, and any particular key words (groups, weapons, targets, etc.) you may be searching for.

Sigh.

{ Comments on this entry are closed }

When Air Strikes Lose Hearts & Minds

by [Christopher R. Albon](#) on July 28, 2008 [[edit](#)]

No doubt high-tech, precision air strikes reduce civilian casualties. However, no technology is perfect and no human operator is error-proof. In mid July a US air strike [hit an Afghan wedding convoy](#), mistaking it for a Taliban force. 47 civilians died in the air strike, 39 were women and children.

The issue of civilian casualties is an emotive one in Afghanistan, feeding a common perception international forces do not take enough care when launching air strikes, and undermining support for their continued presence in the country.



When the battle is over minds and wills, this kind of [scene \[video\]](#) must be an anomaly, not a trend.

Kosovo's Hidden Field Hospital

by [Christopher R. Albon](#) on July 23, 2008 [[edit](#)]

In 1989, Serbian forces dissolved the government of the local Kosovars and absorbed the Kosovar health system into the Serbian administration. This move dramatically limited access to healthcare for the people of Kosovo. Three years later, the Kosovo Liberation Army's (KLA) increasingly violent clashes with Serbian forces highlighted the need for a Kosovar field health system, serving both combatants and civilians.

The article "[Field-Improvised War Surgery in Kosovo: Use of Kitchen Utensils as Surgical Instruments](#)" [gated] in the journal Military Medicine tells the compelling story of a Kosovar field hospital hidden in the Molopolce mountain region:

The conflict in Kosovo left surgeons and medical personnel with limited supplies during a time of war. The field hospital, located in a three-story building in the Molopolce mountain range, consisted of one operating theater, one recovery room, one examination room, and a room where minor surgical procedures could be performed (Fig. 1). At the Nerodime field hospital, skilled surgeons had to resort to the use of simple kitchen utensils as tools in the operating theater. Utensils with handles of plastic were transformed into retractors and used during major abdominal operations (Fig. 2, 3). The concavity of tablespoons was taken advantage of, allowing these utensils to be employed as retractors during appendectomy procedures. A light used for theatrical stage shows was improvised and used to illuminate the surgical field during procedures at the field hospital.

In addition to the main field hospital, the Kosovars established several second-line clinics consisting of one physician and three nurses working out of a private home. These clinics treated postoperative and minor wounded patients, thus increasing bed availability in the main field hospital.

The incredible story of this make-shift health system in the Molopolce includes an equally dramatic ending.

After a NATO air strike on Yugoslavia in March 1999, the Serbian campaign more aggressively bombarded the Molopolce mountain region. A Serbian operation was launched in the eastern and southern areas and advanced in the direction of the KLA-controlled area. Eventually, an emergency midnight evacuation of all medical staff, patients, and remaining medical equipment was necessary. This evacuation was accomplished on a footpath through the hills with doctors and other medical personnel carrying patients on hand stretchers to a previously established rendezvous point located in a cave.

{ Comments on this entry are closed }

War & Health Is Setting Sail Aboard The USS Kearsarge!

by [Christopher R. Albon](#) on July 21, 2008[edit]

I have been holding back mentioning anything until the details were finalized. However, as of this morning everything is set and confirmed.

Therefore, I am pleased to announce **I will be accompanying the USS Kearsarge (LHD-3) for the first two weeks of her deployment as part of Operation Continuing Promise, and (most importantly) taking War & Health's readers along for the ride!**

In early August, I will be blogging onboard the Wasp-class amphibious assault ship as it deploys to South America to provide humanitarian and medical assistance. Readers of War & Health will get to see a US Navy humanitarian assistance mission from the inside. Is the USS Kearsarge equipped to be a floating hospital? How well does the US Navy interact with humanitarian NGOs? Does providing health care really win minds and wills? Is the US Navy an appropriate tool for delivering long term medical care? Are humanitarian deployments the white fleets of the 21st century? Does Chris get sea-sick? All these questions and more will be tackled through daily (hopefully more) articles on War & Health.



So, stay tuned to War & Health, it is going to be one heck of a journey!

And, if you haven't subscribed to War & Health already, now is your chance to get regular updates sent straight to your feedreader.

{ Comments on this entry are closed }

Colombian Hostage Rescue Could Have Been Foiled By A Single Internet Search

by [Christopher R. Albon](#) on July 15, 2008[edit]

On July 2nd, the Colombian military staged a stunning dupe, convincing FARC to hand over 15 hostages, including three Americans and Ingrid Betancourt, to a helicopter belonging to a fake humanitarian NGO. Today, CNN described some unpublished video taken during the rescue that included the name of the fake humanitarian organization the operation used as cover:





words “Mision Internacional Humanitaria” (International Humanitarian Mission) and a stylized red bird made up of wavy red lines above two curved branches of blue leaves. In the 3½-minute video of the operation issued by the military, emblems pasted on the side of the rescue helicopter cannot be seen. But in the unpublished video and photos shown to CNN, emblems measuring about one square meter (one square yard) are pasted onto the outside of the chopper.

The same emblem appears on the Web site for Mision Internacional Humanitaria, which describes itself as a non-governmental organization based in Barcelona, Spain, that “works to improve the processes of development to guarantee equality of opportunity for individuals and peoples.”

It appears the Colombian military even went so far as to setup a [website for the fictional NGO](#) just in case FARC leaders googled it. However, luckily the FARC did not have even basic knowledge of domain names. Why? Because a simple [whois query](#), used to determine the owner of a domain name, reveals the the NGO’s domain name (Misionhi.org) was registered just six days before the rescue. If FARC did a whois search, something your son or daughter probably already knows how to do, the cover story of the NGO and perhaps the entire operation could have been blown.

Here is the full whois data:

```
Domain ID:D153122982-LROR
Domain Name:MISIONHI.ORG
Created On:27-Jun-2008 21:50:45 UTC
Last Updated On:27-Jun-2008 22:03:57 UTC
Expiration Date:27-Jun-2009 21:50:45 UTC
Sponsoring Registrar:Netfirms, Inc. (R1427-LROR)
Status:TRANSFER PROHIBITED
Registrant ID:NF-OWNER-93790
Registrant Name:david olarte
Registrant Organization:darts studio
Registrant Street1:c11 6d # 79a - 56 int 6 apt 446
Registrant Street2:
Registrant Street3:
Registrant City:Bogota
Registrant State/Province:NA
Registrant Postal Code:00000
Registrant Country:CO
Registrant Phone:+1.4126184000
Registrant Phone Ext.:
Registrant FAX:
Registrant FAX Ext.:
Registrant Email:davidolarte99@hotmail.com
Admin ID:NF-ADMIN-93790
Admin Name:david olarte
```

Admin Street1:c11 6d # 79a - 56 int 6 apt 446
Admin Street2:
Admin Street3:
Admin City:Bogota
Admin State/Province:NA
Admin Postal Code:00000
Admin Country:CO
Admin Phone:+1.4126184000
Admin Phone Ext.:
Admin FAX:
Admin FAX Ext.:
Admin Email:davidolarte99@hotmail.com
Tech ID:NF-TECH-93790
Tech Name:Domains Manager
Tech Street1:5160 Yonge St., 1800
Tech Street2:
Tech Street3:
Tech City:Toronto
Tech State/Province:ON
Tech Postal Code:M2N 6L9
Tech Country:CA
Tech Phone:+1.4166612100
Tech Phone Ext.:
Tech FAX:
Tech FAX Ext.:
Tech Email:support@netfirms.com
Name Server:NS100.WHBDNS.COM
Name Server:NS101.WHBDNS.COM

{ Comments on this entry are closed }

The Health Diplomacy You Never Hear About

by [Christopher R. Albon](#) on July 15, 2008 [[edit](#)]

This week the non-governmental humanitarian organization (NGO) [CARE delivered](#) \$129,951 in new medical equipment to the [Sheikh Zayed Hospital](#) in Ramallah. The equipment included a blood gas analyzer, a blood pressure machine, an electrocardiograph, and a vital signs monitor. A second delivery of equipment is scheduled next month and shipments of medical disposables (latex gloves etc..) will continue until September 2008. This is good



news for for the West Bank and Gaza, since Sheikh Zayed Hospital is the only emergency facility and serves 270,000 Palestinians.



What is less known is that the all the equipment was paid for by US taxpayers under US Agency for International Development's (USAID) Emergency Medical Assistance Program. The US program provides \$30 million to prevent medical equipment shortages in Palestinian health services in the West Bank and Gaza. In fact, since 1993 the United States has given more than \$1.7 billion in development programs to the West Bank and Gaza.

Now if only the US' public diplomacy folks could make something of this...

{ Comments on this entry are closed }

The Good & the Bad

by [Christopher R. Albon](#) on July 11, 2008[edit]

Two comments regarding this blog.

First, the good: I have been invited and have accepted an offer to become a contributor at the [Complex Terrain Laboratory Review](#). We have a top notch team of bloggers at CTLab including Matt Armstrong of [MountainRunner](#), Christian Bleuer of [Ghosts of Alexander](#), Drew Conway of [Zero Intelligence Agents](#), Dave Dilegge of [Small Wars Journal](#), Mark Safranski of [Zenpundit](#), Tim Stevens of [Ubiwar](#), Michael Tanji of [Half of the Spear](#), and Mike Innes. Expect great things from CTLab in the future.

What does this mean for readers of War & Health? Nothing! War & Health will always be my main place for publishing original and focused content on the interrelation of armed conflict and public health. The only thing changing is that, if you want to read *more* of me, you can find additional content available on CTLab.

Second, the bad: I have my qualifying exams in 66 days and as such I am unable to post as frequently as I would like. War & Health will continue to have new and interesting articles each week, however the number of posts per week will be smaller for the next couple months. That is, posting will be consistent but less frequent.

That is all, carry on.

{ Comments on this entry are closed }

Targeting Civilians in Yemen

by [Christopher R. Albon](#) on July 11, 2008[edit]

Last month [The Long War Journal](#) published a series of

[powerful photos](#) depicting the aftermath of Yemeni army attacks in Sa'ada.

The following photos are among the first photos to emerge from the troubled region in years. These photos were taken in Sa'ada and smuggled outside the region. The Long War Journal obtained these photos from contacts in Yemen.

Since 2004 the Yemeni government has battled Zaidi rebels in the country's northern regions. In April UNHCR estimated the conflict had displaced 77,000.



{ Comments on this entry are closed }

[Israeli Use of Cluster Munitions](#)

by [Christopher R. Albon](#) on [July 10, 2008](#)[edit]

I just got around to a [Human Rights Watch report](#) on the use of cluster munitions during the Israel-Lebanon war. The map to the right appears in the report. Each red dot represents a cluster munition strike.

Throughout the war, Israeli artillery used relatively few cluster munitions. However, in the conflict's final 72 hours Israel launched more than 800 cluster munition strikes into Southern Lebanon, around 90% of the total made during the conflict. I looked around for a good explanation for this dramatic change in strategy, but did not have much luck. I am not a military expert and so will let readers come to their own conclusions.

One parting fact, Human Rights Watch and [others](#) believe 25% of the Israeli submunitions (the little bombs dropped from the big bombs) malfunctioned, not exploding on impact, and litter the Lebanese countryside. The end result is that much of Southern Lebanon has been turned into 'de facto landmine fields', unusable for farming or herding.



{ Comments on this entry are closed }

The Securitization of Services

by [Christopher R. Albon](#) on July 8, 2008 [[edit](#)]

Bill Murray from The Long War Journal has a good article about a [new water distribution](#) site in Baghdad. The \$400,000 water facility will provide free water to 3,000 families and cover 60% of the need in the area. Two additional sites under construction will provide the remaining 40%. However, the most interesting fact about the facility is its location:

Water from the site, located within the walls of a US-operated Forward Operating Base, is then piped underneath the 15-foot-high reinforced concrete barriers surrounding the base to taps at a drive-through location.



In that community, Iraqis receive their water directly from a US FOB, a fact that speaks volumes about the securitization of services. Specifically, this is notable for two reasons. First, the placement of the water facility inside the FOB might very well discourage attacks, since an attack on the FOB is *also, literally* an attack on the community's access to water. Second, the location gives US and Iraqi security forces full credit for providing the service. That is, the population physically visits the FOB to collect their water and knows clearly who provided it, winning hearts and minds. This point was apparently not lost on the Iraqi security forces:

As services return to the area after many years of sanctions, neglect and civil unrest, police expect increased access to information about the Shia insurgency, because the area has been a haven for arms caches and terrorist cells associated with Muqtada al Sadr's Madhi Army and Iranian trained "Special Groups."

