

# Defending Health Against Persecution, Violence, And Armed Conflict

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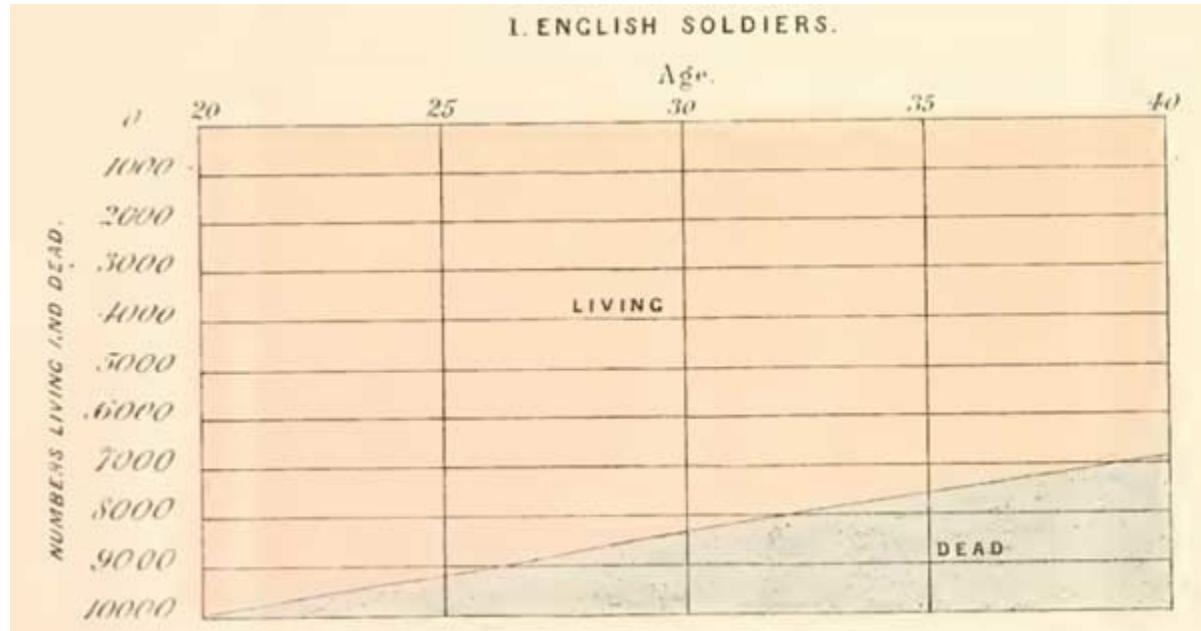
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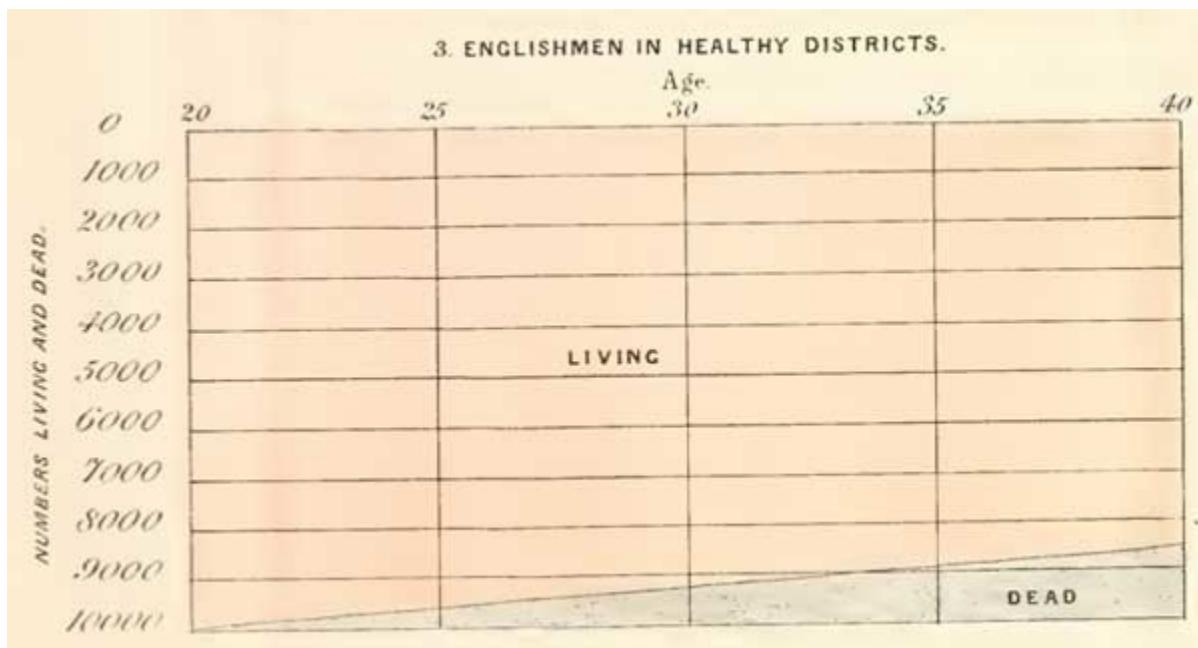
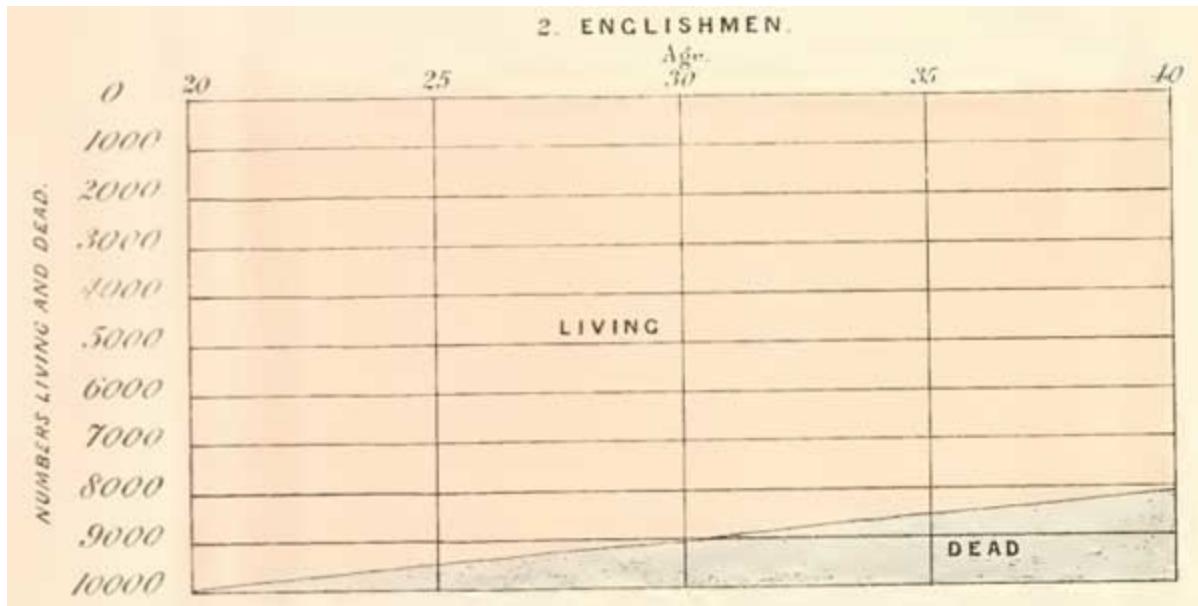
## [Data Visualization, Circa 1858](#)

by [Christopher R. Albon](#) on September 11, 2009 [[edit](#)]

What does a Ph.D. candidate do on a friday night? Kudos to those of you who that guessed “*drink beer and read 19th century books on British military mortality*”. Tonight I am perusing the pithily titled [Mortality of the British Army at Home, at Home and Abroad, and During the Russian War as Compared with the Mortality of the Civil Population in England](#), written in 1858.

The book presents a number of tables and graphics, but these three caught my attention:





“... [E]ach parallelogram of which represents the total sum of life among 10,000 men, between 20 and 40 years of age, entering the army, and remaining on home-service, and among the same number of Englishmen taken, at the same ages. The left-hand line of each parallelogram shows that all starts alike; but the black wedge, which represents the progress of death among the various classes, it will be observed, has a very different slope in each separate parallelogram.”

More interesting, the authors use the graphics to argue that greater attention should be paid to public health in the English army:

ages of 20 and 40, as well as the loss of value from loss of life at each succeeding year between the two ages. ... In the case of the army, the country incurs great expense in educating the soldier for his duties, ... [and] it may be fairly stated that the whole excess of money loss between that in healthy districts and that in the army, as represented by the difference in area of the black wedges, might be saved to the tax-payers of the country."

In other words, good public health practices in the military save money. Unfortunately, many developing world militaries have yet to make this connection. Soldiers are expensive. When you include training, transportation, housing, equipment, and the opportunity cost of removing young men from economic production, all but the most neglected soldiers are a serious financial weight to a state. Protecting their health protects the bottom-line.

And, if you feel the inkling, the entire book is in public domain and can be downloaded [here](#).

{ Comments on this entry are closed }

## **Uganda Survey of War Affected Youth Datasets**

by [Christopher R. Albon](#) on September 10, 2009 [[edit](#)]

Chris Blattman, Assistant Professor of Political Science and Economics at Yale and blogger, has [released the datasets from his research on war affected youth in Uganda](#). This is great, original data from extensive fieldwork. Three cheers for Blattman!

SWAY is a research program in northern Uganda dedicated to understanding the scale and nature of war violence, the effects of war on youth, and the evaluation of programs to recover, reintegrate, and develop after conflict. See the [SWAY project page](#) for details.

We have now posted the [full STATA 10 dataset and replication files](#).

The data have been cleaned and anonymized, with accompanying codebook. Raw data and cleaning code are restricted, but may be available on request.

The data are collected from three main survey questionnaires:

- [Household survey](#) (2005)
- Phase 1 (Males) [Individual survey](#) (2005-06)
- Phase 2 (Females) [Individual survey](#) (2007)

At present, replication “.do” files (for STATA 10) are included for two academic papers: [The Consequences of Child Soldiering](#), and [From Violence to Voting](#). Replication files for the two UNICEF reports are available upon request, in admittedly unpolished form.

{ Comments on this entry are closed }

## **No Victory Through Offshore Balancing**

by [Christopher R. Albon](#) on September 9, 2009 [[edit](#)]



On September 1st, the Washington Post's [George Will put a voice behind an increasingly popular alternative strategy for Afghanistan](#): "America should do only what can be done from offshore, using intelligence, drones, cruise missiles, airstrikes and small, potent Special Forces units, concentrating on the porous 1,500-mile border with Pakistan, a nation that actually matters". Naval blogger [Galrahn points out](#) that Will is advocating the strategy of offshore balancing. The problem is that offshore balancing in Afghanistan cannot produce victory, only prevent defeat.

In a 2008 Newsweek article, the father of offshore balancing, international relations scholar John Mearsheimer, [laid out the concept](#):

"As an offshore balancer, the United States would keep its military forces—especially its ground and air forces—outside the Middle East, not smack in the center of it. Hence the term 'offshore.' As for 'balancing,' that would mean relying on regional powers like Iran, Iraq and Saudi Arabia to check each other. Washington would remain diplomatically engaged, and when necessary would assist the weaker side in a conflict. It would also use its air and naval power to signal a continued U.S. commitment to the region and would retain the capacity to respond quickly to unexpected threats, like Iraq's invasion of Kuwait in 1990."

Offshore balancing is cheap, requiring at least one carrier group in the Arabian Sea and increased land-based air assets in Diego Garcia and perhaps Iraq. These forces could conduct airstrikes on Taliban targets to assist Afghan government forces. Offshore balancing is also not new. In 1990

NATO forces flew 38,000 combat missions against Yugoslav troops, forcing them out of Kosovo. However, the trillion dollar question is this: what would an offshore balancing victory in Afghanistan look like?

In 1999, NATO airpower did not defeat Milošević, it only drove him to the bargaining table. This result is unlikely to be repeated in Afghanistan. Years of airstrikes — essentially offshore balancing — against the Taliban and their allies in Pakistan's tribal region have yet to force Osama bin Laden or Mullah Omar to negotiate. Even if they did offer to negotiate like Milošević, is this a victory the US public would accept? Not a chance.

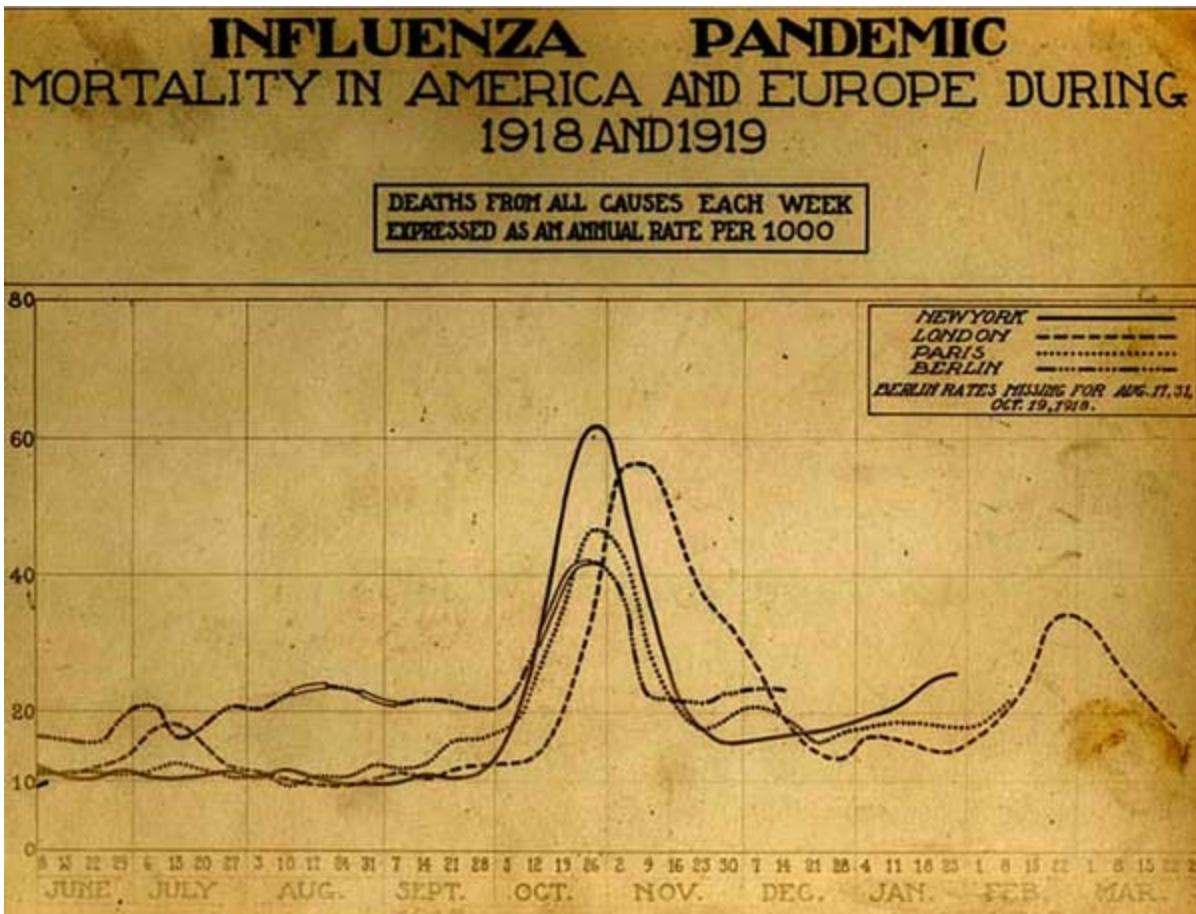
The strategic use of airpower is about coercion, not victory. Despite all the advances in technology, victory still requires boots on the ground. Granted they do not have to be American boots, but victory is far more likely if they are. Offshore balancing can prevent the Taliban from defeating the Afghan government, by bombing the villages they are staying in and the roads they are driving on. But, preventing defeat is not victory. Airpower can force the Taliban to keep one eye on the sky, but not to give up the fight. Victory in Afghanistan requires reliable, sustainable, capable ground forces to protect and win the hearts and minds of the Afghan people and through their support, a stable state. Ironically, the only losers in offshore balancing would be these same Afghan people, trapped between the brutal Taliban, the undisciplined Afghan army, and the American cruise missile.

Cross-posted the [US Naval Institute Blog](#), more comments there.

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## **H1N1: Don't Fear the Disease, Fear the Overreaction**

by [Christopher R. Albon](#) on September 8, 2009 [[edit](#)]



H1N1 is spreading around the world. The disease has infected thousands, including members of the [US military](#) and [Colombian President Alvaro Uribe](#). Is H1N1 a threat to national, regional, or international security? Only if we make it one.

H1N1 can kill, but not significantly more than the seasonal flu. Since first being identified in April, there has been [3,402 confirmed deaths from H1N1](#) worldwide. By comparison, tens of millions died in the first six months of the 1918 Spanish Flu epidemic. The present danger is not from the disease, but from our overreaction.

Public hysteria can trigger responses worse than the disease. In April, after only eight H1N1 fatalities, the [Mexican government shut down non-essential functions for five days and advised citizens to stay in their homes](#). The economic cost of this ‘treatment’ could be in the hundreds of millions of dollars.