Winning hearts and minds, gaining useful intelligence, and providing free, clean water to a poor community. That is a trio anyone can appreciate.

{ Comments on this entry are closed }

Book Review: Human Security

by [Christopher R. Albon](#) on July 7, 2008 [[edit](#)]

[Mary Kaldor's book, Human Security](#), is a collection of seven essays describing the historical context, theoretical foundations, and development of human security as a concept. Kaldor argues the world is seeing the emergence of what she coins "new wars", that is "... wars that take place in the context of the disintegrating of states... fought by networks of state and non-state actors... where most of the violence is directed against civilians" (pg. 3). From this assumption she moves the reader

51Hm2Zf2jo

human security and hence, the use of military force.

51Hm2Zf2io

Kaldor's first four essays lay out the historical context in which the modern debate over human security takes place. Specifically, the essays explore 1) a decade of intervention, 2) the american concept of power and compliance, 3) new nationalism, and finally 4) a case study of the Balkan intervention. The goal of these essays is to illustrate a new emerging concept of new wars where nationalism, informal combatants, and criminalized informal economies align to perpetuate conflict, and the American classic military doctrine is unprepared and ill equipped to face them.

Her next two essays build the theoretical foundations of human security. Chapter 5 follows the changing meaning of "global civil society" from ancient Greece to the present. The chapter holds an impassioned argument to "establish a set of global rules based on consent" (pg. 153), that is: global governance to minimize domestic and international violence. In Chapter 6, Kaldor tackles Just War doctrine. She argues new wars blur the distinction between international and domestic , combatant and non-combatant, and thus between war and peace, and in the face of this, "a new ethical approach is needed, grounded in the notion that the rights of individuals supersede the rights of states and that, therefore, international law that applies to individuals overrides the laws of war" (pg. 154-155), a concept she defines as "Just Peace".

The real meat of Kaldor's book lies in her final chapter. Here, she posits a new definition of security that "is about confronting extreme vulnerability not only in wars but in natural and man-made disasters..." (pg. 183) and a new definition of development that goes beyond improving standards of living to include "feeling safe on the streets or being able to influence political decision-making" (pg. 183). Based on these new definitions, she proposes five principles of human security: the primacy of human rights, legitimate political authority, multilateralism, the bottom-up approach, and regional focus.

First, a human security approach places human rights above everything. Kaldor argues: "this principle means is that unless it is absolutely necessary and legal, killing is to be avoided. For the military it means the *primary goal of protecting civilians rather than defeating an adversary*. Of course, sometimes it is necessary to try to capture or even defeat insurgents but this has to be seen as a means to an end, civilian protection, rather than the other way round. *So-called collateral damage is unacceptable*" (pg. 186). Furthermore, she argues gross human rights violations must be as "*individual criminals rather than collective enemies*" (pg. 186). [Emphasis mine]

Second, human security requires institutions of political authority considered legitimate by local populations. Thus, gaining political legitimacy is a central goal in any operation. This requires a commander "who understands politics and has access to political authority" (pg. 188). I am in firm agreement with her on this point.

Third, human security operations must include a commitment to 1) work with international organizations, 2) create and enforce common rules, and 3) focus on coordination.

Fourth, human security approaches must be bottom-up. That is, decisions in human security operations should be made in consultation with local populations. Regarding this, Kaldor takes a stance many operators would consider naive in the extreme: "the solution is to talk to everyone and it

guides" (pg. 189).

Finally, a human security approach demands conflicts be examine at the regional, rather than state, level. She accurately argues new wars have no clear boundaries and thus restricting the focus to state-level perspectives makes us vulnerable to epiphenomena in neighboring states.

Overall, Kaldor's book is an excellent and interesting perspective on human security, evidenced by the numerous "Wow!" comments I semiconsciously wrote in the margins. The last chapter contains her core argument. The middle five chapters are seemingly present only to (sometimes disjointedly) guide the reader to the logic she presents in the final chapter. Readers strapped for time could gain a good portion of the book's worth by reading only the introduction and last chapter.

{ Comments on this entry are closed }

Iraq's Service Surge

by [Christopher R. Albon](#) on June 30, 2008 [[edit](#)]

Previously, I [discussed the role of providing services](#) (health, education, sanitation, etc...) in counterinsurgency. After security, services represent a critical component in winning hearts and minds and strengthening the legitimacy of the state. With threats to personal security in Iraq on the decline (but still high), the provision of services is gaining increasing importance and this fact has not gone unnoticed by the US military.

Iraq contains a massive and intricate irrigation system of canals and pumping stations. The water it supplies and the flooding it controls are essential to the agriculturally dominated southern Iraq. Much of this canal system was left unusable after the initial 2003 invasion, either through direct damage or simply lack of maintenance. The fields the canal system supports are a sizable proportion of the Iraqi domestic economy.



The fact that a provisional reconstruction team (PRT) is repairing the irrigation canals and their pumping stations is mildly interesting, but nothing to write home about. However, what stands out is the fact that they are using a valuable security resource in [an unorthodox way to do it](#):

In order to help the GoI monitor and maintain the canals, 2nd BCT Soldiers came up with a high-tech solution. In addition to Soldiers performing foot patrols and SoI guarding key

vehicles.

“We’ve done this with every single canal,” Clegg said. “We had (the MoWR) supply us a map, showing the direction of flow. Then we stepped it up with UAV coverage. **This actually allowed us to see where the water is flowing.**” [Emphasis mine]

Clegg says the images are declassified and shown to MoRW officials every week to give them the information they need.

Simply put, the PRT is using UAV surveillance flights to monitor the status of irrigation canal flows. This is the first example I have found of UAVs being used in a non-security function to improve services to Iraqi civilians. The use of UAVs, a much prized resource amongst commanders, hints at the new importance placed on providing services (particularly water); a ‘service surge’ if you will. It is also a reminder of the remarkable flexibility of the US military.

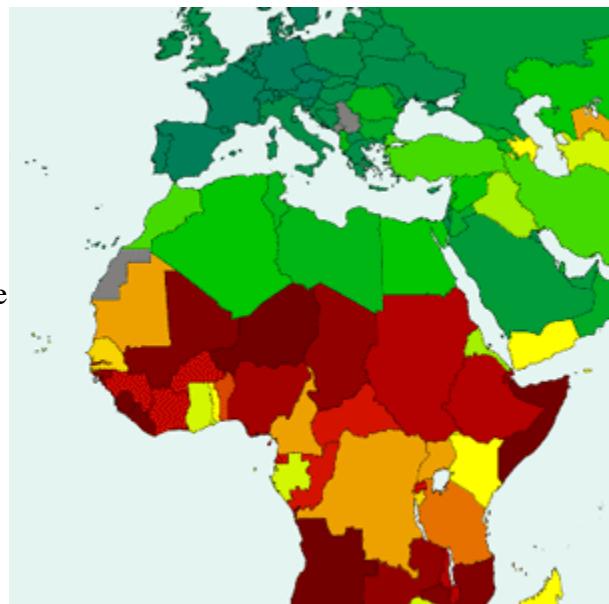
{ Comments on this entry are closed }

Data on Infant Mortality Rates from 1816 to 2002

by [Christopher R. Albon](#) on June 29, 2008[edit]

Infant mortality rates (the number of children younger than one year that die per 1000 live births) are incredibly sensitive to disruptions in society. Even a minor disturbance in a region’s economic, social, and political system can create a parallel, observable effect in infant mortality data. Two political scientists, M. Rodwan Abouharb of Louisiana State University and Anessa L. Kimball of Université Laval, offer one of the most comprehensive datasets on infant mortality rates:

Systematic data on annual infant mortality rates are of use to a variety of social science research programs in demography, economics, sociology, and political science. Infant mortality rates may be used both as a proxy measure for economic development, in lieu of energy consumption or GDP-per-capita measures, and as an indicator of the extent to which governments provide for the economic and social welfare of their citizens. Until recently, data were available for only a limited number of countries based on regional or country-level studies and time periods for years after 1950. Here, the authors introduce a new dataset reporting annual infant mortality rates for all states in the world, based on the Correlates of War state system list, between 1816 and 2002. They discuss past research programs using infant mortality rates in conflict studies and describe the dataset by exploring its geographic and temporal coverage. Next, they explain some of the limitations of the dataset as well as



might benefit from the use of this dataset. This new dataset is the most comprehensive source on infant mortality rates currently available to social science researchers.

Download the [Codebook](#)

Download the [Dataset](#)

{ Comments on this entry are closed }

[The Brussels Declaration of 1874 on Hospitals During Sieges](#)

by [Christopher R. Albon](#) on June 27, 2008[edit]

Recently, I have been reading treaties on war to find out how hospitals and health systems were legally handled during wartime. So far as I can tell, [Article 17 of the Brussels Declaration of 1874](#) is the earliest instance of the codification of military behavior towards hospitals:

In such cases all necessary steps must be taken to spare, as far as possible, buildings dedicated to art, science, or charitable purposes, hospitals, and places where the sick and wounded are collected provided they are not being used at the time for military purposes. It is the duty of the besieged to indicate the presence of such buildings by distinctive and visible signs to be communicated to the enemy beforehand.



{ Comments on this entry are closed }

[Predicting Casualty Causing Attacks](#)

by [Christopher R. Albon](#) on June 27, 2008[edit]

How many Iraqi insurgent attacks will occur next year causing 1 casualty? 10 casualties? 200 casualties? How many FARC attacks will occur next year causing 30 casualties? How many Tamil Tiger attacks will occur next year causing 500 casualties? One [very interesting research paper](#) just released argues it knows the answers, and finding them requires a simple number: 2.5.





Restrepo, Oscar Becerra, Juan Bohorquez, Nicolas Suarez, Elvira Restrepo, and Roberto

Zarama argues modern insurgent attacks all obey the same [power law](#). In plain english: in all modern insurgent conflict, attacks causing many casualties will occur with the same relative frequency to attacks causing few casualties. Simply by knowing the average number of attacks per year, the authors argue it is possible to predict the number of future attacks causing a certain number casualties in a future year.

Want to calculate your own predictions? It is easy: First, take the average number of attacks per year for the conflict. Second, select a level of attack deadliness (number of casualties) you want to predict. Third, plug them into the formula below.

[ean2235.mnw](#)

For example, imagine a conflict with an average of 1000 insurgent attacks per year and we want to calculate how many attacks will cause 10 casualties in a future year:

$$1000 \times 10^{-2.5} = 3.162278$$

The model predicts slightly over 3 attacks causing 10 casualties will occur in a one year period.

Are the authors correct? I have no idea, but it is a very interesting approach to an important question. If you want to know more, check out [this Physorg article](#) containing a link to the original paper (might be gated).

Update: Check out [Drew at Zero Intelligence Agents](#) for a more informed discussion of the paper.

{ Comments on this entry are closed }

Zimbabwean Health Services Facilitating Political Violence

by [Christopher R. Albon](#) on June 27, 2008[edit]

I am a first generation American from Zimbabwean parents, and so the recent events in Zimbabwe have had a particular personal significance. On April 29th, the Times Online reported on the growing evidence Zimbabwean government officials, including the Minister of Health, are [using the nation's health system to facilitate violence against opposition supporters](#). Accusations include using hospital grounds for political rallies, threatening physicians treating opposition victims of violence, raiding medical wards, and seizing patient lists. Opposition members have reportedly resorted to seeking treatment at sympathetic private clinics.

As evidence of increasing government-sponsored violence against the Zimbabwean opposition mounts a pattern is emerging of deliberate attempts to obstruct medical treatment for its victims and to cover up the violence. The Zimbabwean Minister of Health and other doctors who are linked to the ruling party have been implicated in

The US Ambassador to Zimbabwe James McGee (my new hero) experienced this first hand in May when himself and other diplomats were detained for 45 minutes after visiting hospitals outside the capital to [document violence against opposition supporters](#).

The diplomats involved in the incident at a roadblock on the edge of the capital, Harare, had just completed a tour of hospitals and an alleged torture camp when police demanded they prove they had official permission to visit the sites.

At one point, a police officer threatened to beat one of Mr. McGee's senior aides. The officer got into his car and lurched toward Mr. McGee after he had demanded the officer's name. The car made contact with Mr. McGee's shins, but he was not injured.

Mr. McGee climbed onto the hood of the car while his aide snatched the keys from the ignition, then the diplomats used their mobile phone cameras to take photographs of the officer.