H1N1 was not the first epidemic, and will not be the last. Governments must tackle epidemics as they would other natural disasters: assisting citizens while minimizing the disruption to economic, social, and security activity. If we do not change how the public perceives and understands epidemic-disasters, our overreaction could be worse than the diseases themselves.

{ Comments on this entry are closed }

by [Christopher R. Albon](#) on September 8, 2009[[edit](#)]

The Swedish Committee for Afghanistan has accused the US 10th Mountain Division of [storming a hospital while searching for a Taliban leader](#). Afghan policemen with the US force allegedly “tied up four hospital guards and searched patients’ relatives, broke into the nutrition ward and ultrasound room, and searched the female ward of the hospital”. This is the second time in recent weeks ISAF forces have pursued Taliban forces into health facilities.

Late last month, a US AH-64 Apache helicopter [attacked an Afghan medical clinic in Paktika](#) while chasing Taliban fighters. A Taliban commander had entered the clinic seeking treatment. According to the ISAF: “After ensuring the clinic was cleared of civilians, an AH-64 Apache helicopter fired rounds at the building ending the direct threat and injuring the targeted insurgent in the building”. While there are no reports of health professionals killed in the US attack, the damage of the health clinic is no doubt extensive. Afghan civilians in the clinic’s catchment area will suffer over the next few weeks/months until the clinic can be returned to full operations.

These are the types of incidents where the coalition can win the battle, but lose the war. Interfering with a health facilities 1) delegitimizes coalition forces and the Afghan government; damages the health (and therefore economy) of the local population; provides propaganda material for Taliban forces; hurts the relationship between NGOs and ISAF; and turns global public opinion against the coalition. Put bluntly, attacking hospitals is bad, both for the attacker and the civilian population.

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## [\*\*Thai Army uses Health to Win Hearts and Minds\*\*](#)

by [Christopher R. Albon](#) on September 2, 2009[[edit](#)]



The New York Times has a short video story on [a new Thai Army program attempting to win hearts and minds through medical care](#). Since 2004 ethnic Malay muslims have clashed with the country’s buddhist majority for more autonomy. Recently, government troops have surged the southern provinces to quell the violence. However, Thai Army medics and doctors accompanying the troops

Will it win hearts and minds? Probably not. A quick visit by an army doctor is not enough to counter the friction caused by infantry patrolling through people's villages and homes. However, the medical program, along with other development projects, will slow the growth of local resentment towards the military operations. More interestingly, the program might soften the Thai military's behavior towards the local muslim villagers. Providing medical care could shape the military's perception of its own role as supporting fellow countrymen as opposed to patrolling remote and unfriendly territory.

Hat tip: My parents.

{ Comments on this entry are closed }

## **David Axe's Ten Part Series on the USNS Comfort**

by [Christopher R. Albon](#) on August 26, 2009 [[edit](#)]

Recently, the US Navy hospital ship USNS Comfort returned from a four month humanitarian deployment to Central and South America. The mission was the project of [Admiral James Stavridis](#), considered by some to be "the next Petraeus". While we will know more after the release of the Quadrennial Defense Review (QDR), it is a good bet that health diplomacy missions like the Comfort's are going to play a more central role in Navy operations in the future.

David Axe, war reporter and friend, recently completed a ten part interview series on the USNS Comfort's deployment. In each part, Axe interviews a member of the ship's crew (and riders). Be sure to check it out:

- [Part One: The Commodore](#)
- [Part Two: The Commodore](#)
- [Part Three: The Commodore](#)
- [Part Four: The Doctor](#)
- [Part Five: The Doctor](#)
- [Part Six: The Nurse](#)
- [Part Seven: The Coastie](#)
- [Part Eight: The Master](#)
- [Part Nine: The Master](#)
- [Part Ten: The Aviator](#)

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## **Infochimps: The Dataset Search Engine**

by [Christopher R. Albon](#) on August 24, 2009 [[edit](#)]



It is laughable how much time I spend hunting for datasets. For reasons beyond understanding, datasets tend to reside in the dark, unindexed, unvisited alleys of the internet. Finding a dataset is akin to discovering the Northwest Passage. For this reason I am happy for a growing number of sites offering to help.

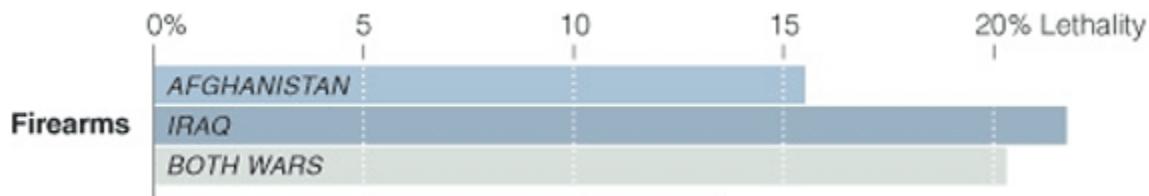
The latest contender in this field is [Infochimps](#), which claims help “find any dataset in the world”. The reality falls far short. War and Health [maintains a active list](#) of relevant datasets with links to help fellow researchers. My attempts to find some of those datasets on [Infochimp](#) failed completely. Now, I am up for giving them the benefit of the doubt, they are still in beta. Overall, I am just excited to see a new wave to these dataset search engines to hit the internet.

Good luck Infochimps, I will keep an eye on your progress.

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## [The Quantitative Effect of Spray and Pray](#)

by [Christopher R. Albon](#) on August 21, 2009 [[edit](#)]



The NYtimes new [At War](#) blog has an [interesting infographic](#) on the lethality of weaponry on American forces in Iraq and Afghanistan. The writer, C.J. Chivers, uses the infographic to highlight a quantitative anomaly in the data: Why are bullets more lethal in Iraq than Afghanistan?

The answer is two fold: training and terrain. Iraqi insurgents often have prior professional military training and thus are more accurate shots. Furthermore, the urban terrain of Iraq forces American and insurgents into close proximity, 1) allowing little time for bullets to slow down in flight and 2) increasing the probability of multiple hits on a single person. By contrast, the typically poor training of Afghan fighters and mountainous terrain lend to [spray and pray](#) at extended ranges. The end result is that bullets in Afghanistan are slower on impact and less concentrated.

[Wes Morgan's comments](#) on the [At War](#) blog offer additional insight:

places briefly (as an embed), but my understanding is that insurgents actually do a lot more shooting in Afghanistan than in Iraq — but in Afghanistan it is often sustained AK/RPK/PKM fire from a considerable distance, particularly in the south of the country, whereas in Iraq it is often in [close quarters battle] environments where the shooter, even if he's not a great shot, has a better chance of getting a kill.

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## Col. Peter Mansoor on Humanitarian Neutrality

by [Christopher R. Albon](#) on [August 17, 2009](#)[[edit](#)]



I just finished [Baghdad at Sunrise](#) by Colonel Peter Mansoor. The book is primarily a personal account of his deployments to Iraq. However, at one point the Petraeus COINista digresses into a discussion on the myth of humanitarian neutrality in modern warfare:

“[After the bombing of the UN compound in Iraq on September 22, 2003] ... The implications were clear. The insurgents and terrorists viewed any organization that was helping to stabilize the situation — whether ostensibly neutral or not — as aiding what they deemed to be an illegal occupation. ... Although U.S. soldiers had at one time barricaded the access road adjacent to the Canal Hotel [site of the UN compound], the obstacles were removed at the behest of UN personnel, who were uneasy with the highly visible military presence. Ultimately, the assumption and appearance of neutrality provided no barriers to insurgent attacks. The rising vulnerability of international and nongovernmental organizations in the world today is an unfortunate fact. In a world of failed states, global terrorist movements, and progressively more virulent religious dogma and extremist ideologies, civilians and those who support them are increasingly targeted for political advantage, and emblems such as the UN globe and the Red Cross no longer confer immunity from attack. After the departure of most UN personnel, NGOs became the next target — but they, too, failed to heed the lesson of this bloody reality.”

Mansoor is partly correct. Humanitarian neutrality is a myth, but this is neither a new development or caused by “failed states, global terrorist movements, and progressively more virulent religious dogma and extremist ideologies”. During the Spanish-American war, the admittedly yellow-journalist Davis Crane observed that Spanish sharpshooters “spared neither the wounded nor recognized the Red

(Cirillo 2004, 119). On the flip side, before their fall, the extremist and dogmatic Tamil Tigers allowed the Sri Lankan government to run hospitals in Tiger controlled territory. Attacks on humanitarians are out of strategic and tactical opportunity. Rebels, regardless of dogma and ideology, are outnumbered and outgunned. They attack what they can get away with. If the biggest vulnerable targets are humanitarians, and killing humanitarians does not threaten the terrorists sources of economic support, they might very well be inclined to attack.

**Work Cited:**

Cirillo, Vincent J. 2004. [Bullets and Bacilli: The Spanish-American War and Military Medicine](#). Rutgers University Press.

{ Comments on this entry are closed }

## [The Fence of Unintended Consequences](#)

by [Christopher R. Albon](#) on July 30, 2009[edit]

Inspired by Israeli's security fence, India [is building](#) a [2,000 mile fence](#) along its border with Bangladesh, the length of the US-Mexico border. The fence is manned by 80,000 members of India's [Border Security Force \(BSF\)](#).

Construed to prevent Islamic militants from crossing into India, the fence is most known for the

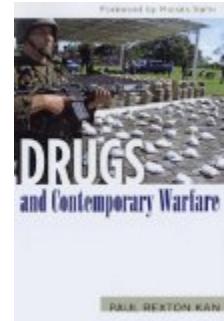
hundreds of civilians killed while farming and traveling along the border region. It is the sad unintended consequence of imposing a de jure border where de facto none exists. The deaths are the result of the infinitely steep learning curve for locals, one day they can visit a field, the next day they are shot doing just that. The BSF argues it is protecting India. It is a tenuous argument: BSF patrols have reportedly killed more Indians than Bangladeshis.

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## Book Review: Drugs and Contemporary Warfare

by [Christopher R. Albon](#) on July 29, 2009[edit]

In his latest book, [Drugs and Contemporary Warfare](#), Paul Rexton Kan attempts to understand the relationship between drugs and armed conflict. Kan is not the first to connect the two topics, such as Gretchen Peters' book on poppies in Afghanistan. However, Kan's book is exceptional for developing an overarching theory on drugs and armed conflict in modern history. Kan knows what he is talking about. An associate professor at the U.S. Army War College, [Kan's previous monograph](#) explores the implications of drug intoxicated irregular soldiers on the battlefield (available for download free).



[Drugs and Contemporary Warfare](#) is organized into six chapters: Hazy Shades of War, Drugging the Battlefield, High at War, Narcotics and Nation-Building, Sober Lessons for the Future, and Shaky Paths Forward. Kan's first chapter summarizes the history of the drug trade's influence on warfare, with emphasis on conflicts after the Cold War. With insightful anecdotes, Kan both introduces readers to the topic and lays the groundwork for concepts presented later.

Chapter Two asks why drugs have become so common in modern conflict. Kan argues drugs provided armed groups with an alternative source of funding after the demise of their superpower patrons. The drying up of international financial support drove armed groups to develop complex, interdependent relationships with drug traffickers. In exchange for protection and military muscle, drug traffickers provided armed groups with income to support their operations. Kan's interdisciplinary expertise shines in this chapter. His analysis goes beyond discussing drugs in aggregate, instead examining how the individual characters (growing, production, transportation, consumption) of each type of drug affects the behavior and strategy of armed groups.

Kan's third chapter discusses the use of traditional, transshipped, looted, and synthetically produced drugs by combatants. Kan analyzes when regular and irregular forces promote or restrict drugs use amongst themselves and their enemies.

In Chapter Four, Kan argues drugs decrease the probability that armed groups will make and hold peace agreements. Specifically, the drug trade provides a means for group leaders to employ their constituents in post-conflict environments. Kan expands this discussion in Chapter Five, warning that forces in charge of enforcing peace agreement must take into account the interdependent relationship between armed groups and drug traffickers. You cannot attack one without damaging the other. When

the latter are a threat to the former.

Kan's final chapter presents a series of strategies to address drugs in armed conflict. First, following political realism, the resources of major powers and military might could be brought to bear against the drug trade directly. Second, following liberalism, international regimes and norms could be established to erode the connection between narcotics and warfare. Third, the international society could concede that large scale international projects will have little effect and leave the problem to lower levels of governance. The final strategy, and the one Kan is most in favor of, would:

... seek to develop a network of actors at various levels who would challenge the networks employed by warring groups that are involved in drug fueled conflicts. This approach requires a high degree of multilayered cooperation among nation-states, international organizations, NGOs, and local communities to cope with the dynamics of the intersection between the drug trade and warfare, combat the strategic use of drugs, and assist in moving ongoing drug-fueled conflicts to abeyant conflicts, to settled. (Kan 2009, 137)

Kan's book has much to offer. Readers are presented with a coherent and well cited exploration of the relationship between drugs and armed conflict. However, the book stumbles in two aspects. First, Kan ties together the strategic implications of narco-conflicts and the effect of drug use on the combatants themselves. Transitions between the two are often awkward. At times it feels akin to a book on superpower nuclear strategy including a chapter on the dangers of radiation exposure on the human body.

Second, the strategy Kan proposes is detached from political realities. His multilayered approach requires a network and infrastructure even the global health community can only dream about. It is unclear if he posits this strategy as a realistic option, or an ideal to which the international community should strive towards.

The weaknesses of the book are easily forgiven, for it succeeds in so many more areas than it fails. [Drugs and Contemporary Warfare](#) offers one of the first systematic attempts to incorporate drugs into the theory of armed conflict. It offers a new perspective on wartime and post-war behavior, based on a solid theoretical foundation. Kan's book would be a welcome addition to the bookshelves of any student of modern conflict.

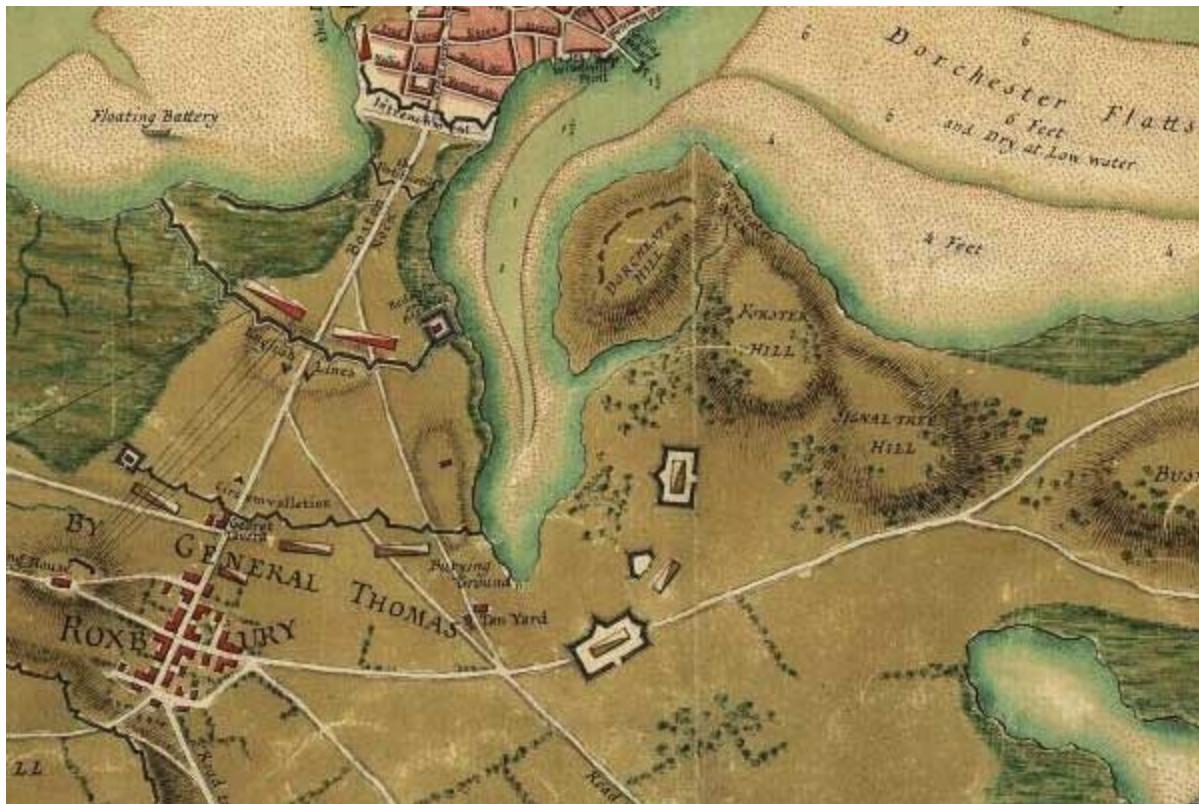
*Crossposted on [MountainRunner.us](#).*

*Full Disclosure: I received a review copy of this book.*

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## **Small Pox and the Siege of Boston**

by [Christopher R. Albon](#) on July 27, 2009 [[edit](#)]



My fascination with military maps continues. Above is a beautiful full color map of the siege of Boston after the Battle of Bunker Hill, but before the taking of Dorchester Hill. The origin of the map is unknown to me. Click on the map for the full-sized version.

The siege of Boston is a prime example of disease affecting military strategy. After Washington's forces took Dorchester Hill (pictured above) and forced the British to withdraw from Boston, the General could not enter the city immediately. Boston was blighted with small pox and Washington feared spreading the disease to his troops. Instead, he sent in a small contingent of soldiers with prior exposure to small pox, called 'selectmen'. Washington ordered:

“As soon as the selectmen report the town to be cleansed from infection, liberty will be given those who have business there to go in. The inhabitants belonging to the town will be permitted to return to their habitations, proper persons being appointed at the Neck, and at Charlestown Ferry, to grant them passes” (Frothingham 1903, 311).

**Source:**

Frothingham, Richard. 1903. *History of the Siege of Boston, and of the Battles of Lexington, Concord, and Bunker Hill*. Little, Brown, & Co.

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## RSS Feeds for International Relations Journals

by [Christopher R. Albon](#) on July 27, 2009[edit]

I rarely ‘surf’ the internet anymore. Instead, much of my time online is spent reading RSS feeds. My RSS feedreader has over 300 news sites and blogs. Last week someone mentioned [Chris Blattman’s new article in the American Political Science Review](#). I had not seen the article, and then I realized why: I don’t have academic journals in my RSS reading list! I can keep tabs on hundreds of sites, yet important journal articles slip through my information net! This weekend I corrected the problem by adding 15 of the top international relations journals to my feedreader.

To help out fellow IR scholars, I present a list of RSS feeds for international relations journals, including:

- International Security
- American Political Science Review
- Journal of Politics
- Journal of Peace Research
- Journal of Conflict Resolution
- International Organization
- Conflict Management and Peace Science
- Annual Review of Political Science
- International Studies Quarterly
- American Journal of Political Science
- Foreign Affairs
- International Affairs
- Political Science Quarterly
- World Politics
- European Journal of International Relations

You can download the [IR RSS Feed list](#) here in an .opml file. To add to your RSS reader: 1) right click on link 2) select “save as”, 3) open your RSS feedreader, 4) click import, and 5) select the .opml file. Edit: Dan Nexon pointed out that I forgot the European Journal of International Relations. I have now added it to the .opml.

{ Comments on this entry are closed }

## [\*\*Data on 250,000 Medieval Soldiers\*\*](#)

by [Christopher R. Albon](#) on July 22, 2009[edit]



A team led by Dr. Adrian Bell and Prof. Anne Curry, with funding from the Arts and Humanities Research Council, have put up a stunning [new database](#) of military service records of medieval soldiers serving from 1369 and 1453:

“The main campaigns of the period were to France but there were others to Flanders, Spain, Portugal, Ireland, Wales and Scotland, a much wider geographical spectrum than before 1369. In addition, garrisons were maintained within England (such as that held at the Tower of London), the Channel Islands, Wales and the marches, as well as at Calais and in Gascony. In the fourteenth-century phase of the Hundred Years War, the English also held some garrisons in areas of northern France, and in the fifteenth century phase, there was a systematic garrison-based occupation of Normandy and surrounding regions...”

While the database’s primary purpose seems to be exploring the lives of individual soldiers of note, There are great many potential applications for large observation (large-n) quantitative studies of conflict and health. Variables in the database include: First Name, Last Name, Status, Rank, Captain’s Name, Commander’s Name, Year of Service, Nature of Activity, Reference Number, and Membrane. [Read the project details](#) for more information.

**[Click here to Access the database.](#)**

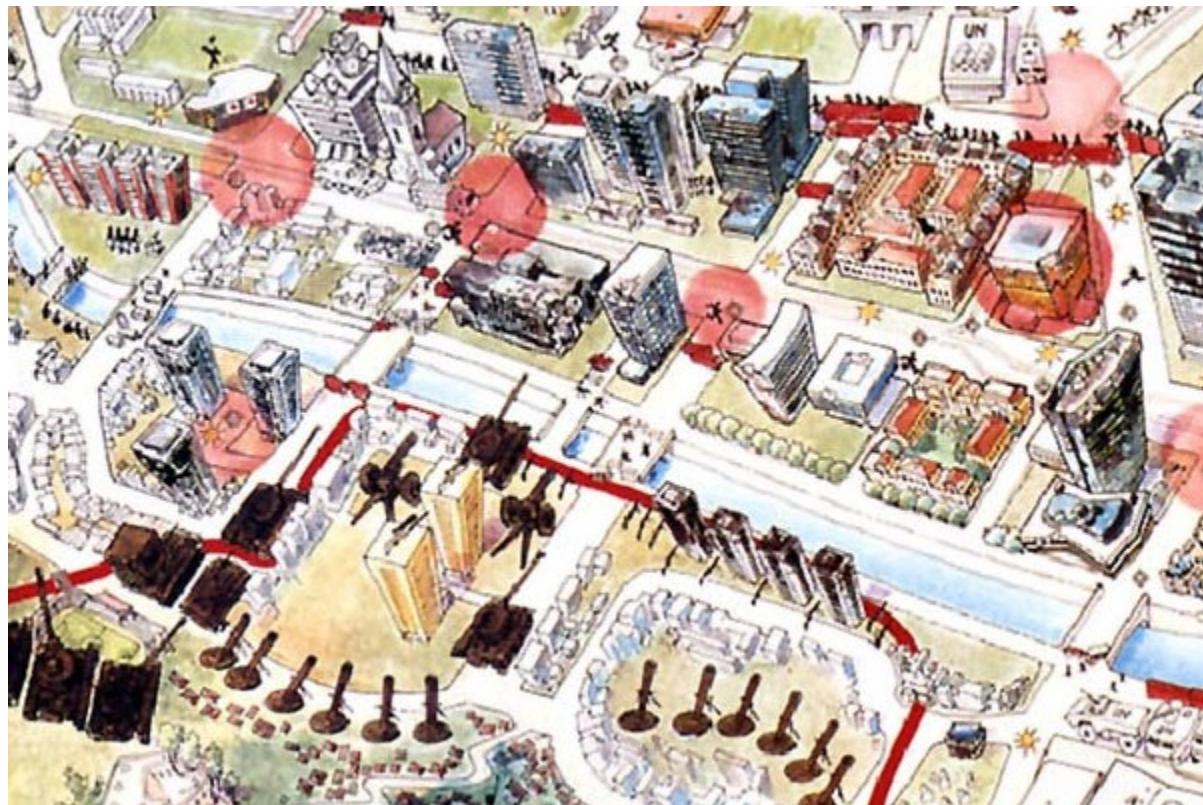
Here is a sample query results for soldiers with the surname “Albon”:

First Name	De Surname	Status	Rank	Captain Name	Commander	Year	Nature of Activity	Reference
John	Albon		Armed archer	Windsor, William de, Sir	Windsor, William de, Sir	1374-1375	Standing force Ireland	TNA_E101_33
Richard	Albon		Archer	Brian, Guy Lord	Arundel, Richard Fitz Alan, earl of	1378	Exped Naval	TNA_E101_36
Robert	Albon		Man-at-arms	Abberbury, Richard, Sir	Abberbury, Richard, Sir, and Golofre, John, Sir	1378	Garrison Brest	TNA_E101_37
Walter	Albon		Archer	Craddok, Richard	Neville, John Lord	1379-1380	Standing force Gascony	TNA_E101_38
Walter	Albon		Archer	Craddok, Richard	Neville, John Lord	1379-1380	Standing force Gascony	TNA_E101_38

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## Map of the Siege of Sarajevo

by [Christopher R. Albon](#) on July 21, 2009 [[edit](#)]



century. Not only was the city's streets the backdrop for the [assassination](#) that triggers World War I, but from April 5, 1992 to February 29, 1996 experienced the longest siege of a major city in modern history.

The city, called the 'Jerusalem of Europe' for its ethnic heterogeneity, was surrounded and besieged by Serbian forces. The Serbian forces uses artillery and snipers to wear down inhabitants. The fourty-six month siege destroyed 60 percent of the city's buildings and killed more than 10,000.

From [Strange Maps](#):

This map gives a **bird's eye view** of Sarajevo during the siege, almost in the style of a naïve children's painting.

- A red line indicates the border between the government-held city and Serbian-held surrounding areas.
- The Serbian side of that line is stocked with the diverse instruments of raining death on the city below.
- Many of Sarajevo's landmarks are shown (mosques, churches, a football stadium), but not named; maybe someone familiar with the city can provide some help.
- In the bottom left-hand corner, the UN-held airport is shown inside the Sarajevo line; in reality, Sarajevans could only access the outside world by going *below* the airport, via the tunnel that is shown just to the left of the cargo plane on the runway.

Click on the map for a full-sized image.

#### Recommended Reading on the Siege:

- [Sarajevo Under Siege: Anthropology in Wartime by Ivana Macek](#)
- [Blue Helmets and Black Markets: The Business of Survival in the Siege of Sarajevo by Peter Andreas](#)
- [The Quick and the Dead: Under Siege in Sarajevo by Janine Di Giovanni](#)

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## [H1N1 at the Coast Guard Academy](#)

by [Christopher R. Albon](#) on July 21, 2009[[edit](#)]

[Ten percent](#) of the incoming Coast Guard Academy class has H1N1:

"We were expecting to see the number go up before it came back down because we had a lot of tests out still," Petty Officer Ryan Doss, an academy spokesman, said Monday.

"The flipside is that the number of people coming into the clinic feeling symptomatic has gone down. We hope it's an indication that this is going to keep declining, but we're going to stay prepared for anything."

is just the flu this time. However, the procedures we put in place for the flu now will likely be the same used in an inevitable future outbreaks of a more virulent pathogen. To venture dangerously into a sports metaphor: H1N1 is simply the exhibition game before the start of the real thing. We get it right now so we know what to do when it the disease is far more serious.

Hat Tip: Matt Berger.

{ Comments on this entry are closed }

## The USS Bonhomme Richard's Quiet Swine Flu Outbreak

by [Christopher R. Albon](#) on [July 15, 2009](#)[edit]

Since April 1st the US Navy [has reported 505 cases of H1N1 \(Swine Flu\) in active duty servicemen/women \[pdf\]](#). For perspective, the Army, Marines, Air Force, and Coast Guard has had 502, 323, 239, and 8 cases respectively. However, more than 20% (110) of the Navy's cases occurred on the USS Bonhomme Richard, currently at sea. Even more startling, 61 of the Bonhomme Richard's cases happened within the last eleven days. Simply put, 12% of the Navy's total H1N1 cases are on a single ship, on deployment, and within the last two weeks.

The Navy has so far been able to keep the USS Bonhomme Richard's outbreak out of the news. The only mention of the outbreak is in the [DoD's July 14, 2009 Global Surveillance Summary for H1N1 \[pdf\]](#) (pictured), read only by military health staff and nosy Ph.D. candidates.

Service	State	Recent Cases*	Total
<b>NAVY</b>			
RTC Great Lakes (Recruits/Trainees)	IL	6	16
NH Beaufort	SC	15	47
USS BonHomme Richard	Sea	61	110
USS Cleveland	CA	16	21

While H1N1 is no more dangerous than the common flu, outbreaks of the virus have affected Naval operations in the past. After the USS Dubuque experienced at outbreak of around 20 cases of H1N1, it was scrapped as the assigned vessel for Pacific Partnership 2009, a humanitarian civic assistance mission to Kiribati, Republic of Marshall Islands, Samoa, Solomon Islands and Tonga. Mission planners scrambled and accepted an offer by the Sealift Command and the Seventh Fleet to use the USNS Richard E. Byrd. The change in vessels forced the mission to be reduced to half of the original plan. On the vessel switch, [Commodore Andrew Cully said](#):

“Originally, we were going to have roughly 180 medical folks and several engineers, a lot more than what we’ve had. And then now we had to down-scope somewhat, and [on the USNS Richard E. Byrd] I’m carrying, roughly, 50 medical professionals, 40 engineers, and then we’ll round it out with another 20 between my core staff and partner nations and NGOs.”

Furthermore, active outbreaks can spread quickly. This week, an [H1N1 outbreak amongst freshman cadets at the Air Force Academy spread to sixty seven students within ten days of the case](#). The

increased risk of spreading the disease in the cramped conditions of naval vessels is obvious. So, if in the next few weeks you hear reports of the USS Bonhomme Richard changing its mission due to a H1N1 outbreak: 1) do not be surprised, and 2) remember you heard it here first.

*Crossposted on the [USNI Blog](#).*

{ Comments on this entry are closed }

## **Swine Flu Outbreak at the Air Force Academy**

by [Christopher R. Albon](#) on July 14, 2009 [[edit](#)]

Sixty seven of the 1,300 member freshman class at the Air Force Academy [have or are suspected to have H1N1 influenza](#). Seventy more have symptoms but either tested negative or have recovered (meaning we do not know how many of this group had H1N1). The cadets only arrived at the Air Force Academy on June 25 and in a little over ten days the first symptoms were reported.



In itself, this outbreak is of little importance. None of the recruits required hospitalization and the outbreak will burn itself out in a week or so. The only real casualty was the cancellation of the cadets' first day off. However, the outbreak must stand as a warning on the dangers of infectious diseases in the military. This time it was an influenza, next time it could be something worse.

Despite the low danger of H1N1 influenza for young, healthy cadets, the Air Force should be commended for their quick action. The first signs of H1N1 appeared only a week ago and since then the freshman class was screened, suspected cases isolated, and healthy cadets continued activities with minimal disruption. Future outbreaks of other diseases are certain, in this case the Air Force has shown impressive readiness to respond to these emerging threats.

{ Comments on this entry are closed }

## **Good Reads: PTSD, the World Bank, and Russian Friendly Fire**

by [Christopher R. Albon](#) on July 13, 2009 [[edit](#)]

[Curing vs. Managing PTSD](#) – Tom Ricks posted a great discussion on dealing with PTSD with an anonymous Marine veteran.

The World Bank's 2011 World Development Report will [focus on conflict and fragile states](#). I agree with Chris Blattman, this choice of topics will drive both policy and research in the near future.

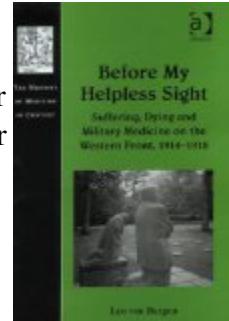
Half of the losses by the Russian military during the war in Georgia [were caused by friendly fire](#).

{ Comments on this entry are closed }

by [Christopher R. Albon](#) on July 9, 2009 [[edit](#)]

[Leo van Bergen's book, Before My Helpless Sight](#), is a history of suffering in World War I, a description the author readily admits: "At the roots of the book lies the question of what can happen to a soldier between the moment he steps onto a train or ship bound for the theatre of battle an the point at which he is evacuated wounded, or whether dead or alive, buried in the ground" (pg. 1). Needless to say, the book is not a light read.

The book is divided into five parts: Battle, Body, Mind, Aid, and Death. Battle is a chronological history of the suffering on the Western Front. Body explores trench life, disease, and wounds. Mind examines shell shock (PTSD). Aid describes the medical services (or lack thereof). Death looks at killing, being killed, and burial.



Van Bergen cannot be criticized on methodology. The book is impressively well researched (and cited), including qualitative and quantitative sources in numerous languages. Apart from the organization of the book itself, you see very little of the author in the pages. Readers are bounced from anecdotal accounts to descriptive statistics with little commentary or fanfare. This is not necessarily a negative, the sources speak for themselves. Their sheer, horrifying weight is ample to progress the book forward.

Whether on purpose or by accident, readers are left mostly alone in a dense text of grim personal accounts and tragic statistics. Where the author does introduce himself often seems out of place. At one point during a discussion of mustard gas the text digresses onto a quick commentary on wearing kilts in war, leaving readers jarred. The author also has the nasty habit of not properly introducing and defining new concepts. During the same description of gas weapons, the author awkwardly switches from referring to the weapons by their common name (mustard gas, chlorine gas, etc...) to referring to them by the color of the artillery shell's identification markings (yellow cross, green star, etc...) without connecting the two labels.

Finally, the author has the curious habit of including fictional descriptions in his sources. Readers are forced to be mindful of whether an anecdote is a primary source or the passage from a novel. I resorted to skipping fictional accounts when I came across them altogether, if only to keep separate in my head what was based on observation and imagination.

However, in the light of the book's contribution these issues are quickly forgotten. [Before My Helpless Sight](#) is a powerful counter to the innumerable discourses on WWI tactics and strategy. Van Bergen pulls back the curtains of glorious offensives and magnanimous generals, revealing the grim, muddy reality of life on the Western Front. It is a story of pus, rats, hunger, dirt, disease and madness. You do not know World War I before reading this book.

*Full Disclosure: I received a review copy of this book.*

{ Comments on this entry are closed }

**RIP Robert Strange McNamara**

by [Christopher R. Albon](#) on July 6, 2009[edit]

Former U.S. Defense Secretary Robert Strange McNamara died today. He was 93. I never met him, but to me he was the embodiment of global politics and a major reason I decided to study international relations. Deborah Shapley said it best: “For better and worse McNamara shaped much in today’s world”.



Rest in peace.

{ Comments on this entry are closed }

## [\*\*Do Suicide Bombing Bystanders Save Lives?\*\*](#)

by [Christopher R. Albon](#) on July 2, 2009[edit]



On an early afternoon in April 2006, Sami Hamad walked up to the Rosh Ha'ir shwarma and felafel stand in Tel Aviv. The restaurant's security guard, Binyamin Hafuta, took notice and stopped Hamad at the door. The restaurant had been the target of a suicide attack [three months before](#) and the owners weren't taking chances. Seconds later, Sami detonated his explosive device. [Seventy people were wounded and nine killed in the attack](#), including the security guard. Did Hafuta's actions save lives? Mark Harrison finds he likely did.