Zimbabwe's healthcare system is already in [deep trouble](#) and these reports do not make me hopeful for the country's health prospects in the future.

{ Comments on this entry are closed }

New Required Reading

by [Christopher R. Albon](#) on June 25, 2008[edit]

Recently, a ‘[Meme of Se7en](#)‘ has been filtering through the conflict blogosphere. The best part of the meme was the requirement that the blogger pass it along to seven other bloggers via links. Why? Because I have been exploiting that rule to discover new and interesting blogs. Below are two blogs that have entered my required daily reading list.

[Zero Intelligence Agents](#) – What does political science, mathematics, and programming have in common? Ask Drew Conway. A doctoral candidate in political science at NYU, Drew blogs on the type of quantitative social science research I have fallen in love with. Think [Freakonomics](#) for national security. He also reads [xkcd](#), which secures his place on my reading list.

[Complex Terrain Laboratory](#) – [Matt Armstrong](#), [Mark Safranski](#), [Tim Stevens](#), and [Michael Tanji](#) are innovators in the conflict blogosphere and all are on my feedreader. Their group blog, CTLab, looks at conflict research through the lense of digital media. What does that mean to you? It means an approach to understanding conflict you have never seen before.

{ Comments on this entry are closed }

RIP Nicole Suveges

by [Christopher R. Albon](#) on June 25, 2008[edit]

Political scientist Nicole Suveges was [killed in a bombing inside Sadr City on Tuesday](#). Suveges was part of the US military's [Human Terrain System](#), supporting U.S. Army's 3rd Brigade Combat Team (BCT).

"We are deeply saddened by the loss of Nicole Suveges," said Doug Belair, president of the company's Technology Solutions & Services (TSS) line of business. "She came to us to give freely of herself in an effort to make a better world. Nicole was a leading academic who studied for years on how to improve conditions for others. She also believed in translating what she learned into action. Our thoughts and prayers are with her family, friends and colleagues."

Suveges began her current tour in Iraq in April of this year. Before joining BAE Systems, she had worked in Iraq for one year as a civilian contractor. Previously, Suveges served as a U.S. Army reservist in Sarajevo, Bosnia-Herzegovina, supporting the multinational SFOR/NATO Combined Joint Psychological Operations Task Force.

She held a Master of Arts in political science from The George Washington University. Suveges was soon to complete her Ph.D. in political science with an emphasis on international relations from Johns Hopkins University, where she also served as managing editor for the "Review of International Political Economy." Her dissertation was on "Markets & Mullahs: Global Networks, Transnational Ideas and the Deep Play of Political Culture." She presented numerous papers to international relations organizations and served as a graduate teaching assistant.

During her time with the 3rd BCT, she brought a wealth of skill and knowledge to support the mission in Iraq. Her experience in Bosnia-Herzegovina, coupled with her academic credentials contributed materially to the success of the brigade in reducing the level of violence in the local community and in improving critical infrastructure. She worked closely with her HTS team members to help Iraqis achieve peace, stability and prosperity.

Rest in peace Nicole.

Update: HTS website has [updates](#).

Update 2: Nicole Suveges on HTS:

HTS is the first effort to make social scientists and other HTT personnel available at the brigade – read local – level. This is where the war in Iraq is being fought, and it is about time that they are afforded the same capabilities that their higher echelons have.

I could not agree more.

Update 3: CNN has another [update](#).

{ Comments on this entry are closed }

Health in a 'Whole of Government' Approach to Conflict

by [Christopher R. Albon](#) on June 24, 2008 [[edit](#)]

Today, the Combined Arms Center's Inter Agency Symposium is taking place. The purpose of the gathering is admirable and ambitious:

It has become apparent that success in Twenty-first Century Warfare requires a “whole of government” or unified approach. The nation must utilize all elements of National Power to ensure victory in this era of persistent conflict.

Over the next two days, members from across our government will meet to discuss these issues. It promises to be an insightful and spirited debate which will create a clearer picture for the way ahead as we conduct complex stability and support operations.



The symposium is being [liveblogged](#) and yesterday they solicited questions through the internet for the panel to answer. Able to see an opportunity when presented to me on a silver platter, I submitted the following question:

Following the notion of a “whole of government” approach, what role does the provision of health services play in ensuring victory in future conflicts?

Very kindly, panelist Dr. Stephen Redd, ~~Naval~~ USPHS Officer and Director of Pandemic Influenza Surveillance Unit, responded:

Providing healthcare is very important in all operations including stability operations. By caring for the health of the populace, a government shows it is responsive to the basic needs of its people. In addition, the provision of healthcare gives people confidence in their government. Most stability operations take place in states that are weak or failing. One definition of a failing state is its inability to provide for the needs of its people. Hence, by providing healthcare, a state begins to strengthen and demonstrate its ability to reverse some of the trends that led it to become a weak or failed state in the first place.

Dr. Redd's response is excellent and demonstrates a firm understanding of the dynamics between health services and political stability. I agree whole heartedly. To win hearts and minds, governments must prove themselves as legitimate institutions. The provision of health services is a key opportunity to gain that legitimacy in a value-added, cost-effective manner. Hopefully, through more discussions like the CAC's IA symposium, health services will take a more prominent role in future stability operations.

Edit: Thanks to Kris Harris for spotting our error regarding Redd's affiliation.

Col. McGrath: Kandahar Prison Break Not Effecting MEDCAP & PRT Operations

by [Christopher R. Albon](#) on June 23, 2008 [[edit](#)]

Last Friday at 9:30pm local time, a Taliban suicide bomber detonated his vehicle at the gate of Kandahar city's Sarposa prison. Following the blast, [witnesses report](#) 30 motorcycles entered the breach and blew a second hole in the rear wall of the prison. During the following firefight nine hundred prisoners escaped.

[Colonel Thomas J. McGrath](#) of the Afghanistan Regional Security Integration Command – South (ARSIC-South), attended a Department of Defense Blogger's Roundtable this morning to discuss the aftermath of last week's prison break in Kandahar. You can listen to the entire conference call [here](#). Significant to this blog, according to Col. McGrath the prison break has had no immediate effect on humanitarian, MEDCAP, or PRT programs. That is good news, however I worry the increased Taliban presence in the region might disrupt the programs in the future. Nevertheless, Col. McGrath was confident in the ability of Afghan and Coalition forces not to be derailed by the prison break, "We are making a lot of progress here."

We wish him luck.

{ Comments on this entry are closed }

Museum Exhibit for D.C. Readers

by [Christopher R. Albon](#) on June 18, 2008 [[edit](#)]

A short notice for readers in the D.C. area. The NIH's National Library of Medicine has a new exhibit [on the health effects of conflict called The Legacy of War](#).

Located on the campus of the National Institutes of Health in Bethesda, Maryland (just outside of Washington, DC), the exhibit examines the revolution in global health taking place in towns and cities around the world. Communities, in collaboration with scientists, advocates, governments, and international organizations, are working on an international level to investigate complex global health issues, ranging from community health and conflict to disease and discrimination.



Free of charge and open to the public, this exhibition introduces some of the scientists, advocates, communities, and organizations who have made a difference—working together, against the odds, for the benefit of all. [Emphasis mine]

{ Comments on this entry are closed }

New Health Systems Database

by [Christopher R. Albon](#) on June 18, 2008[edit]

The [20/20 Health Systems Project](#) just launched with a [new web-accessible database](#) of health systems statistics:

The Health Systems Database draws data from publicly available and internationally comparable databases. Sources are publications from the World Health Organization (WHO), the World Bank, and the United Nations Children's Fund (UNICEF). More recent data may be available from other sources including in-country sources. The user contribution section of this tool is designed to capture and share such information.

Hat tip to the [Global Health Policy](#) blog.

Full list of variables in the datasets after the break.

[Read More...](#)

{ Comments on this entry are closed }

System Disruption & HIV Aid

by [Christopher R. Albon](#) on June 16, 2008[edit]

HIV rates in Uganda's Karamoja region are [rising fast](#). Non-governmental organizations (NGOs) are well placed to tackle the problem through medical and public health services. Many of these organizations have been dealing with HIV for decades. They have the resources and experience to make a great, positive difference. However, in the case of Karamoja there is not much anyone can do.

Karamoja is the Afghanistan of Africa: tribal, pastoral, violent, and without infrastructure. Government control, let alone health services, in the region is minimal. In this environment NGOs have been largely forced out by instability.



Most aid organisations function with only essential personnel on the ground, if at all, because of the region's insecurity – cattle raids on neighbouring communities are common, and increasingly fatal with the introduction of modern arms – while the difficulty of travelling between districts forces non-governmental organisations (NGOs)

...

“We can’t invest more money because of the limited capacity for absorption; loads of money can go into Karamoja, but if no infrastructure or conducive policy environment is built, then the possibilities are limited,” said Savio Carvalho, Oxfam’s country programme manager. “There needs to be a framework.”

Carvalho is talking about system disruption. The roads, energy, social services , security, political control, and social network of a region are all part of its ‘system’. Conflicts disrupt these systems. The role of IGOs/NGOs is to repair or strengthen areas of systems through various methods. These include building new infrastructures (wells, clinics, schools) and providing health services. The problem in Karamoja is that the region’s system is below the threshold necessary for NGOs to operate. NGOs are designed to build upon existing systems, not create them from scratch. Carvalho refers to the existing system as the needed “framework”.

HIV health services are particularly vulnerable to system disruption. Antiretrovirals (ARVs), which make HIV a chronic (opposed to fatal) disease, must be taken regularly for the entire lifespan of the patient. When the system is disrupted (through road blocks, population movements, looting, etc...) and access to ARVs is interrupted, there is the very real risk the virus will become resistant to the treatment. Thus, ARVs are highly dependent on a stable system enabling the medical/logistical operation required to deliver and distribute the drugs throughout the region.

The takeaway point: The provision of health services requires a certain level of ‘system’ in place. When conflict is the primary disruptor of a region’s system, the ability to provide long term security (either from national or international sources) is a prerequisite to successful health interventions.

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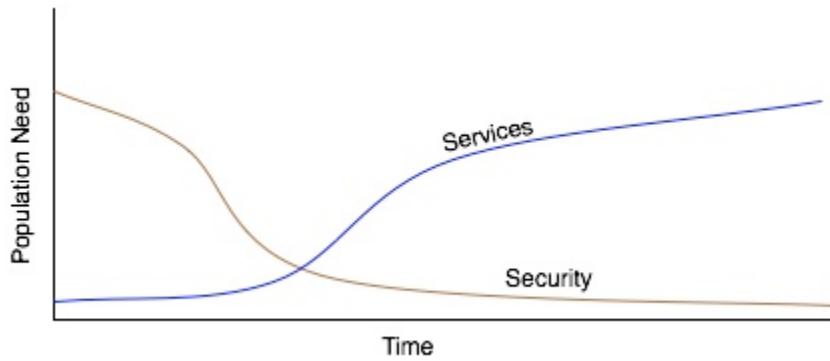
Col. Peter Mansoor on Health in Counterinsurgency Doctrine

by [Christopher R. Albon](#) on June 13, 2008[edit]

A few weeks ago, I had the pleasure of attending a talk given by Colonel Peter Mansoor. Col. Mansoor is a member of Petreus’ inner circle and has been influential in the development of the US Army’s counterinsurgency doctrine. Mansoor is also an architect of the surge strategy in Iraq and recently published [Baghdad at Sunrise: A Brigade Commander’s War in Iraq](#), an analysis of counterinsurgency in Iraq from a mid-level officer.

During the questions and answer section I asked the Colonel what was the role of providing health and social services in modern counterinsurgency doctrine. He took the (very reasonable) position that the primary concern of civilian populations is security. That is, without security, nothing else matters. However, once a certain level of security has been established, the population looks for the provision of services (including health services). In this ‘second stage’, of counterinsurgency the provision of health services plays a major role in winning hearts and minds. Mansoor’s position is that Iraq was just barely in this second stage.

I agree with Mansoor, but believe the effect is more nuanced. The two stages (security and services) are not firmly separated. Rather, as the population gradually feels less security needs, people begin to look for the provision of services.



{ Comments on this entry are closed }

Civilian Victims in an Asymmetrical Conflict Data

by [Christopher R. Albon](#) on June 1, 2008 [[edit](#)]

Benini, Aldo A, and Lawrence H Moulton. 2004. "Civilian Victims in an Asymmetrical Conflict: Operation Enduring Freedom, Afghanistan." Journal of Peace Research 41(4):403-422. [[Download Data Here](#)]

This dataset on Afghan towns and villages exposed to hostilities after 11 September 2001 is the by-product of a landmine and UXO contamination assessment. The assessment, with a view to creating an inventory of freshly contaminated sites for rapid clearance purposes, was done by the Afghan NGO Mine Clearance Planning Agency (MCPA) with the help of the Vietnam Veterans of America Foundation (VVAF), an advocacy and victim assistance organization in humanitarian mine action (Benini & Donahue, 2003).

In spring and early summer 2002, MCPA interviewer teams visited all communities suspected to have been subject to airstrikes or ground operations during Operation Enduring Freedom. These communities – villages or urban neighborhoods – had been nominated by provincial administrations and by neighboring communities; moreover, MCPA had access to coalition airstrike imprints. The teams visited 747 suspect communities, among which exactly 600 were determined to have had at least one airstrike or ground operation. These affected communities were scattered in 102 districts in 25 of the 32 provinces.

In each community confirmed exposed to post-9/11 hostilities, a team would conduct an interview, using a modular questionnaire, with a small group of local key informants. These groups, variable in size and composition, would share information on dates and types of hostilities prewar and current population old and new contaminated areas and

finally, victims. Victim numbers were elicited, broken down in several dimensions – by age and sex, cause (direct violence vs. landmine and unexploded ordnance strikes), outcome (deaths and injuries) – as well as two periods of time. Counts were requested of all who had come to harm between 11 September 2001 and the date of survey – a 9-month period on average. Retrospective counts were requested for the period of 12 months prior to 9/11. No attempt was made to attribute the violence that caused these victims to any specific parties to the conflict. Before leaving the community, teams took GPS (Global Positioning System) measurements of the coordinates of a central location such as its mosque.

{ Comments on this entry are closed }

Refugees as Weapons of War

by [Christopher R. Albon](#) on May 23, 2008 [[edit](#)]

A colleague of mine stumbled upon a fascinating book by Stephan Stedman and Fred Tanner on (and titled) [Refugee Manipulation](#). The book explores the manipulation of the international refugee regime (i.e. UNHCR, NGOs, States hosting refugees, etc...) by warring parties. That is, the strategic creation and/or use of refugee camps in armed conflict:



Hence some refugee camps become a breeding ground for refugee warriors: disaffected individuals, who—with the assistance of overseas diasporas, host governments, and interested states—equip themselves for battle to retrieve an idealized, mythical lost community. Facing military defeat at home, the warring party uses the suffering of refugees for its own political purpose: to siphon off aid, establish the international legitimacy of their cause, and, by manipulating access to them, ensure that they will not repatriate. As long as armies control refugee populations, they can demand a seat in negotiations.

As the authors point out, the answer to refugee manipulation is in changing the incentives. That is, incentivizing and empowering 1) states hosting refugee camps to maintain control and security, 2) refugee leaders to reject armed groups militarizing camps, and 3) NGOs to prevent the maldistribution of their aid.

Source:

Stedman, Stephen John, and Fred Tanner. 2003. Refugee manipulation: war, politics, and the abuse of human suffering. Brookings Institution Press.

{ Comments on this entry are closed }

In Counterinsurgency, Hospitals are the Commanding Heights

Iraqi forces [swept unopposed](#) into Baghdad's Sadr City today after a compromise with firebrand cleric Moktada al-Sadr. Most commentary focused on the impressive showing of the Iraqi Army, which conducted the operation largely independently. However, I (and also Dr. iRack from Abu Muqawama) noticed something else:

By late Tuesday, Iraqi troops had pushed deep into the district and set up positions around hospitals and police stations, which the Iraqi government was seeking to bring under its control.



A primary target for Iraqi forces seems to have been the facilities providing health services in the area. In the recent weeks Al-Sadr's militia has tried to use ownership of these services to gain support amongst the population. Now with Iraqi forces firmly in control of Sadr City's hospitals, it is a race against time to expand and improve available health services to win the support and loyalty of local residents.

[Dr. Irack put it well](#): “[counterinsurgency] is a contest to influence and control the population”. The provision of health services is a low cost, yet powerful, approach to winning that contest. Those providing health services have a significant advantage in winning hearts, minds, and legitimacy in the population. By providing services, the government is aligning itself with the population’s interest. From then on, insurgent attacks are not simply a strike by one side against another, but an attack against the providers of the population’s health. In turn, the population is more willing to cooperate with local security forces in routing out insurgents and sympathizers. If in counterinsurgency populations are the battlefields, then hospitals are part of the commanding heights.

{ Comments on this entry are closed }

[Burma & the Rosinenbombers](#)

by [Christopher R. Albon](#) on May 14, 2008[[edit](#)]



This morning I attended a blogger's roundtable with US Air Force Captain Trevor Hall. Capt. Hall was the pilot-in-command for the first US military humanitarian flight into Burma since the [disaster](#). His C-130 transport aircraft carried food, water, and medical supplies into Rangoon International Airport. Since then, a number of further US Air Force and Marine flights have taken place.

Capt. Hall described the Burmese military personnel offloading the plane as "ecstatic" for US help, some even wanting to have their pictures taken with the crew and aircraft. Hearing this, I was reminded of [Operation Little Vittles](#), when US pilots participating in the Berlin Airlift dropped candy from their aircraft while flying over the city. The actions of the pilots won the hearts and minds of a generation of Berliners, who dubbed the aircraft "[Rosinenbombers](#)" (Candy Bombers), and still remember the act today.

The operations in Iraq and Afghanistan have proven the power in winning a population's hearts and minds. Modern humanitarian airlifts represent not only a chance to fulfill our responsibility to humanity, but also to create an entire generation with fond memories of American aircraft dropping American aid. In the long term, the resulting support might pay back hundreds of times over.

Update: [Blackfive](#) has a recording of the entire interview.

{ Comments on this entry are closed }

[Women in the Lord's Resistance Army](#)

by [Christopher R. Albon](#) on May 12, 2008[edit]

Academic (and [blogger](#)) Chris Blattman just published [a new report](#) on young women in one of Africa's longest conflicts, between the Joseph Kony's Lord's



LRA is the definition of brutality: routinely targeting civilians, [attacking aid convoys](#), [practicing mutilations](#), and [abducting adults and children](#) to swell their ranks.

Chris' report contains many insights and is a fascinating read, but one particular point stands out: the role of abducted women in the LRA. Male abductees are primarily used as expendable troops and it has typically been assumed captive women are used as sexual slaves and forced wives for LRA officers. However, the report finds the vast majority of female LRA abductees are used in combat support roles with almost two thirds of women employed as porters or cooks. Only 7.5% of returned abductees reported being "wives" of LRA members and 7.4% used primarily for childcare.



The statistics offer a rare glimpse of the LRA as a rational, functioning organization requiring significant human resources to perform essential combat support duties rather than their more common, but simplistic portrayal as madmen.

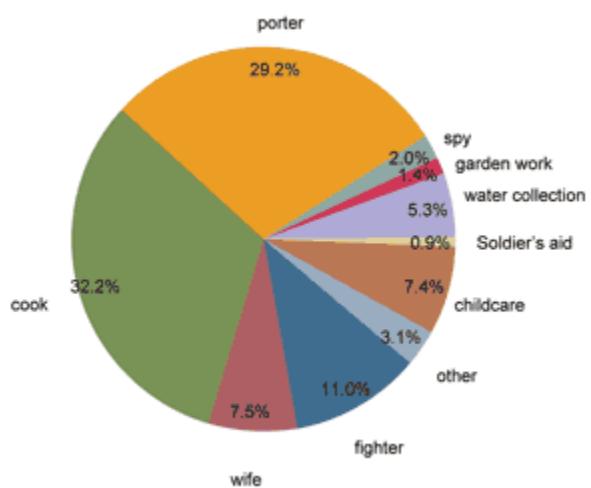
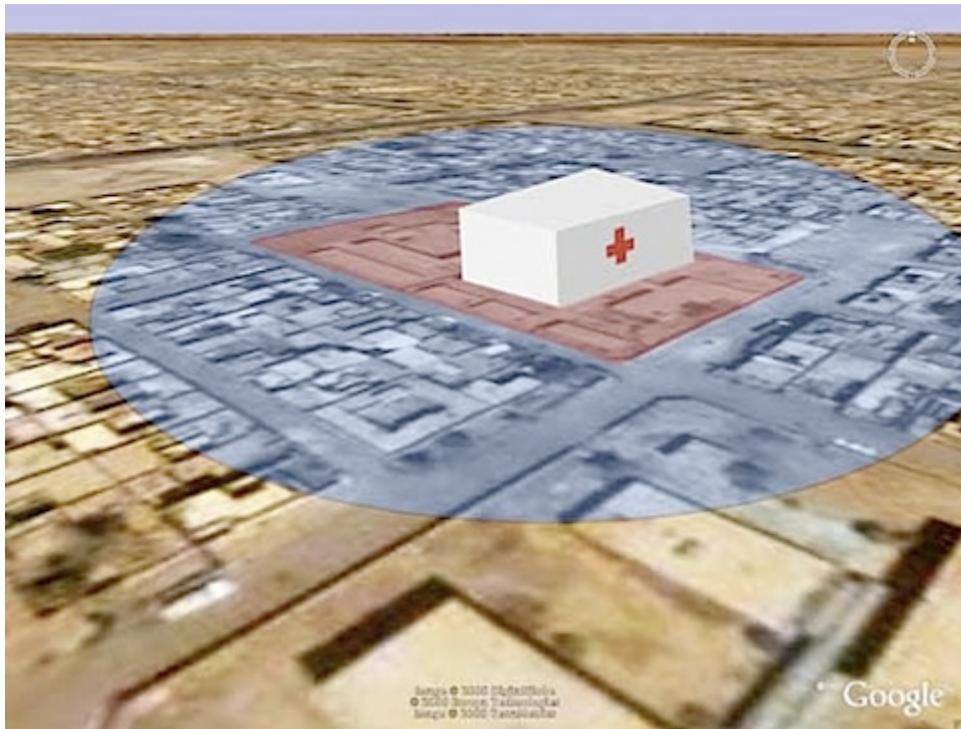


Photo Credit: 1) [DoD](#), 2) [SWAY](#)

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[Sadr Hospital Airstrike and Health Care Networks](#)

by [Christopher R. Albon](#) on May 7, 2008[edit]



At approximately 10:00am on May 3rd, the United States [fired three precision-guided weapons at a small building](#) next to Sadr General Hospital in the Sadr City slum of Baghdad. The building is alleged by coalition forces to be a “[criminal element command and control center](#)”. The first munition struck the small building, the second struck the hospital’s ambulance parking lot and broke the hospital’s water line, and the third hit a generator used by the neighborhood but not the hospital.

McClatchy’s Leila Fadel and Shashank Bengali [described](#) the damage:

Sadr Hospital, one of two main hospitals serving the massive Shiite Muslim slum, is operating on a backup water supply that wasn’t expected to last longer than 48 hours. On Sunday afternoon, a main street outside the hospital was flooded as workmen tried to repair a series of underground pipes that ruptured when the missiles targeted what U.S. military officials described as a militia outpost a few yards from the hospital.

“If there are no more attacks, we might be able to fix it. We don’t know,” said a hospital security official who gave his name as Abu Sajjad. “Otherwise, in two days we will run out of water and the hospital can’t go on.”

The official said that the U.S. strike also damaged 15 ambulances and forced many hospital staff to flee. Not everyone returned to work Sunday, leaving a Spartan emergency ward nearly empty of doctors.

The airstrike betrays an understandable ignorance in coalition forces towards the nature of health care delivery. While coalition forces avoid targeting hospitals directly, this does not protect the ability of the hospital to function. The rational for not striking hospitals is to keep them operating and providing

facilities and services. This network includes ambulance facilities and water lines. Most of these network nodes exist outside the hospital's physical perimeter and whose presence is not calculated into airstrike planning. If policy makers truly want to maintain access to healthcare during armed conflict they must consider not only the hospital's physical facilities but also key nodes in the area's health care network, regardless of whether or not they fly the red cross.

{ Comments on this entry are closed }

Hearts, Minds, and Health in Sadr City

by [Christopher R. Albon](#) on [April 22, 2008](#)[edit]

Last month, American and Iraqi forces launched a major push into the Sadr City section of Baghdad. The operations led to intense fighting and crippled Sadr City's already flimsy infrastructure. As a result, large swaths of Sadr City are currently [without trash collection, sewer systems, electricity, food, and access to health services.](#)

The situation in Sadr city represents not only a humanitarian disaster, but also a direct threat to winning hearts and minds. Michael Gordon, in his [New York Times article](#), points out the problem:



On Saturday, three Sadr City residents gingerly approached an American Army position to deliver a warning: Unless the Iraqi government or its American partner did something to restore essential services and remove the piles of garbage, the militias would gain more support.