Bystanders interventions, such as challenging the attacker or informing security forces, is common. Out of the 103 Palestinian suicide attacks from 2000 to 2003, 40 experienced interventions by bystanders. Tragically, bystander interventions nearly always trigger an attack, killing the good samaritan. There are only two cases of interventions preventing an attack entirely.

In a [2006 article \[PDF\]](#) in the journal [Studies in Conflict & Terrorism](#), Harrison argues that interventions by bystanders reduce suicide attack casualties by preventing attackers from selecting optimal locations. The author finds 45.1 casualties occur on average when an attacker was not challenged, while only 16.9 casualties occur on average when a bystander intervened. He argues that bystander interventions take the initiative away from suicide attackers:

“Possibly, however, challenges in low-value locations prevented attackers from proceeding to higher-value targets. If the targets in Israeli society were arrayed in order of diminishing value ... they would form steps on a ladder ... The higher-value targets at the top of the ladder were cafés and buses; intermediate targets were commuter queues and shoppers in crowded streets and stores.

...

Think of the typical attacker as setting out to climb this ladder: to reach a café she had to pass a checkpoint, walk along a street, enter and leave a store, wait for a bus, and travel on it to the destination. At each step the attacker was screened by the watchful eyes of soldiers, security guards, shoppers, and commuters. By passing each step without challenge she gained access to a target of higher value. If challenged at any stage, she ended the game in sudden death. If this is the right analogy, then the effectiveness of screening is measured not just by the victims saved at each step but also by those saved because some attackers were challenged before they could reach targets of higher value.”

Harrison's findings have strong implications. First, bystander interventions do save lives, but tragically almost always at the cost of the intervener. Second, populations under threat from suicide attackers benefit from a policy and norm of actively challenging suspicious individuals. The active challenging adds a level of randomness to a state's security system that potential attackers must deal with. That is, while suicide attackers can plan on how to evade the static security locations, the chance of being challenged on every street and restaurant increases the probability a random intervention prevents or (more likely) mitigates an attack.

### **Work Cited:**

Mark Harrison, “Bombers and Bystanders in Suicide,” *Studies in Conflict & Terrorism* 29, no. 2

{ Comments on this entry are closed }

## The Immunes

by [Christopher R. Albon](#) on July 1, 2009[[edit](#)]



On August 7th 1898, the American invasion force, crippled by yellow fever, started its evacuation of the island of Cuba. But, the withdrawal was not total. The black Ninth Infantry Regiment stayed behind to continue the occupation. It was believed that because of their race and the fact that many black volunteers came from southern states, they would be protected. These soldiers were nicknamed “Immunes”. However, mosquitos — the vector of yellow fever — are not influenced by skin color. By the end of their garrison duties, 73 of the 984 the soldiers contracted the disease.

**Source:**

Vincent J. Cirillo, [Bullets and Bacilli](#): The Spanish-American War and Military Medicine (Rutgers University Press, 2004).

{ Comments on this entry are closed }

## An Army of Convalescents

by [Christopher R. Albon](#) on June 29, 2009[[edit](#)]

In 1898 the United States invaded the Spanish controlled island of Cuba. This “splendid little war”, as John Hay called it, was an unbridled military success. In short order the Spanish forces on the island were defeated, surrendering on July 16th 1898. Yet, within a month the US invasion would be forced to evacuate the island in what would later be called by one historian, “the American Dunkirk”.

The cause was *fiebre amarilla*, yellow fever. Transmitted by mosquitos, the disease quickly spread amongst the American occupation force. The infected were quarantined in a separate camp north of Siboney.

As yellow fever continued to cripple the US Army in Cuba, officers agreed that they must convince Washington to withdraw them from the island. Not wanting to damage their careers, a junior officer, Theodore Roosevelt, was chosen to draft the request. The same day, the US commander, General Shafter, asked Washington to allow the withdraw from Cuba, describing his force as an “army of

evacuation began on August 7th.

**Source:**

Vincent J. Cirillo, [Bullets and Bacilli](#): The Spanish-American War and Military Medicine (Rutgers University Press, 2004).

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## [\*\*Video: Health Professionals Protesting in Tehran\*\*](#)

by [Christopher R. Albon](#) on June 21, 2009[edit]

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## [\*\*Good Reads For June 8th, 2009\*\*](#)

by [Christopher R. Albon](#) on June 8, 2009[edit]

Welcome to another edition of Good Reads. This edition contains a wide variety of resources; from essays on Cuban doctors to government datasets on casualties. Enjoy!

- The Cuban revolutionary doctor as [a weapon of diplomacy](#).
- Old: [Hamas tried to hijack ambulances during Gaza war](#)

- [What's So Great About White Phosphorus?](#)
- [Medical Dimensions of Security](#)
- [US Military Casualty Datasets](#)
- [Satellite data can suggest when and where epidemics will strike next](#)
- [Health in fragile states](#)
- [Blog on the data on civilian and military casualties in Iraq and Afghanistan](#)
- [Chinese, U.S. Navies Consult on Humanitarian Mission](#)

{ Comments on this entry are closed }

## **Civil War And Health Datasets**

by [Christopher R. Albon](#) on June 8, 2009 [[edit](#)]

Acquiring sub-state data on conflict is difficult. Conflict — by its nature — often destroys the very infrastructure used to collect health and related data. The end result is that civil wars are often “black boxes” with regard to quantitative data. Below are three sources of sub-state data on civil wars relating to health.



The Global Terrorism Database has information on more than 80,000 terrorist attacks from 1970 to 2007. GTD claims to be the most comprehensive unclassified database on terrorist actions available. The GTD has a clear data collection methodology and a detailed codebook (a manual detailing the dataset). [Click here to download](#).



The Conflict Analysis Resource Center (CERAC) publishes a great dataset on the severity of the conflict in Colombia. The dataset has been used and described in a number of papers. Registration is required. [Click here to download](#).



Ron Francisco has constructed a series datasets on the conflict events in six wars: Archidamian War, Ireland 1922-1923, Russia 1917-1920, Spain 1936-1939, and the U.S. 1861-1865. The dataset includes: date, day, action type, location, each sides' action, captures, injuries, deaths, description of event and original source. [Click here to download.](#)

{ Comments on this entry are closed }

## **Obama's Agent Orange Health Diplomacy**

by [Christopher R. Albon](#) on June 4, 2009 [[edit](#)]



Nobody reads the saturday papers, so governments often announce items they want to keep quiet the friday before. Last friday, the US government announced [Obama's signing of a bill](#) doubling funding to a little known project started in 2007 tackling the environmental and health aftermaths of [Agent Orange](#) in Vietnam.

During the war the US military faced a dilemma. Pound for pound, the combined military might of the US armed forces could easily crush the Viet Cong and North Vietnamese Army in open battle. However, the dense jungle terrain made identifying enemy locations difficult. You cannot bomb what you cannot see. From 1961 to 1971 the US employed a form of herbicidal warfare to negate the protection afforded by the country's dense vegetation. Millions of gallons of the dioxin containing herbicide were stored in Da Nang airport. From here, it was loaded onto USAF aircraft and blanketed over the Vietnam countryside to destroy crops and remove the concealment the dense vegetation provided Viet Cong and North Vietnamese troops.

Most of the money will be spent on cleaning the area around Da Nang airport and not the countryside. Agent Orange has been blamed for upwards of four millions cases of serious health problems. This

internationally recognized Agent Orange “hotspots” in Vietnam.

The move comes just days before Vietnamese Agent Orange activists testified in front of the House of Representatives Foreign Affairs Subcommittee on Asia, the Pacific and the Global Environment.

Obama’s signature of the bill is likely intended to partially placate the activists before their testimony. There is a sizable research literature exploring the effect of domestic lobbies on foreign policy. Agent Orange offers a great example of global health lobbying, where a domestic lobby triggered international health diplomacy.



{ Comments on this entry are closed }

## Good Reads for June 1st 2009: Catch-Up Edition

by Christopher R. Albon on June 1, 2009 [[edit](#)]

I have been largely out of the loop for a month or so to prep for my oral exams. Now that I have advanced to candidacy I am trying to catch up.

- [Is there less malaria in Darfur today because of the genocide?](#)
- [Internally Displaced Persons: Case Studies of Nigeria's Bomb Blast and the Yoruba-Hausa Ethnic Conflict in Lagos, Nigeria](#)
- [Blogger's Roundtable with Capt. Lineberry of the US Navy's Operation Continuing Promise 2009](#)
- [Afghanistan: First Acid, Now Gas Attacks Against Girls](#)
- [USNS Comfort: Winning Hearts and Minds in Haiti](#)
- [CSIS Launches Commission on Global Health and Smart Power](#)

- [Health and Conflict: A Review of the Links](#)
- [Humanitarian neutrality isn't dead because it never existed](#)
- [Policy Brief: Private security contracting in humanitarian operations](#)

{ Comments on this entry are closed }

## [\*\*MONUC Goes To War\*\*](#)

by [Christopher R. Albon](#) on June 1, 2009 [[edit](#)]



Late last week the United Nations [announced](#) that its blue helmets in the Congo helped plan and execute an aerial offensive by Congolese government forces against Hutu militias. Further details on the operation are hard to come by. What is known is that the operation was an attempt to protect civilians in North Kivu, who have suffered repeated attacks and human rights violations at the hands of Hutu armed groups.

{ Comments on this entry are closed }

## [\*\*Passed! Ph.D. Candidate\*\*](#)

by [Christopher R. Albon](#) on May 21, 2009 [[edit](#)]

Today was a long day and I am at the limits of exhaustion, so I will make this short. I passed my oral exams, I am now ABD ([all but dissertation](#)).

Details will come later. Blogging will resume soon. But for now, I am going to have a beer and get to bed.

{ Comments on this entry are closed }

## [\*\*Excalibur and Civilian Casualties\*\*](#)

by [Christopher R. Albon](#) on May 19, 2009 [[edit](#)]

Canadian forces in Afghanistan [have a new weapon](#): a GPS guided artillery shell called [Excalibur](#). The shell is made by defense mega-contractor [Ravtheon](#) and costs \$150 000CA per



Why use shells costing many times more than an average infantryman's salary? Accuracy, argues Lt.-Col. Jim Willis, "It lands exactly where you want it to land". The shells are accurate within 10 meters, current shells are only accurate to within 50 meters. The increased accuracy means one "smart-shell" can do the job of whole barrages with current shells.



The new shells might counter a trend [civilian casualties](#) in the Afghan campaign for three reasons. First, the GPS guided shells turn artillery batteries into low (relatively) cost precision airstrikes, capable of collapsing a single structure on demand rather than carpeting the area with impacts. Second, less rounds fired reduces the risk of introducing [exploded](#) unexploded ordinances into an area. Third, the shells reduce the need to use massive airborne ordinances. In instances when precision strikes are required the primary option currently available to Coalition forces is an airstrike. However, precision airstrikes typically use ordinances with hundreds of pounds of high explosives, much more than is often needed to eliminate the threat. The "overkill" of these large bombs increases the risk of civilian casualties. The Excalibur shells are smaller and carry less high explosives, reducing the risk of civilian deaths.

However, counterintuitively, there is a risk the new shells will increase danger to civilians. Currently using artillery against insurgents in dense population centers is not an option, since the barrage would likely flatten the entire population center. Commanders with access to the new shells might have more confidence in striking the target and thus be more willing to fire into population centers.

Hypotheticals aside, I (and I think everyone) prefer more accurate to less, fewer required to more, and smaller boom to larger. If those are our guidelines the Excalibur seems well worth the price to our pocketbooks.

{ Comments on this entry are closed }

## History of Combat Trauma Bibliography

by [Christopher R. Albon](#) on May 14, 2009 [[edit](#)]

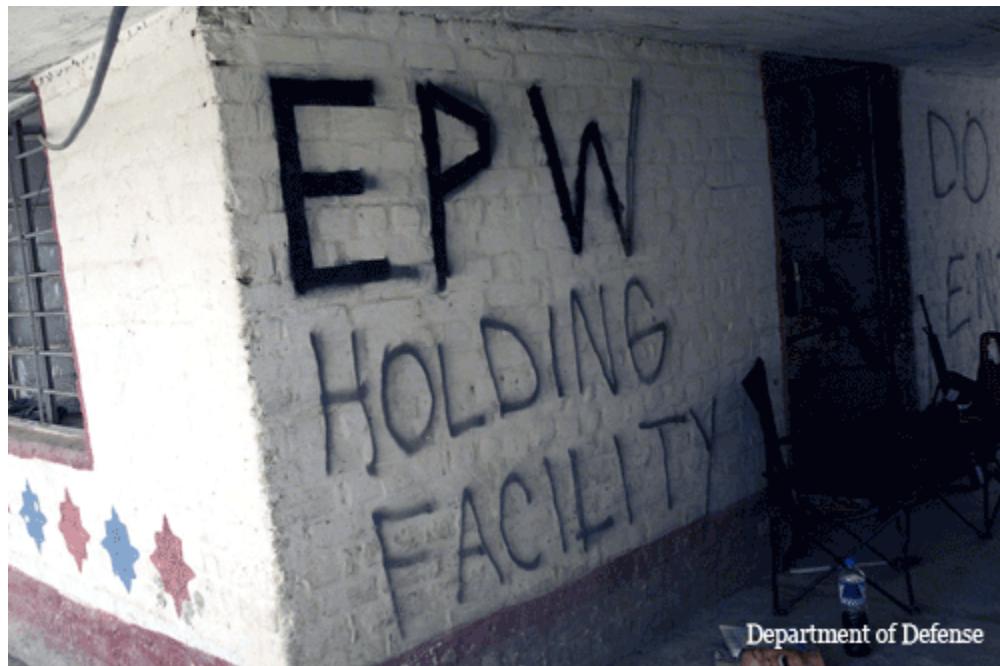
LTC Robert Bateman has a [great, short bibliography](#) on combat trauma. While the bibliography understandably focuses on psychological trauma in soldiers, I am interested in how the concepts apply to civilians.

The history of combat trauma is one which draws fire every time. It is a topic wrapped in politics, both conventional and those internal to both the fields of psychology, psychiatry, and history. I hope this brief annotated bibliography will help some come to understand the foundations, the arguments, and the various issues in play on this topic. This list is rank-ordered in what I believe is their utility to those interested in the study of war, particularly my fellow historians and journalists, but also my peers in the military.

{ Comments on this entry are closed }

## Realism and Constructivism on Prisoners of War

by [Christopher R. Albon](#) on May 12, 2009 [[edit](#)]



Prisoners of war hold special status in the Westphalian system. Michael Walzer describes their position as “a strange world this side of the hell of war … deprived of the relative security of political or social membership” (1969, 779). Yet, prisoners of war do not exist on humanity’s periphery but at its center. Mustered from the society of the state, their capture marks a social and legal transition to a new society whose members were titled by a nineteenth century theorist as the “citizens of the world” (Walzer 1969, 778). Prisoners of war simultaneously exist under the jurisdiction of their homeland, their capturer, and humanity at large.

Political science offers many paradigms by which to frame prisoners of war. These theories are the lenses through which we interpret observations and project predictions. We address two of these theories: realism and social constructivism.

Realists view the international system as dominated by interest. State behavior is determined by their want and power to acquire it. International relations regarding prisoners of war in a realist world is based on reciprocity. Prisoners are akin to hostages, held by states to ensure reciprocal treatment toward their own citizens captured by enemy states.

Constructivists view the world as a social construction created through a shared understanding of values. These values are transmitted through communication to create norms of behavior. Constructivists view prisoners of war as existing in a value based world. The actions of states regarding prisoners of war are based on the values, norms, and identities those states hold.

In this paper we ask whether realism or constructivism offers greater explanatory leverage regarding

the foundational treaties and major historical phases of prisoners of war. Second, we explore how both realism and constructivism view prisoners of war and what observable predictions those frameworks imply. Finally, we compare those predictions against the real world, using both historical case studies and textual analysis of international treaties. What appears below is not a research paper. We provide no definitive, comprehensive answers. Instead we offer only the crude architecture of what an answer could look like, that constructivism provides the greater explanatory leverage.

## Prisoners of War in International Relations

The discussion of prisoners of war treatment has a long history. In early subsistence societies prisoners of war were often killed because low economic productivity limited the number of enemy warriors any society was able to support (Gelb 1973, 71). In civilizations requiring mass labor prisoners of war often become slaves. The most common practice was a combination of these two policies. Male prisoners were slaughtered or sacrificed and female prisoners were enslaved (Gelb 1973, 72). This period is marked with a stark lack of coordination regarding the prisoners of war.

With time, basic coordination developed between warring parties regarding prisoners of war. Evidence of this can be found in Livy's account of diplomatic exchanges between Rome, Greece, and Macedonia in 202-203 CE. This dialog contains a discussion on the return of Macedonian soldiers and their commander, Sopater imprisoned by the Romans (Dorey 1957, 186). While limited, this is representative of a general movement toward a more organized and universal system on prisoners of war.

The Peace of Westphalia introduced a new system of political organization and through that, a new approach to prisoners of war. The chronic shortage of seamen in the fleets of Spain, France, and England during the 18th century led to the common practice of exchanging or ransoming prisoners during conflict (Anderson 1960, 77). The primary consideration determining whether these transactions took place "was not which power was losing the greater number of men, but which power needed the return of its prisoners more" (Anderson 1960, 78). There was no general international policy regarding exchanges, instead a cartel system was used wherein states agreed to either "all for all" or "man for man" transfers (Anderson 1960, 79). This cartel system represents the prototype of the modern prisoner of war legal and social framework.