...

"Through a 'Hezbollah-like' scheme, the Shiite Sadrists movement has established itself as the main service provider in the country," notes a recent report by Refugees International, an advocacy group. "As a result of the importance of nonstate actors in the delivery of assistance and security, civilians are joining militias."

The lack of infrastructure, sanitation, and health services offer opportunities for militias to move quickly, winning hearts and minds by merely providing token services to residents. While the Iraqi government can provide greater levels of support, militias can provide support *right now*. For example, the Iraqi government is promising \$150 million to bolster Sadr City's infrastructure, however, it will not do so until the security situation improves. The speed of the Sadrists allows them to compete against the Iraqi government for public support at a fraction of the cost. That is, in the battle for hearts and minds, \$100 today is worth more than a \$10,000 a year from now.

{ Comments on this entry are closed }

Mapping Mogadishu's Insurgency

by [Christopher R. Albon](#) on April 22, 2008 [[edit](#)]



UNOSAT [gives us a snapshot](#) of the security situation in Mogadishu since the Transitional Federal Government and Ethiopian forces captured the capital in December 2006. The data comes from news reports from the Shabelle Media Network (SMN), Garowe Online (GO), SomaliNet (SN), East African Standard (EAS), The Nation (Nairobi), Kenya Times, Reuters, BBC, AP, AFP, Washington Post & Aljazeera. I'll hand it off to UNOSAT for a more detailed description. Click the image for the full map in PDF.

This map provides an overview of the reported security events in Mogadishu since the Transitional Federal Government (TFG) and allied Ethiopian forces took control of the capital on 29 December 2006. Security events have been classified according to the type of weapon used: 1-mortars; 2-rocket propelled grenades (RPG); 3-hand grenades; and 4-small arms. Urban areas with increasing concentrations of security events ("hot spots") have been highlighted with a color scale increasing from blue to red. This intensity image has also been weighted by the type of weapon used, giving prominence to mortars and RPG-based events. Each point symbol represents a specific event in a given location and time. In those instances when multiple mortar shells fell in a specific area on the same day (e.g. 4 mortars fell at the Airport) a single event point symbol was assigned. The spatial accuracy of most points is within 100m of the true location; however a significant minority of events have large degrees of uncertainty and may be accurate only to within a few kilometers. All security-related information used in this analysis has been acquired exclusively from public media sources. The security events depicted on this map have not been independently verified on the ground nor are they likely representative of all security and humanitarian events in this area. Casualty figures recorded for each security event are also likely to be significant underestimates. All security-related data collection, analysis and map production has been done by UNOSAT to help provide the humanitarian community with a spatial context to the ongoing security events in Mogadishu.

{ Comments on this entry are closed }

HIV/AIDS and African Militaries

by [Christopher R. Albon](#) on April 21, 2008 [[edit](#)]

When discussing the relationship between HIV/AIDS and developing world militaries, some statements are generally accepted as fact. First, there is a higher HIV/AIDS prevalence amongst military services than amongst comparable civilians. Second, HIV/AIDS prevalence cripples the ability of the armed forces to conduct their duties. Third, war spreads HIV/AIDS. Fourth, HIV/AIDS is a threat to national security. In a [2006 journal article](#), Alan Whiteside, Alex de Waal, and Tsadkan Gebre-Tensae analyzed these four accepted wisdoms in African militaries.



1. Do soldiers have higher HIV prevalence?

Whiteside, de Waal, and Gebre-Tensae conclude HIV/AIDS prevalence in militaries is determined by two competing factors. First, young recruits typically have less HIV prevalence than the general population, driving down the overall prevalence. Second, older servicemen often have higher prevalence than the source civilian population raising prevalence. These factors work against each other, with the latter likely having more sway. Thus, the statement that militaries typically have three or four times the HIV/AIDS prevalence than civilians is unlikely.

2. Does HIV/AIDS undermine military effectiveness?

On this point the authors argue HIV/AIDS could -and likely (in the case of Uganda) has- undermined military effectiveness. However, militaries are specifically structured to absorb losses and built in redundancies likely negate most negative effects of HIV/AIDS losses.

3. Does war contribute to the spread of HIV?

Against this point the authors argue there is not the data to support it either way. Specifically they argue that since Rwanda was the only example of HIV/AIDS used as a weapon, the military use of HIV/AIDS is essentially an anomaly. That is, armed conflict spreading HIV/AIDS is the exception, not the rule.

4. Does HIV/AIDS imperil national security?

The authors argue the connection between HIV/AIDS and political instability is inconclusive. High HIV/AIDS prevalence is correlated with a number of other factors likely contributing to political instability. With this in mind, it is impossible to claim HIV/AIDS is a cause of instability any more than other factors.

My point in highlighting this article is not to argue it either way, but to make a simple assertion: *political science and public health lack even basic understanding of the interrelationship between armed conflict and HIV/AIDS*. That is, there is work to be done.

Source:

Whiteside, Alan, Alex de Waal, and Tsadkan Gebre-Tensae. 2006. "AIDS, security and the military in Africa: A sober appraisal." *Afr Aff (Lond)* 105(419):201-218.

{ Comments on this entry are closed }

Malthus' Revenge

by [Christopher R. Albon](#) on April 16, 2008 [[edit](#)]

In 1798, Thomas Malthus made a parsimonious, albeit depressing, argument that population growth will eventually outpace agricultural production. Luckily that point has never been reached thanks to improvements in agricultural productivity. Today, the malthusian catastrophe is limited to science fiction and Econ 101 classes. However, was Malthus right after all?

One reporter might think so. Ambrose Evans-Pritchard of the Telegraph [recently argued](#) that concerns over global warming have produced a surge in use of corn for ethanol. He argues this trend is driving up the price of food everywhere.

Will rising prices spark future food wars? At least one academic leaves the possibility open. In his book, [Collapse](#), [Jared Diamond](#) offers the second [most fascinating perspective](#) on the Rwandan genocide I have heard to date:



Diamond observes that pre-genocide Rwanda had a population density approaching that of Holland, supported by Stone Age agriculture: In the years preceding the genocide, Rwanda suffered a precipitous decline in per capita food production because of drought and overworked soil, which in turn caused massive deforestation. The upshot was dramatically rising levels of theft and violence perpetrated by landless and hungry young men. Diamond quotes a French scholar on East Africa, Gerard Prunier: "The decision to kill was of course made by politicians, for political reasons. But at least part of the reason why it was carried out so thoroughly by the ordinary rank-and-file peasants . . . was feeling that there were too many people on too little land, and that with a reduction in their numbers, there would be more for the survivors."

So, should you start stockpiling ammo and cans of tuna for a global food war? Not unless you like casserole. First, global hunger is not so much caused by insufficient production but from our inability

to distribute it effectively. Humanity grows enough calories but cannot get it to the people who need it. Second, while the article is a good read, the real problem is more subtle than blaming Al Gore. The rise in food prices is likely caused more by fuel prices than ethanol. Oil prices have risen dramatically in recent years and the cost is being transferred to customers, some of which cannot afford it. Finally, the recent “food riots” are symptoms of greater problems, including economic and political instability. That is, we will need more than bags of flour to get out of this mess.

Photo Credit: [Here](#) and [Here](#).

{ Comments on this entry are closed }

Privately Building Liberia's Public Army

by [Christopher R. Albon](#) on April 14, 2008[edit]

In one developing country the military was disbanded after the end of a brutal dictatorial regime. For the last few years security has been provided primarily through international forces. Now these forces are considering leaving, and the people are understandably nervous. This country is not Iraq, but Liberia.

For the last two years this small African state, previously host to one of the continent’s most brutal civil wars, has been [building a new army](#). The growing force is trying to shake off the reputation of past human rights violations, partially through higher recruiting standards.

However, this is not your typical mustering of the troops. First, the training of the new army is conducted by private military contractors, paid by the United States. It is hoped these contractors will be able to construct a modern, professional, and human rights capable security force. Second, the training is part of the United Nation’s endgame in Liberia. The UN argues it cannot have a permanent presence in the state and eventually security will have to be the responsibility of the Liberians themselves. That is, as the Liberian army and police stand up, the UN will sit down. Third, the army will, according to Defense Minister Brownie Samukai, have a “cardinal principle” that “[n]ot one inch of Liberian territory will be used to destabilize our neighbors...”. This goal will likely make Liberia’s neighbors sleep better at night, though likely classic realist scholars less so.

Whatever happens, the undertaking in Liberia begs the question: Does the future of sustainable, cost effective human security come from international forces, domestic forces, or a hybrid of both?

{ Comments on this entry are closed }

Escorting Food Aid

by [Christopher R. Albon](#) on April 9, 2008[edit]

Last week the Danes [handed over](#) World Food Programme (WFP) ship escorting duties to the Dutch.



escorted into Somali ports by European naval vessels (French, Danish, and now Dutch). Prior to the military escorts, three ships with WFP food aid were hijacked by pirates. In one case the crew was held for over 100 days. After the hijackings many shipping companies refused to carry aid into Somalia. Only the guarantee of military escorts allowed the Somali food aid to flow again.



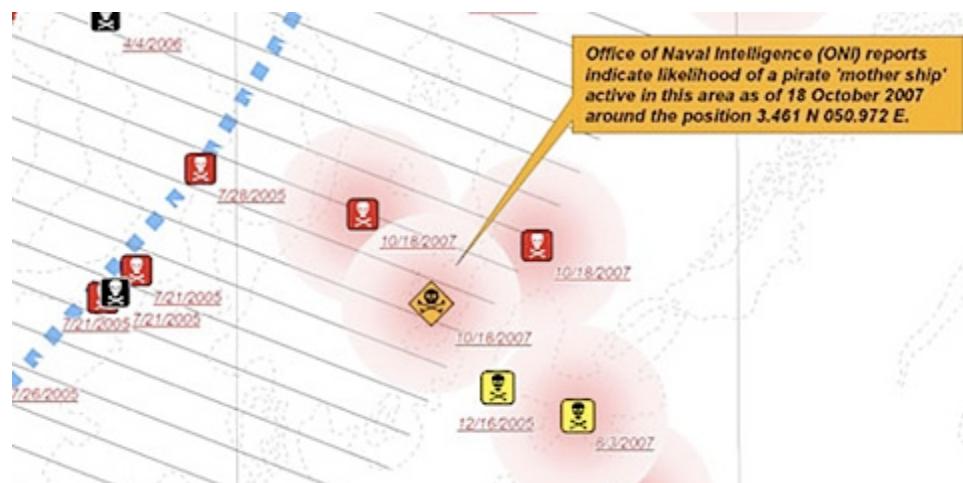
The Somali pirates are a great example of “super empowered individuals”. Just a handful of lightly armed para-militaries were able to disrupt food aid feeding two million Somalis for months. If that is not power, I do not know what is.