The Hague Regulation of 1899, later revised in 1907, offered the first permanent, formal international prisoners of war agreement. The treaty was so highly regarded that American Commander Raymond Stone wrote in 1914:

When ... the Great War broke upon an astonished world, we rather took comfort to ourselves in the thought that no matter how swiftly and vigorously military operations might be prosecuted, the Conventions of Geneva and of The Hague would insure humane care and chivalrous treatment to the prisoners of war of both sides. (Stone 1919, 406)

Stone admits basing his idealism on two assumptions. First, the treaties were legally binding on the states in the conflict. Second, that "in this day and generation of high development and in the elements of morality and humanity the belligerents would feel themselves morally if not technically constrained

War I saw marked improvements for prisoners of war. Still, during the war the life of prisoners was harsh and many modern prisoner rights were not yet codified. It would be thirty years and another world war before the current legal institution developed.

The Geneva Conventions of 1949 are the core framework dealing with prisoners of war. The rules codified in the treaties apply to all wars between all signatories and leave few issues unaddressed. Unlike the ad hoc agreements of the cartel system which focused on the physical exchange of prisoners, the Geneva Conventions focus on the rights of the prisoners themselves. The Conventions includes detailed agreements on the discipline, diet, treatment, forced labor, housing, services, and the legal definition of prisoners of war. The 1949 treaties are the last major international agreement on prisoners of war and mark the most recent step in a historical trend toward more organized, formalized legal institutions dealing with prisoners of war.

## Prisoners of War in Realism

Realism places the heaviest premium on the pursuit of power. The theory also claims to be ruthlessly objective. Fundamentally, realism believes there is a desire for power that motivates the human condition. This drive determines the actions of states. The interest in power is biological and creates a permanent state of insecurity. Since power is relative, the best outcome possible is a balance wherein nobody thinks they can get away with aggression.

The world in realism is inherently non-hierarchical. There is no actor with power over the states and thus the relations between states must be reached through mutual, self-reinforcing agreements rather than universal norms of behavior. In this anarchic world, states only abide by agreements when it is in their interest to do so. This is most often accomplished in reciprocal behavior. That is, states cooperate only in so long as they think the other state is reciprocating the behavior. In this view, the behavior of a state toward prisoners of war held in its territory is only as good as the treatment the enemy provides its own prisoners of war. Positive or negative treatment of prisoners of war by one party is reciprocated by the other.

States in realism contain two primary characteristics of interest. First, they are unitary actors. That is, substate actors have little or no influence on the behavior of states. This poses interesting theoretical questions regarding prisoners of war since they, by definition, are substate actors. The only time negative behavior toward prisoners of war changes state behavior is if it affects the realpolitik power of the state. Similarly, states represent the primary actors in the international system and extra-state actors such as international governmental organizations (IGOs) and non-governmental organizations (NGOs) do not influence state behavior.

Finally, the actions of states are driven by the desire for national security and survival. States work not to spread their ideology or values but to secure themselves in a competitive world through military and economic capacity. The obsession with national interest frames realism's view of prisoners of war. Prisoners are kept healthy only so long as it is in the national interest to do so. However, when the costs of supporting enemy prisoners become greater than the benefits, states have little reason to maintain them.

predictions tell us the kind of information which would prove realism was an accurate and useful paradigm through which to view the world. Later in the paper we will test these predictions against the real world.

First, regime type does not affect state behavior toward prisoners of war. The pressures of international competition in realism's anarchy are so large as to drown out any influence offered by variations in domestic systems (Morrow 2007, 561). Prisoners of war exist outside the realm of domestic politics. Therefore, the values found in the domestic political structure do not motivate state behavior toward prisoners of war. In realism, brutal autocratic dictators treat prisoners of war the same as stable democracies.

Second, state behavior will be unaffected by treaties, IGOs, and NGOs. Realism's assumption that substate and extra-state actors have little influence predicts states will comply with treaties, IGOs and NGO if and only if they would do so even if those structures did not exist. Thus, while a state might comply with an international convention "the legal status of the treaty has no real effect on whether they do" and the treaty will be violated as soon as the interests of the state diverge from that of the treaty (Morrow 2007, 560). Therefore, under realism we will observe states ignoring attempts from treaties, IGOs, and NGOs to influence state behavior toward prisoners of war.

Third, prisoner of war treaties will focus on enforceable reciprocity rather than values. Two assumptions will dictate the contents of treaties under realism. First, states will only comply with international treaties if they would have behaved the same without the treaties. Second, the nature of international cooperation in realism is through reciprocity. Following these assumptions, successful treaties should focus not on values (cheap talk in realism) but on the reciprocal, self-reinforcing arrangements. Treaties codifying these reciprocal behaviors will be less likely violated and better appear to withstand the test of time.

Fourth, spirals of retaliation will be observable in history. Morrow points out that "political institutions must be self-enforcing to be sustained. In the language of game theory institutions must form an equilibrium of the game..." (Morrow 2001, 973). Regarding prisoners of war in realism, this equilibrium is created through the reciprocal behavior between warring states. However, when states are unwilling (i.e. not taking prisoners of war) or unable (i.e. lacking the resources to treat prisoners well) to reciprocate, the equilibrium becomes unbalanced. One outcome of such an unbalance can be a spiral of retaliation, wherein a state's unwillingness or inability to provide sufficient care for prisoners of war leads to retaliation against prisoners held by its enemy, in turn sparking mutual retaliations from both sides. This Axelrod "ALL D" prisoner of war equilibrium should be observable in history.

## Prisoners of War in Constructivism

Realism neglects the world of ideas. Constructivists believe international relations is not autonomous to humanity's structure of ideas, values, and norms. To constructivists "norms trump interests because norms constitute interests" (Morrow 2007, 560). The material power prominent in realism is still important, but the ideas, norms and values are just as important. This material world is only impactful when it is filtered through agents' ideas of it. Agents are limited in transforming the world to a direction predicated on their thoughts of it. It follows then, that researchers cannot explain the

Constructivism gives two primary reasons why states will enter into treaties regarding prisoners of war. These reasons are centered on the values the states hold rather than their interests.

First, states are drawn to joining in organizations with like-valued states. Hawkins (2004) argues that norms fundamentally lodged in the “taken-for-granted beliefs of precedent, international cooperation, and prevention of bodily harm” are likely to be adopted by similarly valued states (799).

Constructivism posits that, at its heart, prisoners of war treaties are concerned with the codifying the socialized values of the signatory states on the health and well-being of the prisoners under their care and under its enemies’ care. Thus, like-valued states will join with other states in creating enforceable international agreements on the treatment of prisoners of war. This agreement over the prevention of bodily harm can be shared even between warring states. States can go to war while simultaneously agreeing prisoners of war must be protected.

Second, states might join international prisoner of war agreements to precommit to socialized norms. Precommitment removes the temptation of violating closely held values in the future. The theory, developed by Steven Ratner (2004), argues a state can attempt to “restrain oneself from doing something that one would otherwise do because such restraint will itself directly improve one’s future welfare” (87). During peacetime states holding a strong value of protecting prisoners of war might fear that under the fog of war there could be the temptation to violate those values for some short term benefit. One way to overcome this dilemma is to restrain future action by precommitting to the values through an enforceable international treaty before presented with such temptations.

Paralleling the discussion of realism, we derive four observable predictions on prisoners of war from the constructivist paradigm. These represent the information we expect to find if constructivism represents an accurate lens through which to view the world.

First, the domestic structure of states will affect behavior toward prisoners of war. Specifically, democracies treat prisoners of war better relative to non-democracies. Constructivists argue states comply with international treaties because they have internalized the values and norms underlying such obligations. Since democracies are more open than other forms of government to the civil society norm entrepreneurs advancing these norms, they are more likely to internalize and comply with the norms (Finnemore and Sikkink 1998, Morrow 2007).

Second, states largely comply with treaties, IGOs, and NGOs. These three institutions represent the primary norm entrepreneurs of international civil society and hold, to greater and lesser extents, influence over state behavior through positive or negative social pressures. Even undemocratic states share certain social values (e.g. state legitimacy ...) with the international community and these socializations can be exploited by extra-governmental actors to further their goals regarding prisoners of war. Thus, constructivism predicts instances of even autocratic state behavior toward prisoners of war being influenced by treaties, IGOs, and NGOs.

Third, treaties will reflect the shared values of the states rather than reciprocal behaviors. States enter into international prisoners of war treaties because of shared values and norms on their treatment. The text of the treaties should focus on the codification of those shared norms.

Fourth, states which have internalized the norms toward the treatment of prisoners of war will

behavior toward prisoners of war under constructivism is driven by internally held values and not external interests. Prisoner of war noncompliance by one state will not effect the compliance of their enemy.

## Comparing Realism and Constructivism

### Regime Matters

The table 1 presents the percent of World War II prisoners of war which died in captivity by state dyad. Realism predicts no relationship between regime type and prisoner of war behavior while constructivism predicts democracies will be more humane toward prisoners of war.

Table 1: Percent of WWII Prisoner of War Deaths By Dyad

Prisoner Nationality	Capturer State	Percent Died
Soviet Union	Germany	60%
Germany	Soviet Union	15-33%
Japan	Soviet Union	10%
U.S. & Commonwealth	Japan	27%
Japan	U.S. & Commonwealth	'Relatively Few'
Germany	U.S. & Commonwealth	<1%
U.S. & Commonwealth	Germany	4%

From Morrow 2001, pg. 990

Twenty seven percent of US and Commonwealth prisoners of war held by Japan died in captivity. By comparison “relatively few” Japanese prisoners of war held by the US and Commonwealth countries died in captivity. Furthermore, four percent and less than one percent of US/ Commonwealth and German prisoners of war died in captivity respectively. The data supports the constructivism prediction. More democratic states (US, Commonwealth countries) systematically treated prisoners of war held by them better than less democratic states (Japan, Germany). These preliminary results open the possibility that the dynamics of the domestic system of states influences their behavior toward prisoners of war.

### Treaty, IGO, NGO Compliance

Regarding treaty, IGO, NGO compliance, realism predicts states behave the same whether or not the treaty exists. Constructivism predicts states which internalize the norms of a treaty will follow them.

Some evidence supports the realism predictions. States often wantonly disregard the prisoner of war treaties to which they have ascribed. A memo by the International Committee of the Red Cross (ICRC) written during the Iran-Iraq War bemoans:

...although the Geneva Conventions confers on those prisoners a legal status entitling

1982, the obstacles and restrictions they have raised and their refusal to allow the ICRC to visit some POW camps have prevented the ICRC from carrying out its work for the prisoners whom the Iranian authorities admit they are holding. (MERIP 1983, 40)

However, this same memo reports that prisoners of war held by Iraq, “have been able for the law few months to correspond with their families in a satisfactory manner” (MERIP 1984, 40). Therefore the evidence suggests the relationship is not so clear cut. The two nondemocratic, warring states, which agreed to same treaties, behave differently regarding compliance toward the Geneva Conventions and the ICRC. Realism provides no explanation. Under realism Iraq has little reason to comply with the Geneva Conventions since Iran is clearly not reciprocating. Constructivism however does offer an explanation. Ropp and Sikkink (1999) note constructivist scholars have theorized that states which accept treaties with no intention of complying with them may find the obligation changes their identity and thus gives them an incentive for compliance. Therefore, while both states agreed to the Geneva Conventions we can see that to some extent (i.e. Iraqi behavior), the treaties have influenced state behavior.

Another example is the Japanese compliance with the treatment of prisoners of war during the Russo-Japanese War and World War II. During the former the Japanese “scrupulously fulfilled its obligations to Russian and German POWs under the treaties at the time” (Morrow 2001, 990). However, this behavior changed during World War II wherein the “Japanese had switched to neglect of prisoners at best and outright abuse of them at worse...” (Morrow 2001, 990). In both cases Japanese enemies complied with the treaties throughout the wars.

Under realism’s interest based paradigm, the Japanese had no reason to switch from compliance to noncompliance. The national interest regarding Japanese prisoners of war did not change. What did change however, was the value Japanese society placed on prisoners of war. Between the two wars Japan developed a “culture of shame” surrounding surrender in battle (Morrow 2001, 990) and this value extended to include US and Commonwealth prisoners. Japanese state behavior change toward prisoners of war is explained by a shift in values, not in interests.

## Treaty Contents

Realism predicts treaties will focus on improving reciprocal, self-reinforcing relationships. Constructivism predicts treaties will focus on the shared socialized values and norms between signatory states.

There are some instances of the reciprocal relationships predicted in realism. Article 4, Chapter Two of the 1923 treaty between Greece and Turkey regarding prisoners of war specifies:

...Greece shall restore to Turkey and shall transport to Smyrna simultaneously all the Turkish prisoners of war detained by her.

Turkey shall thereupon restore to Greece an equivalent number of Greek prisoners of war, officer for officer, soldier for soldier... The remainder of the Greek prisoners of war shall be repatriated by the Turkish Government immediately after the signature of peace...  
(Agreement Between Greece and Turkey Respecting the Reciprocal Restitution of

In the treaty, state behavior is driven by reciprocity. That is, Turkey transfers its prisoners of war only after Greece reciprocates by releasing an equal number of prisoners.

Most major prisoners of war treaties however, deal almost exclusively with the fair and responsible treatment of prisoners. These treaties follow the constructivist predictions by focusing on the shared values states hold. These values range from the use of muzzled dogs to track down escaped prisoners to a mandatory day of rest from forced labor on the Sabbath (Prisoners of War 1919, 14 -19). These types of clauses represent the bulk of prisoners of war treaties and yet are too specific, minor, and/or undetectable to be used in reciprocal relationships. The signatories must have known *ex ante* that violations to many of these rules would never be uncovered in time to retaliate. Therefore, it is fair to conclude that these treaty contents represent the socialized shared values between the states.

## **Retaliations**

Realism predicts spirals of retaliation whenever one state is unwilling or unable to reciprocate behavior toward prisoners of war. Constructivism instead predicts unilateral compliance when the state has internalized treaty norms.

There is little doubt retaliation is commonplace in war. Morrow calls retaliation “the unstated but recognized tool of enforcement” (2001, 981). After the Dieppe Raid in 1943 German prisoners of war reportedly had their hands tied for a time before being freed, a violation of the treaties in place at the time. German infantry soldiers responded to the news by binding the hands of Commonwealth soldiers they held in the field (Morrow 2001, 981).

However, direct acts of reciprocity occur almost exclusively at the tactical level and do not represent official policies of states. William O’Brien argues state level retaliation has largely discontinued as an accepted practice. He observes that “most forms of reprisal are no longer legal under international customary and conventional law; these include retaliation in kind against [prisoners of war] for mistreatment by the other side, and reprisals against civilians” (1995, 46). If we limit retaliation toward prisoners of war to that of the state levels of analysis we find support for the predictions of constructivism. That is, states which have socialized treaty norms unilaterally comply even in the face of enemies unwilling or unable to reciprocate.

In 1914, Commander Stone observed:

Upon the entry of the United States into the war, our government deemed it expedient to utter a pronouncement to the effect that while the Government of the United States, for good and sufficient reasons, did not consider that the actual provisions of the several Conventions of Geneva and the Hague were operative in this war, it did consider that the principles underlying the provisions were of force and that they would be followed by the United States as a general guide in the circumstance. (Stone 1919, 407)

The United States, while acknowledging the letter of the treaties was not in force, announced publicly that it considered the norms codified in the treaties in force and would act accordingly. These actions do not reflect reciprocity but a drive to fulfill the socialized identity and norms the nation had for itself and its actions.

In the 16th through 18th centuries the concept of “parole” was commonplace. Gentlemen and aristocrats captured in battle could be released and allowed to return home if they gave their word not to rejoin the fighting (Walzer 1969, 779). By World War II this ethic was largely abandoned except for one curious and illuminating case. During fighting in the Philippines a small group of Americans was captured by Japanese infantry, who upon receiving the Americans’ word not to fight, paroled and freed them. The US government accepted the paroles of the soldiers and deemed parole as legally prohibiting the men from offering any support to the US war effort against the Japanese (Walzer 1969, 780). Realism offers no explanation for the position of the US government. Since the probability of developing a reciprocal parole system was remote, there was no reason for the US government harm its interest by unilaterally abiding by the parole agreement. However, constructivism offers an explanation. Honoring the parole was in compliance with socialized norms the US had internalized, even when doing so was a unilateral action.

The United States is not alone in unilateral compliance with prisoner of war agreements. The mission statement of the Israeli Defense Force (IDF) refers to the ideal that “IDF soldiers will not use their weapons and force to harm human beings who are not combatants or prisoners of war” (Sucharov 2005, 182). The ideal is held in such high regard that IDF soldiers possess, the option and obligation to disobey blatantly illegal orders (Sucharov 2005, 182). This code of conduct makes reciprocal retaliation by the Israeli government legally impossible. The outlawing of prisoner of war reciprocity defies a realist explanation since the threat of retaliation is what the paradigm holds as the central tenant of prisoner of war interstate relations. Through a constructivist lens however, the actions reveal a state with internalized norms of behavior and a desire to follow them even in the face of an enemy unwilling or unable to do so.