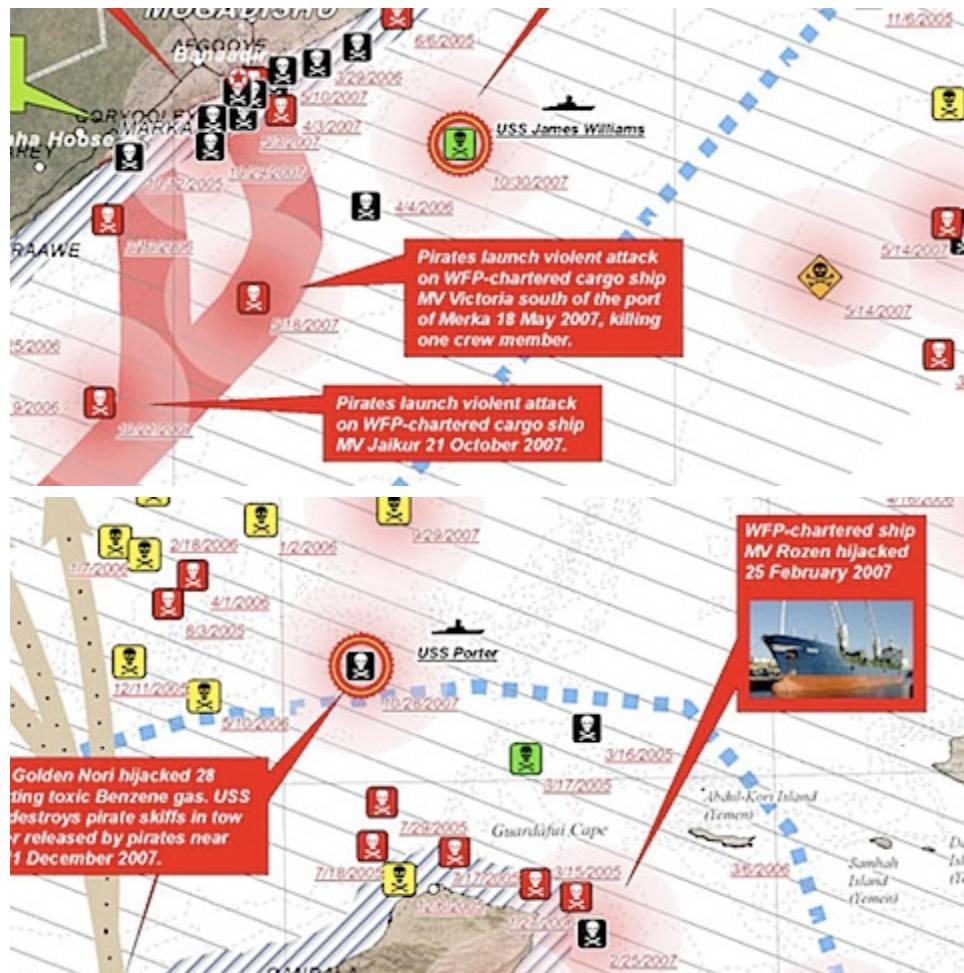
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UN Somali Pirate Map

by [Christopher R. Albon](#) on March 31, 2008 [[edit](#)]

My favorite United Nations entity, [UNOSAT](#), [impresses us again](#). This time they have a great map of pirate and hijacking activity off the Somali coast from January to December 2007. Click any image to view the full map.





{ Comments on this entry are closed }

Fact of the Day: Drug Use Amongst Somali Militias

by [Christopher R. Albon](#) on March 19, 2008 [[edit](#)]

Michael Odenwald and colleagues interviewed 8,723 Somali combatants to assess their use of khat and other drugs [4]. In total, 36.4% (99% confidence interval, 19.3%–57.7%) of respondents reported khat use in the week before the interview.

From: Bhui, Kamaldeep, and Nasir Warfa. 2007. "Drug Consumption in Conflict Zones in Somalia." PLoS Medicine 4(12):e354 EP -.

{ Comments on this entry are closed }

Iraq Ministry of Health Needs a Few Good Webmasters

by [Christopher R. Albon](#) on March 15, 2008 [[edit](#)]

Oops! Looks like some intern forgot to renew the domain name and now the Iraqi Ministry of Health website is owned by a domain squatter. H3r8?/L V1AG4A ne1?

The screenshot shows the homepage of Healthiraq.org. At the top, there's a navigation bar with "Healthiraq.org" and "What you need, when you need it". A dropdown menu shows "English" and the date "March 12, 2008". Below the header, there's a "Related Searches" sidebar on the left containing links like "Ministry Of Health In Iraq", "Jobs In Iraq", "Tender", etc. To the right, there's a "Popular Categories" section with three columns: "Ministry Of Health In Iraq", "Jobs In Iraq", "Tender"; "Car Insurance", "Dating", "Government Contract"; and "Contracts", "Small Business Services", "Government Grants". At the bottom of the page is a search bar with a "Search" button and a footer with a "Related Searches" link.

Sigh.

Hat Tip: [FP Passport](#)

{ Comments on this entry are closed }

Obtaining UN Data Just Got Easier

by [Christopher R. Albon](#) on March 12, 2008[edit]

When I started as a research assistant, my advisor offered three simple pieces of advice: “Get the data, get the data, get the data”. For all the advances in the technique and popularity of quantitative research methods, obtaining the actual data remains haphazard. Some seemingly public data have an almost mythical ability to avoid being accessed. Often the only way to obtain the data used in a published work is to email the author and beg. However, things [are looking up](#), at least at the UN:



The new UN data access system will improve the dissemination of statistics by UNSD to the widest possible audience. An easy to use data access system was developed that meets UNSD’s vision of providing an integrated information resource with current, relevant and reliable statistics free of charge to the global community.

The new site offers a google-ish interface to explore the UN’s vast datasets and will be a welcome tool for quantitative researchers

Hat Tip: [FlowingData](#)

{ Comments on this entry are closed }

Four Reasons You Should Be Reading Matt Armstrong

by [Christopher R. Albon](#) on March 7, 2008 [[edit](#)]

[Matt Armstrong](#) (AKA MountainRunner) has been publishing a blogging tour de force during the last few weeks and has established himself as the most prominent voice on public diplomacy in the blogosphere. If you are not reading his blog yet, here are four posts that will convince you otherwise:

AFRICOM: DOA or in Need of Better Marketing? No and Yes.

Like [Mark Twain's](#) “death” in [1897](#) (he died in 1910), reports of AFRICOM’s demise may be exaggerated. Concerns that AFRICOM [hasn't been thought out](#) or is [unnecessary](#) aren’t supported by the actions and statements of those charged with building this entity. However, based on the poor *marketing* of AFRICOM, these concerns are not surprising.

I attended [USC's AFRICOM conference](#) earlier this month and between panel discussions and offline conversations, I came away with a new appreciation (and hope) for the newest, and very different, command. ...

Measuring “Public Diplomacy”?

What “nine annual and long-term outcomes” would you use to measure America’s public diplomacy apparatus? State has apparently found them.

The American concept of “public diplomacy” is a strange one. As Americans, we seek a return on our investments. It’s in our blood. If there is no clear payback, then there’s no clear value and there’s no reason to continue. Public diplomacy is no different as we, unique to perhaps the rest of the world, view it as discrete *cylinder of excellence* that must be measured to prove its worth. Numerous reports as well as historic and recent prominent officials have noted, public diplomacy is presented as something that lacks a domestic constituency and thus support for its programs must be somehow explained. ...

Not Afraid to Talk: our adversaries aren't, why are we?

To begin with, we must accept that the romantic days of the United States Information Agency are gone. So many confuse the USIA and the other information services, such as Radio Free Europe and Radio Liberty, of recent decades with the USIA that was engaged in the active psychological struggle that largely ended with détente and the finalizing of the European partition. It was only after this aggressive period ended was “public diplomacy” coined, twelve years after USIA was created.

dominant public diplomat. Therefore, simply resurrecting “USIA” without reorganizing our national information capabilities across civilian and military lines would turn it into just another voice struggling to be heard over America’s military commanders, spokespersons, and warfighters. …

Synchronizing Information: The Importance of New Media in Conflict

The effectiveness of information campaigns today will more often dictate a victory than how well bullets and bombs are put on a target. Putting information on target is more important when dealing with an asymmetric adversary that cannot – and does not need to – match the military or economic power of the United States and her allies.

Insurgents and terrorists increasingly leverage New Media to shape perceptions around the globe to be attractive to some and intimidating to others. New Media collapses traditional concepts of time and space as information moves around the world in an instant. Unlike traditional media, [search engines](#) and the web in general, enable information, factual or not, to be quickly and easily accessed long after it was created.

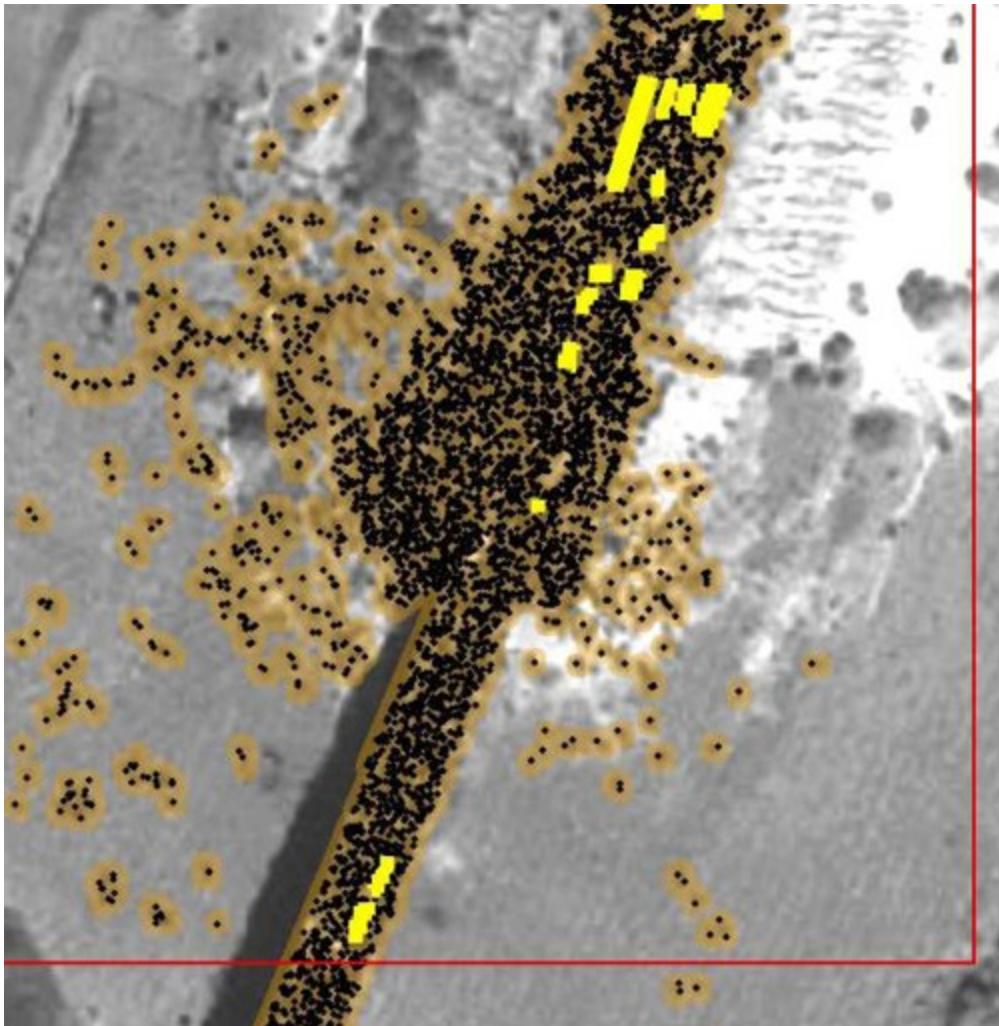
The result is a shift in the purpose of physical engagement to increasingly incorporate the *information effect* of words and deeds. Thus, the purpose of improvised explosive devices, for example, is not to kill or maim Americans but to replay images of [David sticking it to Goliath](#). …

As readers, publishers, and proponents of “new media”, we need to push blogging as a platform for intelligent, quality content and discussion relevant to professionals in our field. Not simply a place to post about our pets. I am glad to see the conflict/IR blogosphere making steady progress in that direction.

{ Comments on this entry are closed }

UN Satellites Photograph Human Exodus

by [Christopher R. Albon](#) on March 5, 2008 [[edit](#)]



I am [continuously impressed](#) with UNOSAT's ability to use satellite imagery in creative ways. On February 27th, UNOSAT released a satellite-derived estimation of the number of civilians leaving the Chadian capital of N'Djamena and heading towards the Cameroonian border. The [satellite photos are simply stunning](#). This is the first set of images I have seen capturing the epic scale of refugee flows. Each point on the photo is an individual and each yellow box a vehicle. The UN estimates that one photo contains 10,200 pedestrians and 80 vehicles.

{ Comments on this entry are closed }

[Health Infrastructure](#)

by [Christopher R. Albon](#) on March 3, 2008 [[edit](#)]

Recently [IRIN](#) reported that the main office of the [Palestinian Medical Relief Society](#) (PMRS) was damaged in an Israeli airstrike. PMRS has photos of the damage on their [website](#). The strike was in retaliation for more than 70 Palestinian



a local Israeli hospital. Neither the Palestinian nor Israeli attacks was officially targeting health facilities.

Why am I showing you this? Because damage to the health infrastructure is a primary cause of indirect morbidity and mortality during wartime. Despite myths to the contrary, dead bodies are not the catalysts of epidemics. Rather, it is the loss of health infrastructures (hospitals, clinics, etc...). When a region loses its health infrastructure it is unable to combat diseases endemic in the area, which quickly flare up. That is, in peacetime local health infrastructures keep local diseases in check through treatment and public health programs. When that infrastructure is destroyed, this check is removed and diseases spread rapidly.



{ Comments on this entry are closed }

Child Soldiers And HIV

by [Christopher R. Albon](#) on February 28, 2008[edit]

IRIN has a story on the risk of [HIV amongst former child soldiers through sex or drug abuse](#), particularly in Uganda. This phenomena, well studied in public health research literature, finds that both the ability of an individual to adapt (strong social connections, etc...) and the rate of change in their environment (social, economic, etc...) are powerful determinants of health. But, as far as I know, this research has not been extended into the developing world.

“We have found that in places like Sierra Leone, large numbers of demobilised child soldiers are increasingly injecting illegal drugs,” said Dr Josef Decosas, senior HIV policy adviser at Plan International, a development agency working for and with children. “And we know that as soon as HIV comes into a network of drug users it spreads like wildfire.”

He said recent research had shown that conflict tended to curb the spread of HIV by limiting movement and social interactions, but when wars ended these communities returned to normal and mobility increased, so HIV became a real issue.

“In Uganda, the HIV prevalence in the LRA [rebel Lord's Resistance Army] is thought to be quite low, but in northern Uganda’s local population it is quite high, so demobilised children need to be prepared to avoid HIV,” he said.

{ Comments on this entry are closed }

Photos of a Medical Mission to Sayafiyah

by [Christopher R. Albon](#) on February 25, 2008[edit]

The Long War Journal has a [gallery of photos](#) from the Sayafiyah Combined Medical Engagement

The CME was set up as an outreach program to provide needed medical care and help establish Coalition forces as an agent of goodwill amongst the people in Sayafiyah and Al Sur. The 5/7 Cav has conducted numerous CMEs during its time in Iraq, which helped the CME in Sayafiyah to come together smoothly.

The key to hearts and minds is jobs and health care. If the US is serious about rebuilding its image in the world, these medical operations must be more than token photo-ops and be placed at the core of US global strategy.

{ Comments on this entry are closed }

Peace Has Not Been Good To The Congo

by [Christopher R. Albon](#) on February 21, 2008[edit]

Five years after Congo's devastating war "ended", the country's death rate [remains the same](#). These are the findings of a survey released in mid January. The study estimates 45,000 die every month in the Congo, the same numbers as revealed by a wartime survey in 2004.

Still, improvements in security since 2004, when the last survey was completed, meant that researchers were able to visit many areas that were off limits last time, and as a result, its authors said, the current survey provides the most complete picture yet of the toll of Congo's slide into despair.

That picture is not encouraging. The survey found that the mortality rate in Congo is 57 percent higher than in the rest of sub-Saharan Africa. Particularly hard hit were young children, who are especially susceptible to diseases like [malaria](#), [measles](#), dysentery and [typhoid](#), serious killers in the absence of medicine. In one village in North Kivu Province, a hot spot of continued fighting, three women of the 20 households surveyed had lost two children each in the 16 months covered by the survey period, Dr. Brennan said.

Less than half a percentage point of the deaths were caused by violence, illustrating how the aftermath of war can be more deadly than combat itself. Much of the emergency aid is focused on the eastern part of the country, where militia battles with Congolese troops have chased nearly half a million people from their homes in the last year. A peace agreement to end that conflict was reached Monday.

Hat Tip: [PCR Project](#)

{ Comments on this entry are closed }

RebelTube and Mobresearch

by [Christopher R. Albon](#) on February 20, 2008[edit]

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is so telling about the list is that it exploits smart mobs to gather data (in this case videos) relevant to political science research. Each Youtube uploader had a unilateral incentive to upload one or more videos but was never aware that this aggregated out to create a valuable and unique collection.

{ Comments on this entry are closed }

War & Young, Unemployed Men

by [Christopher R. Albon](#) on February 19, 2008[edit]

The Economist [reports](#) on the overpopulation of young, unemployed men in both Gaza and Kenya. In both regions, economic development has lagged behind gains in health and education, creating a generation of poor and disgruntled young people. These generations can be a major source of insecurity and they are prime recruits for insurgencies and criminal organizations.

This phenomena reminds me of research finding the best predictor of lynchings in the American South was the price of cotton. That is, the gap between economic expectations and reality created a behavioral proclivity towards violence. I will see if I am can dig up the specific article and let you know.

Hat Tip: [New Security Beat](#).

{ Comments on this entry are closed }

Vulnerable Populations vs. Vulnerable Wildlife

by [Christopher R. Albon](#) on February 13, 2008[edit]

The always enjoyable blog, [New Security Beat](#), reports on a growing poaching problem in Tanzania. Interestingly, the poachers are not criminals after Ivory, but refugees after protein. Refugees in Tanzania have started eating local wildlife as a source of protein, sorely lacking in their UN provided food. The problem is that the refugees' free protein often comes from chimpanzees and other endangered species.

In response to the report's assertions, Christiane Berthiaume of the UN World Food Programme, which feeds 215,000 refugees in Tanzania, said that meat spoils quickly, and substituting canned meat for the cheaper beans that currently supply the refugees with protein would [cost an additional \\$46 million](#) over the estimated \$60 million currently dedicated to feeding refugees in Tanzania during 2007 and 2008.

{ Comments on this entry are closed }

The Numbers of Genocide

by [Christopher R. Albon](#) on February 11, 2008[edit]

The study of genocide rarely brings up connotations of [R-code](#) and heteroskedasticity, but it should. Jina Moore at the Christian Science Monitor has a story on [Patrick Ball](#), a statistician and expert on the quantitative study of genocide.

Like all statisticians, Ball began with the most basic hypothesis: In looking for a common cause, he is already wrong. Statistics begins with an original assumption – that everything is random – and discards it only when the data suggest otherwise. In Ball's case, they did: He found patterns in the mass movement of refugees strong enough to suggest that more than ordinary wartime chaos was at work. At the same time, the relationship between migration and NATO or KLA actions was so weak that he knew neither was the cause.

Statisticians have a language for description without interpretation. When the analysis showed the movements were neither random nor likely to follow NATO or KLA activities, Ball wrote: "The migration patterns of Kosovar Albanians are consistent with the hypothesis that there was a coordinated and organized effort to drive them from their homes." In layman's terms, the data suggested ethnic cleansing. In fact, the migration patterns matched killing patterns "so unbelievably perfectly" that he concluded that the two situations might be explained by the same external influence.

The quantitative study of conflict fills an important role in both research and policy. The statistical analysis of data, while lacking the glamour of other approaches, can reveal patterns otherwise concealed. In recent years quantitative methodology has grown in popularity in political science. This trend has lead to numerous [heated exchanges](#) between qualitative and quantitative researchers. Regarding the role of statistics in conflict studies, I think Ball has the right attitude:

But even so devoted a numbers guy knows graphs don't tell the whole story. "Statistics define the limits of what's plausible and what's not plausible," he says. "Statistics do not tell us how it felt to be there."

In 2000, just after a Kosovo newspaper published his conclusions about migration, Ball was on a radio show. "Someone called in and said, 'I'm in your graph,'" he recalls. "The peak, right there, that's where I was. I could feel that wave.' "

Link Love: [Chris Blattman](#)

{ Comments on this entry are closed }

[Winning Hearts And Minds Through Livestock](#)

by [Christopher R. Albon](#) on February 5, 2008 [[edit](#)]

While at the Naval Postgraduate School, a smart US Army civil affairs officer pointed out that Afghans' animals are their prized possessions. The wealth of villages is easily determined by looking at the health of their livestock. Given this, the military has been running veterinary programs in Afghanistan



to help win over hearts and minds. Not a bad idea at all. Recently, I stumbled [upon a program](#) which hints at an expansion of this practice into Africa:

US military forces have launched a veterinary project in Gulu and Amuru displaced persons' camps that aims to vaccinate 12,000 cattle and 130,000 goats over the next month. The US team, working with the Ugandan Ministry of Agriculture, will be treating the livestock free of charge.



Department of Defense

This is the type of program I love to see. Winning hearts and minds through applying US power to health, even if it is for animals. The operations are low cost (relative to combat), cause positive “collateral damage”, and attack the social networks which breed political / religious radicalism.

{ Comments on this entry are closed }

[**Free Military History Books!**](#)

by [Christopher R. Albon](#) on [January 25, 2008](#) [[edit](#)]

I was searching for a copy of [*The History of the Peloponnesian War*](#) to purchase when I stumbled across a treasure trove of military history books available to view or download *for free through Google Books*. Some books (like those by Mahan and Thucydides) are classics, while others I had never heard of. Below are 37 books I found particularly interesting arranged loosely by war. Click on their underlined title to view / download via Google Books. I am sure there are more good military books available on Google Books, but after an hour of searching, I stopped looking. Happy reading!

P.S. If you find or know of other good military books available free, add them in the comments section.

Wars of Antiquity

Thucydides. 1818. [*The History of the Peloponnesian War*](#). Edward Earle.

Dodge, Theodore Ayrault. 1891. *Hannibal: A History of the Art of War Among the Carthaginians and Romans*. Houghton Mifflin and Company.

American Civil War

Paris, Louis-Philippe-Albert d'Orléans. 1888. [*History of the Civil War in America*](#). J.H. Coates & Co.

War of 1812

Roosevelt, Theodore. 1882. [*The Naval War of 1812: Or, The History of the United States Navy During the War of 1812*](#). G. P. Putnam's sons.

Lucas, Charles Prestwood. 1906. [The Canadian War of 1812](#). Clarendon Press.

Mahan, Alfred Thayer. 1905. [Sea Power in Its Relations to the War of 1812](#). Little, Brown, and company.

Mexican-American War

Smith, Justin Harvey. 1919. [The War with Mexico](#). The Macmillan Company.

McClellan, George Brinton. 1917. [The Mexican War Diary of George B. McClellan](#). Princeton University Press.

Mansfield, Edward Deering. 1860. [The Mexican War: A History of Its Origin, and a Detailed Account of the](#). A. S. Barnes & co.

World War I

Palmer, Frederick. 1915. [My Year of the Great War](#). Dodd, Mead & Company.

Simonds, Frank Herbert. 1918. [History of the World War](#). Doubleday, Page& company.

Dawes, Charles Gates, and 1865. 1921. [A Journal of the Great War](#). Houghton Mifflin Company.

Hayes, Carlton Joseph Huntley. 1920. [A Brief History of the Great War](#). The Macmillan company.

Northcliffe, Alfred Harmsworth. 1917. [Lord Northcliffe's War Book: With Chapters on America at War](#). George H. Doran Company.

Wood, Eric Fisher. 1915. [The Note-book of an Attaché: Seven Months in the War Zone](#). The Century co.

Reed, John. 1916. [The War in Eastern Europe](#). C. Scribner's sons.

Spanish American War

Alger, Russell Alexander. 1901. [The Spanish-American War](#). Harper & Bros.

Wilson, Herbert Wrigley. 1900. [The Downfall of Spain: Naval History of the Spanish-American War](#). Low, Marston and Company, Limited.

Crimean War

Russell, William Howard. 1856. [The War](#). G. Routledge & co.

Desert Storm

Swain, Richard M. 1999. *Lucky War: Third Army in Desert Storm*. DIANE Publishing.

Peninsular War

Napier, William Francis Patrick. 1851. *History of the War in the Peninsula: And in the South of France, from the*. T. and W. Boone.

Southey, Robert. 1837. *History of the Peninsular War*. J. Murray.

Boer Wars

Haggard, Henry Rider. 1899. *The Last Boer War*. K. Paul, Trench, Trübner.

Office, Great Britain War, John Frederick Maurice, and Maurice Harold Grant. 1907. *History of the War in South Africa, 1899-1902*. Hurst and Blackett.

Harding, William. 1899. *War in South Africa and the Dark Continent from Savagery to Civilization*. The Dominion Co.

Seven Years War

Corbett, Sir Julian Stafford. 1907. *England in the Seven Years' War: A Study in Combined Strategy*. Longmans, Green, and co.

Russo-Japanese War

Hamilton, Ian. 1905. *A Staff Officer's Scrap-book During the Russo-Japanese War*. E. Arnold.

Misc.

Channing, William Ellery. 1903. *Discourses on War*. For the Internationalunion [by] Ginn& company.

Krehbiel, Edward Benjamin. 1916. *Nationalism, War and Society: A Study of Nationalism and Its Concomitant*. The Macmillan company.

Beck, James Montgomery. 1917. *The War and Humanity: A Further Discussion of the Ethics of the World War*. G.P. Putnam's sons.