## Conclusion

Through a brief overview of prisoners of war in both the realist and constructivism paradigms we have found the former wanting. From each of the two theories we derived four symmetrical, observable predictions. The end result was that time and again realism’s interest based approach to international relations failed to offer an explanatory edge over constructivism’s value based approach. While this paper does not attempt to posit itself as a comprehensive test of the two theories, the results do offer weak support that constructivism is better able to provide explanatory leverage regarding prisoners of war in the Westphalian system. That is, without historicizing and contextualizing state behavior through appreciation of their values and norms, theories and research on prisoners of war offer less ability to interpret, explain, and predict.

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{ Comments on this entry are closed }

## **Is this the future of American Public Diplomacy? Of Counterinsurgency?**

by [Christopher R. Albon](#) on May 5, 2009 [[edit](#)]



The United States has a problem. Despite overwhelming technological and military power, the US is rapidly losing the war of public perception. Matt Armstrong (aka [MountainRunner](#)) succinctly summarizes the situation in a [2007 Good Magazine article](#):

“Iraq has become a stage on which terrorists, insurgents, and Coalition forces compete for a global audience. YouTube, blogs, and all other forms of citizen media ensure that every GI Joe and Jihadi has at least a part in the theater of public opinion. The result is a new public diplomacy that insurgents understand, and the U.S. State Department doesn’t.”

Matt argues that the US is crippling its war for hearts and minds by building high security “Crusader castle” embassies in Baghdad and elsewhere. But just how can the United States fight an image war?

One idea is to copy Al-Qaeda’s PR strategy: use social networking sites, YouTube, and blogs. The problem with this strategy is that it plays to America’s weakness. Al-Qaeda’s decentralized, nimble network of members, supporters, followers, and fans is well suited to waging an information war on an online battlefield. The United States’ centralized structure, on the other hand, seems too slow and rigid to offer an effective PR battle. And, despite continuous cries for improvement, this situation does not appear to be changing any time soon. But what if there was a way to fight the war of public perception by exploiting US strengths.

Nobody can rival the United States in technological prowess and power projection capabilities. The ability of the United States to place military power anywhere in the globe separates it from all other states and certainly from Al-Qaeda. By applying these strengths, America moves the war of public perception to a new battlefield where it holds the high ground. The SkyFreighter (albeit theoretically) might be one way to do this.

The [Sky Freighter](#), if the developer’s promises are to be believed (which is not that easy considering

aircraft capable of carrying 500 tons of cargo 6000 miles. In other words, it is a cross between a cargo ship and the Hindenburg.

Put into the right hands, these behemoth airship could fly American hospitals to the world's medically underserved and through that mission, be American ambassadors. The US Navy already has a number of [hospital ships](#) used in humanitarian missions, however the ships are limited to working along coastlines or large port cities. SkyFreighter, however, has the ability to target specific communities regardless of their location. These craft allow the US to conduct public diplomacy campaigns almost anywhere, whether in the Somali bush or the Saudi desert. Poor, rural villagers will never be fully sheltered from Al-Qaeda's PR. But, with a fleet of US hospital airships those same villagers would never forget that their free cleft-palate surgery was conducted by an American Navy airship doctor. Al-Qaeda has little chance of competing against that.



{ Comments on this entry are closed }

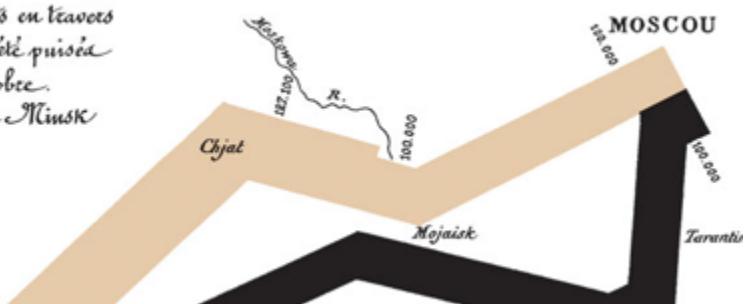
## Mapping the Health of Military Campaigns

by [Christopher R. Albon](#) on April 30, 2009 [[edit](#)]

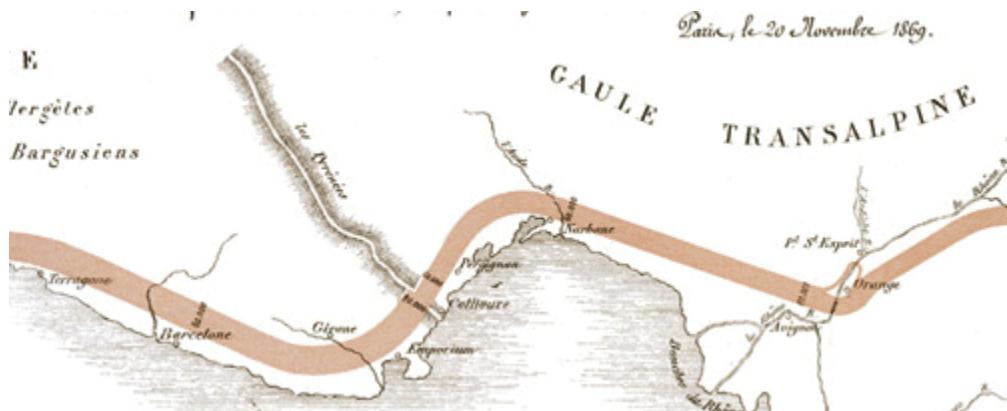
In 1861, the French civil engineer Charles Joseph Minard published maps on [Napoleon's Russian campaign of 1812](#) and [Hannibal's campaign into Italy](#). In two dimensions, Minard's maps convey the campaigning army's location, direction and dwindling size, as well as the local temperature. Each map plots the course of the campaigning army on a geographical map with the width of the line depicting the size of the army at any given period. The tan line represents the offensive campaign, while the black line represents the retreat. The results are often cited as brilliant examples of the visual display of statistics. I enjoy them for another reason. There are dozens of maps and publications describing the weaponry, tactics, and leaders of the two campaigns. However, through Minard's map, we are presented a different and rarer vision of war, determined as much by infectious disease and injury, as by gun, general, or siege.

### Napoleon's 1812 Campaign into Russia

*Paris, le 20 Novembre 1869.  
ces; ils sont de plus écrits en traits  
qui à desser la carte on été puiseé  
l'armée depuis le 28 Octobre.  
avaient été détachés sur Minsk*



## Hannibal's Campaign into Italy



Click the images to see the full maps.

P.S. Posters of the Napoleon map can be purchased [here](#).

UPDATE: Commenter Timothy Jiggins points out last week's economist has a great article on the power of data visualization. Check it out [here \(subscription possibly required\)](#).

{ Comments on this entry are closed }

## Photos of Sri Lanka's IDPs

by [Christopher R. Albon](#) on April 28, 2009 [[edit](#)]



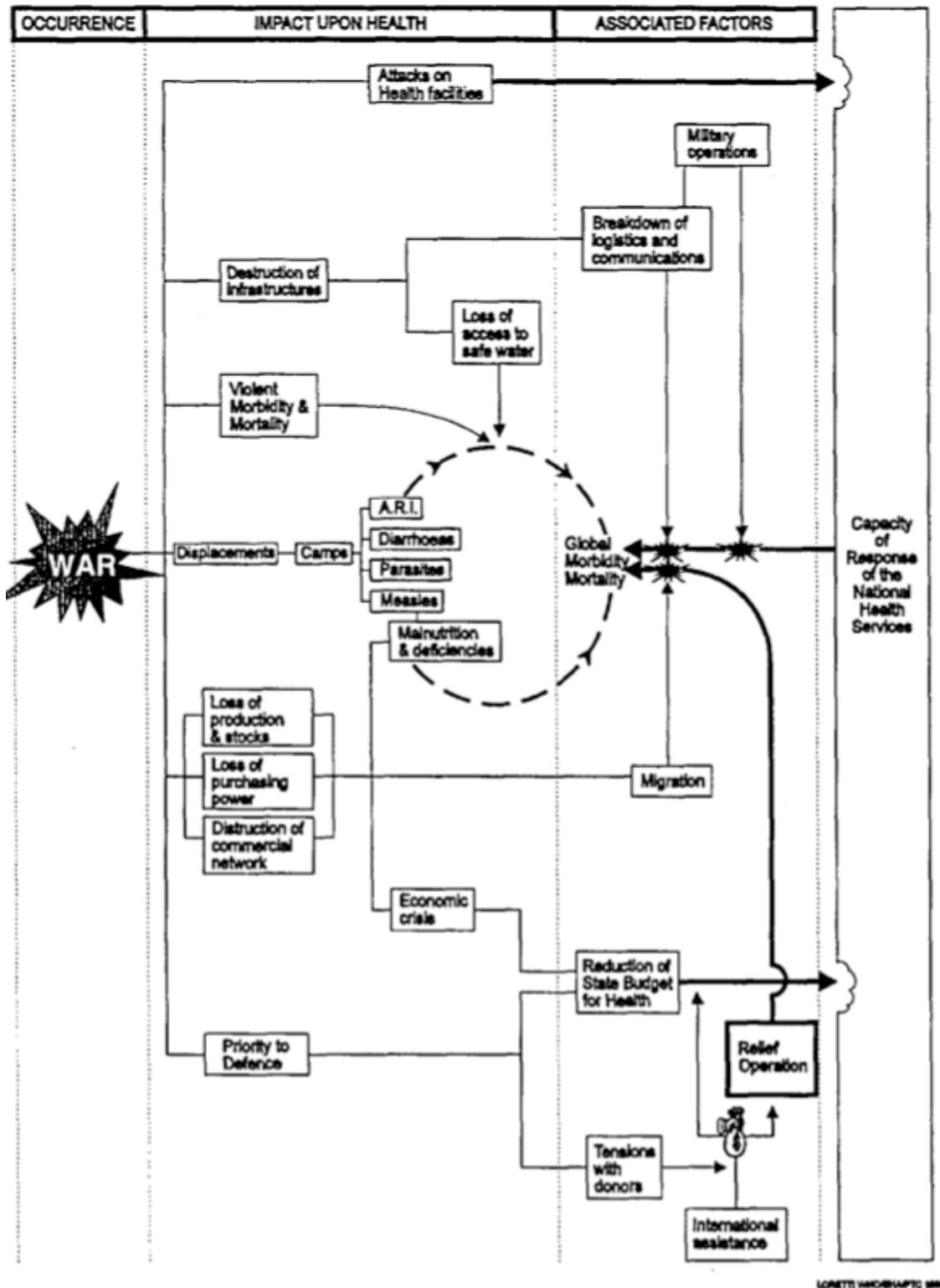
The Boston Globe has a collection of stunning photos from the endgame in Sri Lanka. Click on the image above to view the photos. If you want to read LTTE's side of the story, be sure to check out the prolific [Tamil Net](#).

{ Comments on this entry are closed }

## War's Effect on National Health Services

by [Christopher R. Albon](#) on April 28, 2009 [[edit](#)]

During my research I stumbled upon this great chart by [Alessandro Loretti](#). While I do not agree entirely with some parts of the chart, it is still a very interesting graphic. Enjoy!



### Source:

Loretti, Alessandro. 1997. "Armed conflicts, health and health services in Africa. An epidemiological approach." *Journal of Multinational Corporate Studies* 11(2): 219.

{ Comments on this entry are closed }

## US Navy Health Diplomacy Blogging

by [Christopher R. Albon](#) on April 24, 2009 [[edit](#)]



The US Navy hospital ship [USNS Comfort](#) recently deployed on Operation Continuing Promise (OCP). I was fortunate enough to be able to embed with last year's OCP deployment aboard the [USS Kearsarge](#).

This year, the USNS Comfort [has put up a blog](#) with posts, photos, and videos from their trip. Be sure to check it out and add them to your RSS reader!

Good luck Comfort!

{ Comments on this entry are closed }

## Sri Lanka's Human Shields

by [Christopher R. Albon](#) on April 23, 2009 [[edit](#)]

Over the last few days the world's eyes have been fixated on a [6.5 square mile area in Northern Sri Lanka](#). This zone, protected by an earthen wall, is the last pocket of LTTE resistance. LTTE forces are holding thousands of civilians within the zone as human shields. Four days ago government forces breached the wall in at least one location and "unleashed the exodus". Reports indicate that tens of thousands of civilians have fled the zone through the breach:

"It is 60,000 plus and counting, and we have heard various reports of up to 110,000 coming out," said the U.N. spokesman in Colombo, Gordon Weiss. He cautioned the reports were preliminary and not confirmed.



The LTTE has accused the military of fabricating the numbers and of capturing people it says are staying by choice. It has ignored all calls to free civilians while urging a truce, and on Tuesday vowed no surrender despite facing overwhelming firepower.

Photo: Video grab released by the Sri Lankan Air Force shows footage taken from a military spy aircraft showing what the air force claims to be civilians escaping the last remaining Tamil Tiger area in Mullaittivu. Tens of thousands of civilians escaped from the area still held by Sri Lanka's Tamil Tigers, signalling that the rebels' "complete defeat" was imminent, President Mahinda Rajapakse said. (Credit: AFP/SRI LANKAN AIR FORCE)

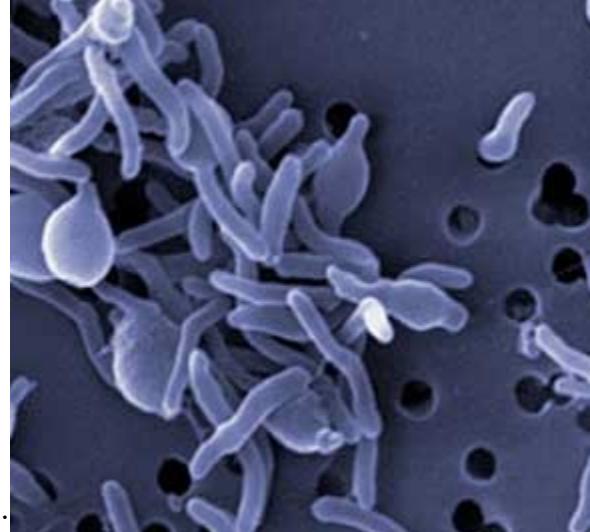
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## Climate Change, Health, And Security

by [Christopher R. Albon](#) on April 20, 2009 [[edit](#)]

It is generally accepted in the health community that increases in worldwide temperature will raise the global burden of disease. However, one paper by Kevin Lafferty in this [month's issue of the journal Ecology](#) counters this consensus. According to Lafferty, climate change might make the present territory of some diseases too hot. Thus, climate change might *both open and close* territory to diseases.

Critics of Lafferty's research argue, amongst other things, that climate models predict a rise in minimum temperatures rather than maximum temperatures. If this is the case, then diseases might maintain a hold in their current territory while expanding to newly warmer areas. Furthermore, many high-altitude regions have greater population density than warmer regions and thus temperature increases will likely increase human exposure to disease.



This dialog has important security implications. If climate change increases the global burden of disease, health will be a more pressing threat to human security and the political stability of states. States in cooler climates, which have been largely immune to tropical diseases could face new challenges as health services are overwhelmed and eventually lose political legitimacy in the eyes of their citizens.

If Lafferty is wrong, building health capacity will become an increasingly important tool in US foreign policy. That is, by making states and their militaries more resilient to new health threats, the United States can promote the stability of her allies and regions of interest.

{ Comments on this entry are closed }

## Attacks on Humanitarians in Afghanistan

by [Christopher R. Albon](#) on April 14, 2009 [[edit](#)]



The [Afghanistan NGO Safety Office \(ANSO\)](#) (worst website ever by the way...) differs from many organizations operating in the country in that they [have regularly published their data](#). Despite the benefits to openness, many organizations hold onto their data with a tight fist. ANSO's Quarterly Data Report for Q1 2009 offers insights into the behavior towards NGOs working in the state. The report finds that the number of attacks on NGOs in Q1 2009 increased six percent since the [same period in 2008](#). The most dangerous provinces are Kandahar, Herat, Kabul and Kunar with four, six, four and four attacks respectively.

As the report points out, the distribution of attacks on NGOs across Afghanistan likely has more to do with where humanitarians operate rather than variations in the security situation. That is, most of the provinces are dangerous for NGOs, and the variation in the number of attacks is simply due to the level of NGO presence.

The data on NGO attacks in Afghanistan is further evidence that [the neutrality of NGOs is dying](#), or [never existed in the first place](#). If NGOs are going to operate effectively in Afghanistan and elsewhere, they must either do so under the security umbrella of GoA / Western forces (which comes with its own set of problems) or make local agreements of neutrality with tribal leaders and combatants. The take away point: humanitarians cannot rely on international norms of neutrality, and perhaps never could.

H/T: [Christian Bleuer](#)

{ Comments on this entry are closed }

## Good Reads for April 9th 2009

by [Christopher R. Albon](#) on April 9, 2009 [[edit](#)]

### The British are getting it right!

Last month several colleagues of mine traveled to the UK to attend a conference on the UK's role in global health. The British government, it appears, have made significant progress in formulating a "whole of government approach.

## The Threat of Emerging Ocean Diseases

Much attention has been paid to newly emergent diseases that have afflicted humans in recent decades—HIV/AIDS, SARS, avian influenza, etc. Conversely, deadly diseases that have emerged in the world's oceans during the same time period have been largely ignored. While these diseases haven't caused epidemics in humans, they have proved troublesome to marine animal populations and to susceptible humans who have ventured into contaminated waters. Therefore, we should pay closer attention to what's happening in the world's oceans since it could be an important sentinel for global environmental health.