Loria, Achille. 1917. *The Economic Causes of War*. C. H. Kerr.

Folks, Homer. 1920. *The Human Costs of the War*. Harper & Brothers.

Dixon, William Macneile. 1917. *The British Navy at War*. Houghton Mifflin company.

Mahan, Alfred Thayer, Henry Smith Pritchett, and Julian Stafford Corbett. 1907. [Some Neglected Aspects of War](#). Little, Brown, and company.

Hutchinson, Woods. 1918. [The Doctor in War](#). Houghton Mifflin Company.

Davison, Henry Pomeroy. 1919. [The American Red Cross in the Great War](#). Macmillan.

{ Comments on this entry are closed }

[Polio Vaccinations as a COIN Strategy](#)

by [Christopher R. Albon](#) on January 23, 2008[edit]

Last March, IRIN [reported](#) that Taliban forces were blocking polio vaccination programs in Uruzgan Province, Afghanistan. In one case, a government polio vaccinator, doing field work, was kidnapped by Taliban forces:

“They slapped my face. They held me for eight hours before releasing me,” the 35-year-old said. “They made me promise that I would not vaccinate any more children – threatening to kill me if I did.”

The targeting of health workers was confirmed by purported Taliban spokesman Qari Yousef Ahmad, stating “If [aid workers] won’t stop their work, we will target them, like we’ve targeted them in the past”.

Open warfare against health workers is a de facto acknowledgement by the Taliban that health services are a successful counterinsurgency strategy. Afghanistan is one of only four countries with endemic polio and, as such, vaccination programs can be an effective strategy for winning hearts and minds.

The concept of polio vaccination programs as a COIN strategy fits into a larger argument I have been developing, that health represents not just an indicator of success / failure in war, but is itself a front. That is, health in war is not simply an effect of battle but, in some circumstances, a cause of battle.

{ Comments on this entry are closed }

[Kenyan Violence Premeditated?](#)

by [Christopher R. Albon](#) on January 21, 2008[edit]

Jeff Gettleman of the New York Times makes the [troubling suggestion](#) that the violence ravaging Kenya over the last few weeks might have been planned.

At first the violence seemed as spontaneous as it was shocking, with machete-wielding mobs hacking people to death and burning women and children alive in a country that was celebrated as one of Africa’s most stable

But a closer look at what has unfolded in the past three weeks, since a deeply flawed election plunged Kenya into chaos, shows that some of the bloodletting that has left more than 650 people dead may have been premeditated and organized.

Leaflets calling for ethnic killings mysteriously appeared before the voting. Politicians with both the government and opposition parties gave speeches that stoked long-standing hatred among ethnic groups. And local tribal chiefs held meetings to plot attacks on rivals, according to some of them and their followers.

[Donald Rothchild](#), a professor at UC Davis and expert on ethnic violence, who sadly passed away last year, was said to have a favorite saying: *There are no spontaneous rallies*. Behind all mass violence lies the machinations of a society's elite. With the situation in Kenya not getting any better, Don's words are food for thought.

{ Comments on this entry are closed }

[UNOSAT Maps Nairobi's Damage](#)

by [Christopher R. Albon](#) on January 19, 2008 [[edit](#)]

UNOSAT has release [another map](#) depicting Kenyan post-election violence. The new map shows damage in two areas of Nairobi: [Kibera](#) and [Huruma](#). Interestingly, the number of buildings destroyed / severely damaged (shown in the yellow box) is estimated by dividing the total area affected by the mean building size. As with the first UNOSAT map previously [discussed](#), I am impressed with the attempts to use satellites as a method for international actors to measure the level of violence. As this methodology develops and the cost of satellite imagery lowers, its applicability will only increase. Click the image to see the full map (PDF).



{ Comments on this entry are closed }

Counting Iraq's Dead

by [Christopher R. Albon](#) on [January 11, 2008](#) [[edit](#)]

On January 9th [a new Iraq War mortality study](#) was released by the New England Journal of Medicine. This study represents the third major attempt to count Iraqi deaths since the start of the war. [Iraq Body Count](#) was the first attempt, counting the number of deaths published in news reports. The operators of Iraq Body Count freely admit the real number is likely much higher and that their value (**47,668**) represents at best a minimum value. The second attempt was the now infamous "[Lancet](#)" and "[Lancet II](#)" studies whose validity was blasted this week in a [National Journal article \(good read\)](#). The last of the Lancet survey-based studies found **601,027** Iraqi deaths since 2003. The National Journal article eloquently puts the magnitude of that number into perspective:



"The February 2006 bombing of the Golden Mosque is widely credited with plunging

this magnitude in Iraq every day for three years.”

This latest study from the Iraq Family Health Survey Study Group is based off 9345 household surveys and estimated **151,000** violent deaths from March 2003 through June 2006:

Interviewers visited 89.4% of 1086 household clusters during the study period; the household response rate was 96.2%. From January 2002 through June 2006, there were 1325 reported deaths. After adjustment for missing clusters, the overall rate of death per 1000 person-years was 5.31 (95% confidence interval [CI], 4.89 to 5.77); the estimated rate of violence-related death was 1.09 (95% CI, 0.81 to 1.50). When underreporting was taken into account, the rate of violence-related death was estimated to be 1.67 (95% uncertainty range, 1.24 to 2.30). This rate translates into an estimated number of violent deaths of 151,000 (95% uncertainty range, 104,000 to 223,000) from March 2003 through June 2006.

One finding which is consistent across all three studies is that violence was a leading cause of death amongst Iraqi adults. This is contrary to what we find in wars historically. Infectious disease typically far outnumbers violent deaths. This historic discrepancy might be caused by Iraq's relatively (compared to previous wars and even the modern states) high levels of pre-war education and quality healthcare.

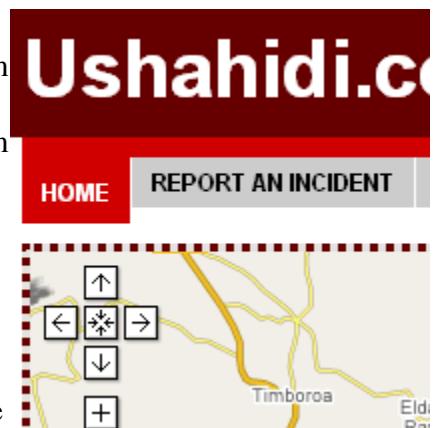
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Ushahidi and Disaster Informational Exchanges

by [Christopher R. Albon](#) on [January 11, 2008](#)[[edit](#)]

Over the summer Jen (my wife) spent three months in Kisumu, Kenya starting a sports-based HIV/AIDS education program. Sadly in recent weeks things have not been looking too good in Kisumu. Kisumu is in a Luo dominated region, the ethnic group of the Kenyan opposition leader [Raila Odinga](#), and experienced significant post-election violence. In the first few days my wife was glued to BBC. What struck me was that my wife faced an informational level of analysis problem. There was certainly news coming out of Kenya, but the news was at a national level. While any information is welcome, what my wife was really desperate to find was information about locations in Kisumu itself. That is, local level information. The information coming in over the mainstream media only mentioned Kisumu in vague one or two sentence blurbs about “violence in the city”. What Jen needed was information on the status of neighborhoods in Kisumu, not aggregate national level news.

So, you can imagine my happiness upon finding out that [White African](#), [Kenyan Pundit](#), and [other bloggers](#) got together and launched a site to facilitate the exchange of just such local information. [Ushahidi](#) (Swahili for “witness”) is a mash-up between Google Maps and social networking. Visitors



information is then viewable by other visitors.

To my knowledge the earliest major use of a Google Maps mash-up focused on sharing local level disaster information was [Scipionus](#). Scipionus was a much cruder use of Google Maps, but even so was very useful as an information exchange. Interestingly, the year after Katrina I eagerly mentioned the idea of using social networking websites as disaster information exchanges during a presentation for a graduate level international health seminar. The idea was met with almost universal skepticism amongst the students and professor. I knew they were wrong then and I hope projects like Ushahidi changes their mind.

Exploiting “smart mobs” to share information during disasters is undoubtedly part of the future of disaster management. After / during a disaster information is not so much scarce but scattered. In Hurricane Katrina, SMS messages from victims sent to family California was not shared with the information from cell phone calls of other survivors to relatives in New York. Thus, information on the disaster ends up resembling a puzzle with geographically and socially scattered individuals each holding one informational piece each. The beauty of Ushahidi is in collecting these puzzle pieces and putting them together. They offer the both the possibility of providing local level information and a more comprehensive snapshot of its national level effects. So good luck Ushahidi, I hope you get some information from Kisumu soon!

{ Comments on this entry are closed }

[**Mapping Kenyan Election Violence via Satellite**](#)

by [Christopher R. Albon](#) on January 4, 2008 [[edit](#)]



Using commercially and publicly available satellite images, [UNOSAT](#), a UN program working with satellite images and GIS (geographic information systems) tracked fires causes by post election violence in Kenya's Rift Valley Province. The resulting map offers an aerial snapshot of Kenya's political violence and one of the most poignant maps I have seen in a while (click on the image to view the whole map, PDF).

This map depicts the chronology of detected active fire locations within the Rift Valley Province in western Kenya following the national elections on 27 Dec 2007. These fire

locations were detected by the MODIS satellites covering the time period from 27 Dec. to 3 Jan. 2008, and organized into 4 maps each covering a 2 day period. An evaluation has been made of the chronology and spatial context of this data, and it is probable that a majority of detected fires (peaking on 1 January 2008) are directly or indirectly linked to the electoral civil unrest.

Hat tip: [Ryan Sheely](#)

{ Comments on this entry are closed }

Matt Armstrong on In-sourcing National Power

by [Christopher R. Albon](#) on [January 4, 2008](#)[edit]

[Small Wars Journal](#) has a good piece by [MountainRunner](#) on in-sourcing national power. Here is the gist of the argument:

The U.S. needs to take a systematic, holistic “whole of government” approach to reconstruction and stabilization that puts the focus on meeting the basic needs of the people in these countries. This shouldn’t be about what the U.S. needs or wants, but what the people of the country in question need and want. Basically, when people are safe, secure, full (not hungry), engaged and comfortable, they have no need to fight or support terrorists. Terrorists work by instigating and sustaining instability, fear, and discomfort (disillusionment) and if the USG fights buys-in to this approach by fighting back with hard-power only, it just perpetuates the cycle.

Matt’s analysis is spot on. [Rupert Smith](#)‘s “wars amongst the people” and [Mary Kaldor](#)‘s “new wars” cannot be won by the pointy end of the spear (read: military force) alone. Modern conflict requires a human security perspective where victory is obtained *more* through civilian programs than military operations. A force prepared for these wars needs more than just boots on the ground, but also wingtips (diplomatic), booties (health), steel-toes (engineering), and Birkenstock (NGOs). The military component of such a force does not seek victory through the destruction of the enemy (impossible in modern conflict) but simply provides the security and stability necessary for the civilian / political components to achieve a sustainable, successful outcome.

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Hospital Security Guards in Iraq

by [Christopher R. Albon](#) on [January 1, 2008](#)[edit]

Security at Iraqi hospitals is provided by the Facilities Protection Service (FPS), the security wing of the Ministry of Interior. Officially a 4,000 strong force created to free up coalition forces from static building protection duties after the looting in Baghdad, by 2006 it had reportedly [bloated to over 145,000 men](#). Furthermore, around the same time, the FPS was connected to a number of sectarian

incorporating all FPS units under a unified command.

[Alive in Baghdad](#), a weekly video blog employing Iraqi journalists to produce videos on daily life in Iraq, has a piece on the FPS guards at the Ibn Al-Nafees Hospital in Bagdad's Karrada neighborhood. Despite their negative portrayal in the media, the guards are shown to be dedicated civil servants. They protect hospital personnel, facilities, and ambulances, and sometimes even assist with medical treatments. But wait, how can the FPS be both a tool of militant death squads and the guardian angel of the Iraqi healthcare system?

The answer lies in the convoluted nature of the FPS. While FPS personnel are (atleast on paper) part of the Ministry of the Interior, most of the guards work for and are paid by the ministry whose facilities they protect. Thus, when Lt. Colonel Mu'ayad Abd Al-Hasssan Taqfiq, the FPS officer in charge of hospital security, speaks about working "in cooperation with the Ministry of Interior and the Army", he shows that his hospital guards, while FPS, do not consider themselves part of the MOI but rather part of the Iraqi Ministry of Health.

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