{ Comments on this entry are closed }

## The Doctor Drain and Health Neutrality

by [Christopher R. Albon](#) on April 7, 2009 [[edit](#)]



Health workers in war-torn countries often have the skills and wealth to leave their homeland for greener (or at least safer) pastures abroad. Iraq is no exception; according to some unverified numbers, [half of Iraqi doctors have fled](#) the country since 2003 and those remaining live in constant danger. Their fears are not unfounded. In March 2005, [115 people were killed](#) outside an Iraqi health clinic in the city of Hilla. The victims were lined up outside the clinic to get medical tests necessary for jobs in the Iraqi government. In April, five health workers were kidnapped on their way to an IDP camp near Kandahar. After the incident, health workers refused to travel to the area until their security could be guaranteed. Regarding the kidnapping, Dr. Abdullah Fahim, the Afghan Ministry of Health spokesman [said](#):

“If the security of our health workers is not ensured, then we cannot put more health workers at risk and we won’t be able to send more doctors to the camp”

In both examples, health workers were either directly or indirectly targeted by combatants because of their perceived connection to the government. In Iraq, the health workers were (amongst other things) screening recruits for the Iraqi security forces. In Afghanistan, the health workers were riding in a government vehicle.

To prevent the flight of health workers and preserve indigenous health services in conflict zones, a negotiated “health neutrality” must be considered. The lack of access to health workers effects both sides of a conflict, and thus by banning government health workers from directly assisting either side’s military operations (such as screening Iraqi Army recruits), their security could be better guaranteed. This model is not entirely new. The ICRC has been benefiting from a strict neutrality stance for more than a century.

Nobody disputes that the primary function of government health workers is to provide their services to all in need. Imposing a “wall” between government health ministries and government military operations would solidify the notion of the neutrality of health security between combatants and guarantee the protection of the health workers themselves, thus lowering the rate of “doctor drain”.

{ Comments on this entry are closed }

## **Good Reads for April 6th 2008**

by [Christopher R. Albon](#) on April 6, 2009 [[edit](#)]

### **Mass Exodus from ‘Human Terrain’ Program; At Least One-Third Quits**

According to the Boston Globe, the Obama administration’s new war plan for Afghanistan includes an expansion of the Human Terrain System, the Army’s controversial program to embed social scientists. If true, it would be an ironic twist for the program — since up to two-thirds of the Human Terrain personnel serving abroad just quit.

### **CNN Wants To Show Only Kinetic Operations In Afghanistan**

Yesterday, I was told that CNN had established a new news bureau here in Kabul, relocating from Iraq as that war has begun tapering off. According to an unidentified source here in Kabul, the CNN bureau has notified the Army that it will only cover kinetic, or direct action operations; that it will not provide any coverage for humanitarian or reconstruction efforts. It was added that their position is what CNN’s viewers demand. ... Or is it a case of the giant imposing its will?

### **2008 was deadliest year for aid workers**

latest in Sudan took place on Saturday when unknown armed men snatched two female aid workers, a French and a Canadian, from their compound in southern Darfur.

{ Comments on this entry are closed }

## Armed Conflict, Public Health, & Twitter

by [Christopher R. Albon](#) on April 3, 2009 [[edit](#)]

I joined [Twitter](#) more than a year ago, but at that time it was largely unknown outside tech circles and only a handful of people in the global health, security, and international relations communities used the service. This has changed in recent months, with Twitter becoming almost mainstream.



If blogs post are the ‘conference papers’ of the internet, then Twitter is the small-talk between sessions. Currently, a growing community of security, international relations, and global health scholars and researchers use Twitter to share and debate ideas. 24 hours a day, 7 days a week, this community hums with activity and discussion. To help readers of War & Health interested in joining, below are 35 global health, foreign affairs, and international security scholars, researchers, and experts active on Twitter. So sign up for Twitter, follow the people below you find interesting, and join the conversation.

- [Christopher Albon](#) - Your author.
- [Louis Klarevas](#) - A professor at NYU’s Center for Global Affairs, Louis is a maven for conflict news.
- [Drew Conway](#) - Drew is a Political Science PhD Candidate at NYU doing [quantitative research into armed conflict](#).
- [Roger Pociask](#) - A former army officer and authority on AFRICOM and African politics.
- [Michael Allen](#) - Michael is a political science PhD candidate at SUNY researching international security.
- [William Reed](#) - A professor of political science at RICE University, William researches power and conflict using quantitative analysis.
- [Tracy Arend](#) - A graduate student in Latin American Studies at Georgetown University, Tracy researches political development and governance.
- [Ryan Briggs](#) - Ryan is a International Relations and Development PhD student at American University.
- [Noah Shachtman](#) - A writer for Wired Magazine and Wired’s [Danger Room](#) blog.
- [Jonathan Hutson](#) - Jon is the Chief Communications Officer for Physicians for Human Rights.
- [Raymond Pritchett](#) - An expert on naval affairs and blogger at [Information Dissemination](#).
- [Coming Anarchy](#) - An anonymous author from the excellent blog [Coming Anarchy](#). Often discusses history and world politics.
- [Alanna Shaikh](#) - An experienced aid worker and expert in global health, currently working in DC.
- [Mark Drapeau](#) - An online celebrity, Mark writes about the connection between social media and security.

an expert in stability operations and civil affairs.

- [\*\*Jeffrey Lewis\*\*](#) - Jeff is the Director of the Nuclear Strategy and Nonproliferation Initiative at the New America Foundation. He is a world renown expert on nuclear weapons.
- [\*\*Irv Lachow\*\*](#) - Irv is a Senior Research Professor at the National Defense University's Information Resources Management College. He researches the relationship between IT and national security.
- [\*\*Patrick Meier\*\*](#) - Patrick is a Henry R. Luce PhD Candidate at The Fletcher School of Law & Diplomacy and an expert on crisis mapping.
- [\*\*Thomas PM Barnett\*\*](#) – An expert on national security, Tom is the author of [The Pentagon's New Map](#) and [Great Powers: America and the World after Bush](#).
- [\*\*Adam Elkus\*\*](#) - Adam is a writer and analyst specializing in foreign policy and security.
- [\*\*Jay Parker\*\*](#) - Jay [blogs](#) about foreign policy and current events.
- [\*\*NYkrinDC\*\*](#) - NYkrinDC is an anonymous blogger [writing](#) about national security and global politics.
- [\*\*Steve Schippert\*\*](#) - Steve is a former Marine and co-founder of the [Center for Threat Awareness](#).
- [\*\*Ethan Zuckerman\*\*](#) - Ethan works at Harvard's Berkman Center for Internet and Society researching the relationship between technology and development.
- [\*\*Brian Conley\*\*](#) - Co-founder of [Alive in Baghdad](#), which uses Iraqi journalists to provide video reporting of daily life in the country.
- [\*\*Charlie Edwards\*\*](#) - Charlie is a senior researcher at the thinktank [Demos](#).
- [\*\*Alex Strick van Lins\*\*](#) - Alex is a war reporter and author currently writing a book on sufism.
- [\*\*Shlok Vaidya\*\*](#) – Shlok is an analyst and thinker on conflict and technology.
- [\*\*Ryan Erickson\*\*](#) - Ryan works for the US Coast Guard and writes for the [Unofficial Coast Guard Blog](#).
- [\*\*Erik Hersman\*\*](#) - Erik is a TED Fellow and founder of [Ushahidi](#), a platform to crowdsource crisis mapping.
- [\*\*Michael Tanji\*\*](#) - Mike is former intelligence officer at DIA, writer, and expert on intelligence.
- [\*\*Mark Safranski\*\*](#) - Mark is an educator and author on everything from teaching to foreign affairs.
- [\*\*Samuel Liles\*\*](#) - Sam is a professor at Purdue University and an expert on cyber warfare.
- [\*\*Matt Armstrong\*\*](#) - A leading expert on public diplomacy, Matt writes at [MountainRunner.us](#).
- [\*\*John Robb\*\*](#) - John is an author and speaker on the future of armed combat. He was named by Esquire magazine in 2007 one of the nation's "best and brightest".
- [\*\*Alex Evans\*\*](#) - Alex is a Non-Resident Fellow at NYU's Center on International Cooperation working on climate change and global public goods.

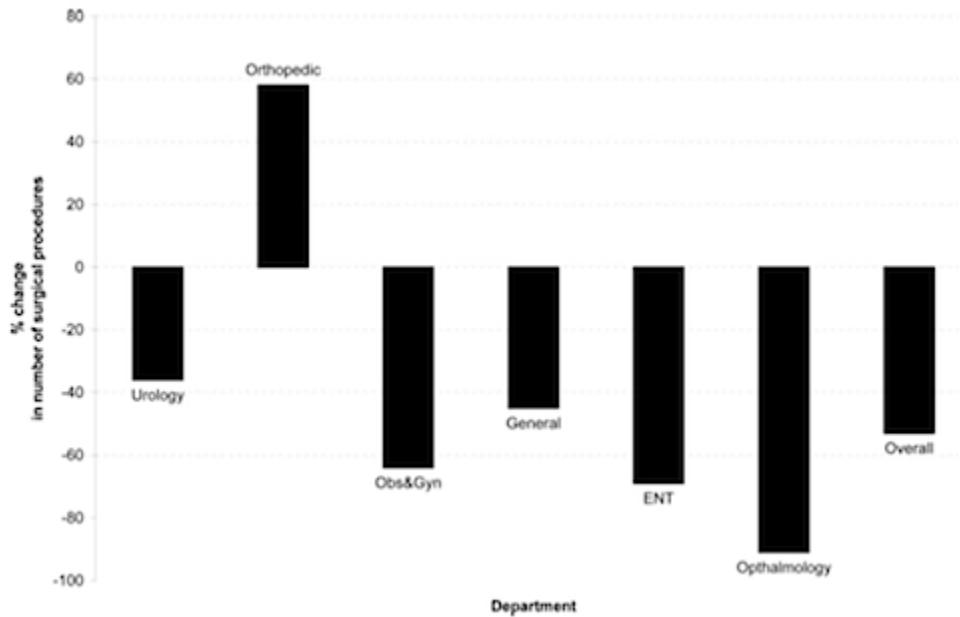
Obviously this list is not comprehensive. If you know of other Twitter users that could/should be on this list, post them in the comments.

{ Comments on this entry are closed }

## [\*\*Surgery During Israel-Lebanon War\*\*](#)

by [Christopher R. Albon](#) on April 2, 2009[edit]

hospital received both civilian and military casualties. The graph below is the “percent change in the number of surgical procedures being performed in the operating room from 12th July to 14th August by each surgical specialty when comparing 2005 (the year before the war) to 2006 (during the war).”



The graph shows a clear increased need for orthopedic procedures during armed conflict.

**Source:**

Hadary, Amram et al. 2009. “Impact of Military Conflict on a Civilian Receiving Hospital in a War Zone.” Annals of Surgery 249(3): 502-509.

{ Comments on this entry are closed }

## Lack of Security Enables Iraqi Measles Outbreak

by [Christopher R. Albon](#) on April 1, 2009 [[edit](#)]

[The Ground Truth in Iraq](#) is reporting a widespread measles outbreak in Iraq. Insecurity in some provinces prevented vaccination programs, enabling the outbreak to develop unchecked:

Measles were first detected in central Iraq, and is now moving north and south. The initial cases were found in Anbar and Salahaddin, and then spread to Ninewa and Tamim. Those provinces lacked adequate vaccination programs because of the lack of security. The government started an emergency response effort in those four areas, which were effective in stopping the spread of measles. However shots were not given in the rest of the country, which led to the outbreak spreading to Basra, Najaf, Dhi Qar, Muthanna, Maysan, Karbala, Diyala, Qadisiyah, Babil, Wasit, and the three provinces of Kurdistan.

{ Comments on this entry are closed }

## Health Neutrality and the Spanish Civil War

by [Christopher R. Albon](#) on April 1, 2009 [[edit](#)]

Despite popular belief to the contrary, the norm of humanitarian neutrality has always been tenuous. Elizabeth Willis' 2008 paper provides an excellent summary of the status of the health / humanitarian neutrality norm during the Spanish Civil War:

It will be apparent that few if any participants in the aid effort were neutral, even in theory, and for some there was no question even of non-combatant status. Medical personnel were counted among the casualties. Randall Sollenberger, an American doctor who had been working at Bury Royal Infirmary near Manchester, decided to 'pinch' two trucks and go to help when he heard of the battle of Jerama. Because there was more scarcity of doctors than of soldiers, he was put under arrest to prevent him from going to the front, but he was killed during the Brunete offensive when his truck was bombed. The consideration that medical work might include caring for enemy soldiers was no protection; there are accounts of the Red Cross symbol being targeted, so that its use on vehicles was discontinued. Drivers and stretcher-bearers were highly vulnerable. Orwell noticed a Belfast Irishman with some training in first aid who 'went to and fro with packets of bandages, binding up the wounded men and, of course, being shot at'. Neither were hospitals very safe places of refuge, as already indicated. When Guernica was bombed and the hospital was hit, 25 children and two nuns were killed." (Willis 2008, 167-168)

### **Source:**

Willis, Elizabeth A. 2008. "Medical responses to civil war and revolution in Spain, 1936–1939: international aid and local self-organization." *Medicine, Conflict and Survival* 24(3): 159.

{ Comments on this entry are closed }

## George Orwell in Tarragona

by [Christopher R. Albon](#) on April 1, 2009 [[edit](#)]

The [Spanish Civil War](#) ended 70 years ago today. Author George Orwell participated in the conflict and was wounded by a sniper's bullet. During his treatment and recovery Orwell spent some days at a hospital in Tarragona. In his book [Homage to Catalonia](#), he describes his time there:

"The hospital at Tarragona was a very big one and full of wounded from all fronts. What wounds one saw there! They



accordance with the latest medical practice, but which was peculiarly horrible to look at. This was to leave the wound completely open and unbandaged, but protected from flies by a new of mutter-muslin, stretched over wires. Under the muslin you woud see the red jelly of a half-healed wound. There was one man wounded in the face and throat who had his head inside a sort of spherical helmet of butter-muslin; his mouth was closed up and he breathed through a little tube that was fixed between his lops. Poor devil, he looked to lonely, wandering to and fro, looking at you through his muslin cage and unable to speak. I was three or four days at Tarragona." (Orwell 1966, 192)



{ Comments on this entry are closed }

## Good Reads For 31st March 2009

by [Christopher R. Albon](#) on March 31, 2009 [[edit](#)]

### Ministry of Defense Braces For A Surge In Suicide Rate

Although they represent a tiny percentage of the troops who have undergone tours of duty – about 100,000 in Iraq and 50,000 in Afghanistan – there is concern that the risk of troops taking their own lives is increasing.

### Greg Sanders on the impact of air strikes on Afghan public opinion

Such deaths have both a human and a political toll. At a recent CSIS event, ABC Director of Polling, Gary Langer, described their impact on popular support for the coalition. The ABC/BBC/ARD poll found that local experience with U.S. bombing and artillery fire was strongly correlated with both negative attitudes towards the U.S., towards the Afghan central and provincial governments, and regarding Afghanistan's direction. This dissatisfaction can lead to radicalization: some 44 percent of Afghans who experienced local bombing believe that attacks against coalition forces could be justified.

### Korean Victims of Nuclear Warfare

I didn't realize that 40,000 Koreans who were in Japan were killed in the two atomic bombings in 1945. There also are thousands of Korean survivors, and they want help from the Japanese government.

### Value of Life and estimating the human cost of Iraq war

We often hear that life is precious. But how precious? Can we really try to ascribe cold monetary values to a warm life? When you don't consciously estimate, you run the risk of underestimating it. Every living moment we take chances: it's unsafe to eat, it's unsafe to work, it's unsafe to drive. And whenever we trade risk of death off for time or money,

about the cost of economic disasters, and measure them in human life.

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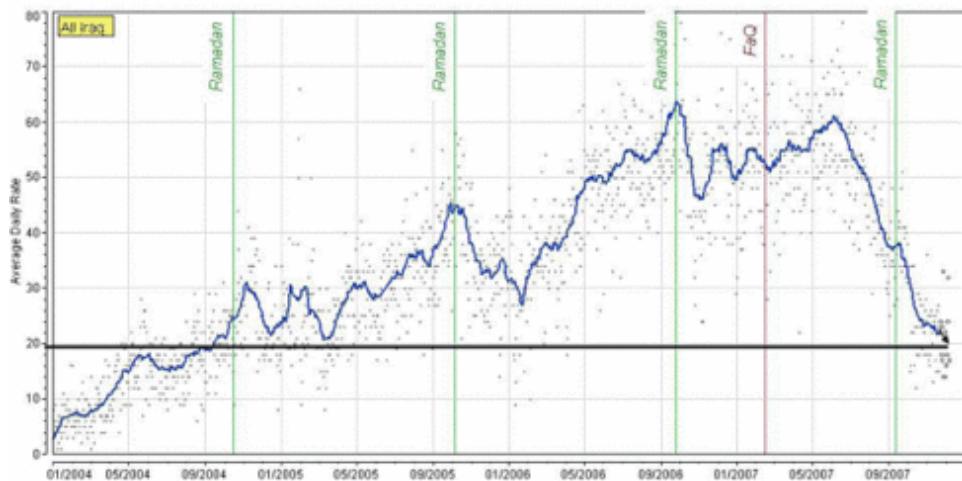
## Data and Tragedies

by [Christopher R. Albon](#) on March 29, 2009 [[edit](#)]

War & Health is charged with examining the connection between armed conflict and health. The majority of the time this takes the form of quantitative analysis of the available data. Diseases and wars reduced to values on a spreadsheet. I believe in this approach. However, far too common, I think, researchers forget that the observations we conduct in our statistical symphonies are all events of complexity and often, devastation.

The data is clear, IED attacks in Iraq are declining. The slope is negative. But, these are not mere points on a scatterplots, or observations in our regressions. They are tragedies of the human condition. Each deadly attack, each “N”, is a family’s tragedy.

### IED Explosions Incidence – All Iraq



And, in the end, the accuracy of our findings is not for conference papers or publications, but to give their tragedies some meaning.

Journalist [David Berian](#) offers a good reminder that the N's in the IED data are always more than numbers:

We would do well to keep that in mind.

{ Comments on this entry are closed }

## Good Reads for 25 March 2009 (Updated)

by [Christopher R. Albon](#) on [March 25, 2009](#) [[edit](#)]

In an attempt to catch up on some other projects, here are three items I have been planning on writing about for a few days now. Enjoy!

### Annotated bibliography on IDPs in Georgia



The following annotated bibliography on internally displaced persons (IDPs) in Georgia was compiled by Benjamin Shubik Sweeney, a researcher with Transparency International Georgia.

## Israel Used Phosphorus to Flame Hamas Hideouts: Human Rights Watch



During its war with Hamas, Israeli troops deliberately blasted crowded buildings — including a school and a hospital — with incendiary white phosphorus rounds. It was part of a concerted strategy to scorch terror hideouts in and around Gaza City, Human Rights Watch senior military analyst Marc Garlasco tells Danger Room.

**Update:** You can read the full HRW report [here](#).

## Room for Debate: Civilians Caught in Urban Combat

ROOM FOR DEBATE A Running Commentary on the News

March 19, 2009, 7:45 PM

### Civilians Caught in Urban Combat

By THE EDITORS

Are there rules of engagement that can minimize civilian casualties?

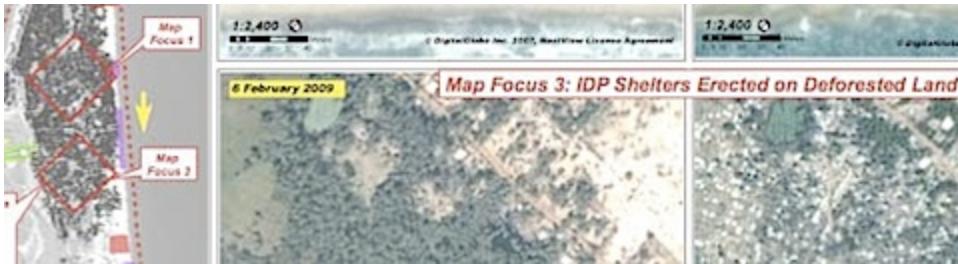
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## Satellite Imagery of IDP Shelters in Sri Lanka

by [Christopher R. Albon](#) on March 25, 2009 [[edit](#)]

[UNOSAT](#) has released new satellite imagery of the [Civilian Safety Zone in Sri Lanka's Mulattivu District](#). Click on the image below for a high quality PDF.

A satellite-derived estimate based on automatic detection methods, indicates there are approximately 31,400 buildings / shelters within the CSZ and approximately 800 additional shelters immediately outside the zone as of 6 March 2009. This is an increase of approximately 18,200 from the count estimate of 13,200 on 19 February, and a total increase of over 28,700 from 5 February 2009.



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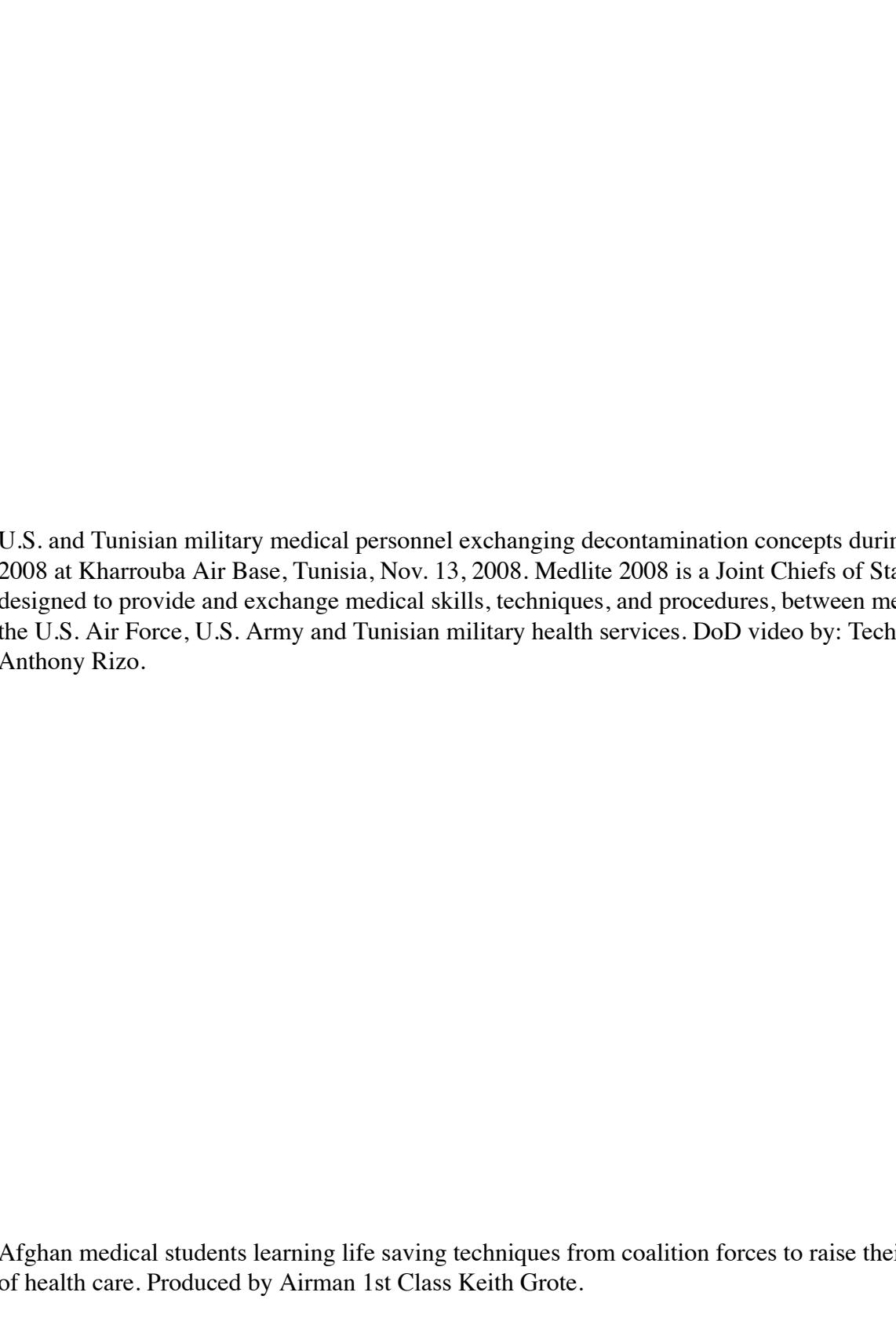
## Five DoD Videos on Health

by [Christopher R. Albon](#) on March 24, 2009 [[edit](#)]

The US military is a media-producing machine. Hundreds of articles, videos, audio, and photos are released everyday by the Department of Defense. Below is a collection of some recent DoD videos relating to global health. Make no mistake, this is not unbiased journalism. But, the videos do provide insight into the types of health capacity-building operations currently underway by the US armed forces.

U.S. service members who are checking on a Afghan hospital which is only one of a few of its kind in the area. Produced by Fred Baker.

Talks to a military reporter about the opening of a new medical clinic in the Diwaniya Province and how it will benefit the Iraqis in that area.



U.S. and Tunisian military medical personnel exchanging decontamination concepts during Medlite 2008 at Kharrouba Air Base, Tunisia, Nov. 13, 2008. Medlite 2008 is a Joint Chiefs of Staff exercise designed to provide and exchange medical skills, techniques, and procedures, between members of the U.S. Air Force, U.S. Army and Tunisian military health services. DoD video by: Tech. Sgt. Anthony Rizo.

Afghan medical students learning life saving techniques from coalition forces to raise their standards of health care. Produced by Airman 1st Class Keith Grote.

Afghans being taught emergency dental healthcare techniques to help make them self-reliant and eventually independent from U.S. and coalition forces. Produced by Staff Sgt. Michael Slater.

{ Comments on this entry are closed }

## **On Global Health and Foreign Policy**

by [Christopher R. Albon](#) on March 23, 2009 [[edit](#)]

### nexus between health and foreign policy (PDF).

Traditionally, health has been categorized as a field of “low politics”, while national security is the realm of “high politics”. Under this perspective, health is a goal of normative humanitarianism and not a significant component in international security. Fidler demonstrates this point with the simple example of biological weapons. When biological weapons have been addressed by the international community, they have done so under the guise of arms control (high politics) rather than health (low politics). However, the position of health in the hierarchy of politics is changing.

Fidler posits health’s increasing importance, particularly in the Carter and Bush (II) administrations, and summarizes three conceptualizations of its role in foreign affairs.

**Revolution** – Health “collapses” high and low politics into a new paradigm where “health serves as a central objective of global policy” (Fidler 2005, 7). That is, health changes everything.

**Remediation** – This conceptualization argues that while health is no longer in the realm of “low politics”, it has become just another issue addressed by traditional foreign policy. Health’s role in “high politics” is furthermore limited to those diseases capable of disrupting the material, security, and power capabilities of states.

**Regression** – The regression conceptualization argues that health’s growing importance is a side effect of the worsening global health situation. As emerging and reemerging diseases threaten the population of states, the “conventional perspectives of health in foreign policy hold health hostage to the views of powerful states concerning their material interests and capabilities”. (Fidler 2005, 9). As a result, the regression conceptualization posits that health’s new connection to high politics has been done so without the normative goals traditionally associated with international health.

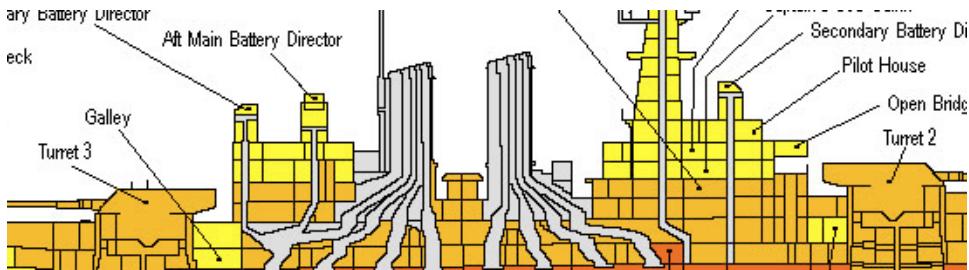
Regardless of their differences, Fidler argues that all the conceptualizations see health’s relationship with foreign policy as a “radical break” from the past, bringing up new challenges for the international community. Specifically, health is quickly becoming a key indicator of good governance at the domestic and international levels. That is, a population’s health is becoming a fundamental measure of the legitimacy of their governing political bodies.

P.S. Major hat tip to [Gail Fisher](#) for pointing out this article.

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## Battleships and Asbestos

by [Christopher R. Albon](#) on March 23, 2009 [[edit](#)]

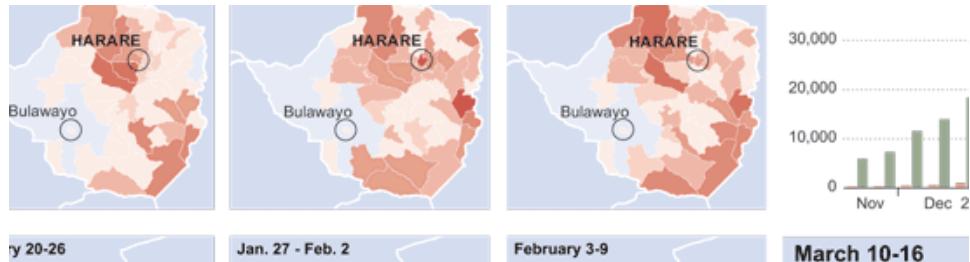


David Tate has published [a short guest post by Allen Dutton](#) on the dangers of asbestos for the US military. The article is good, but the real gem is this infographic from Asbestos.com depicting the level of asbestos exposure by compartment on what looks like an Iowa class battleship. I wish I knew the original source of the data. Click on the image for a full sized version.

{ Comments on this entry are closed }

## The Spread of Cholera in Zimbabwe

by [Christopher R. Albon](#) on March 23, 2009[edit]



The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has released a infographic depicting the spread of cholera in Zimbabwe as of March 16th, 2009. Zimbabwe's cholera outbreak has devastated the african state in recently weeks, moving largely unchecked by the decrepit conditions of social services in Zimbabwe and the political machinations of Mugabe. Click on the image above for larger versions.

{ Comments on this entry are closed }

## Laser-Shooting UAVs To Kill Mosquitos?

by [Christopher R. Albon](#) on March 17, 2009[edit]



When you research and write about the intersection of diseases and armed conflict, there are relatively few opportunities to discuss the lighter side of things. So for this reason, I was pleased to see that scientists that worked on the Star Wars missile defense shield are [developing a laser weapon system to kill mosquitos](#). Even better, the scientists want to mount these lasers on unmanned airborne drones, creating what could best be described as *mosquito hunter-killer flying robots that shoot lasers... of awesomeness*.

I am all for diversity of approaches, but this seems a little ridiculous. Never in my discussions with malaria experts has the idea for laser shooting robots come up. Now, you could chalk it up to a lack of imagination on their part, but I suspect my colleagues would disagree. It is one thing to think outside the box, it is another to augment the box with wings, lasers guns and a computer brain.

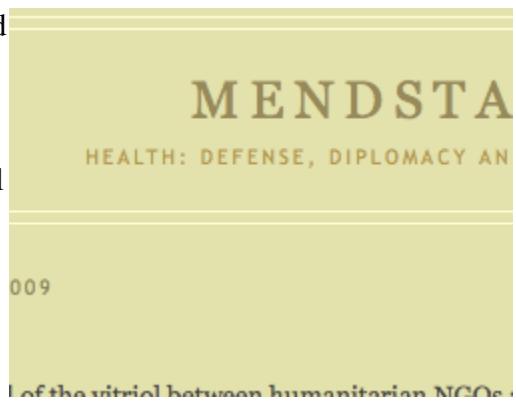
I, for one, welcome our new flying laser shooting mosquito robot overlords.

{ Comments on this entry are closed }

## [\*\*Go Read Gail Fisher's New Blog, Now!\*\*](#)

by [Christopher R. Albon](#) on March 15, 2009[edit]

Do any significant work on the DoD's role in public health and the name "Gail Fisher" inevitably comes up. US Army Major Fisher, who holds a MPH and a MA in journalism, is (for my money) the Pentagon's leading expert on the relationship between the military, public health, and health diplomacy. Gail knows it all. In January, unbeknownst to me, Gail launched [Mendstate](#), a blog on health's relationship to defense, diplomacy, and development. Each of Gail's posts is a ~500 word, fantastically written missive on the DoD's role in health and health diplomacy. The take away point: *If you read War & Health, you should be reading her blog too.*



Below are links to three of Gail's posts and short teasers.

### [On Legitimacy](#)

Working with the Minister of Public Health in Afghanistan to build the health system is admirable work, but is it legitimizing the government? Does it de-ligitimize the coalition efforts to be involved? Should only NGOs do this work? All these questions depend upon the cultural ideation of legitimacy and health institutions, I think.

### [Defense, Diplomacy and Development: A Gordian Knot?](#)

Assuming that we feel it somehow a basic and shared human value (Condoleezza Rice has said something to this effect) that all people should get health care everywhere and that by extension, we should try to work toward that end, we must act with caution since apparently there is no recognizably effective method of acting. The Western world often feels that it has a moral imperative to assist with saving lives where ever and whenever it can. But does that life saved cause another life lost elsewhere?

### [Militarizing health? Or “health-erizing” the military?](#)

In other words, perhaps its time that the other agencies help DoD understand that it has a talent. That helping peoples in other lands develop their public health systems might sometimes be an appropriate use of DoD resources, and an activity that will create healthier populations abroad and at home, legitimize governments, boost economies and hopefully give a good impression of America. It's not an either-or world: that there is still enough world for both USAID and DoD and the Dept of State to do good. Instead of complaining, why not grab the bull by the horns and give it a little shake? I can only hope that the incoming political appointees will reach out and grab ahold.

{ Comments on this entry are closed }

### [Health Effects of Civil War in Guinea-Bissau](#)

by [Christopher R. Albon](#) on March 12, 2009[edit]

Yesterday, Guinea-Bissau [buried its former President, Joao Bernardo Vieira](#). Mr. Vieira was assassinated a week ago by army soldiers, likely in reprisal for the murder of the nation's top military leader only hours before. The double killings have increased fears that the small African nation will fall back into internal strife, even civil war. What would be the health consequences of a new civil war? The answer lies in history.



Reader Stephen Murphy has completed extensive research on the country and recently sent me a copy of his unpublished 2007 paper on the health effects of Guinea-Bissau's 1998-1999 civil war. He has graciously given War & Health permission to publish the paper. Enjoy!



## **Public Health Consequences and Responses in Civil War: Lessons from Epidemiology Research in Guinea-Bissau**

**Stephen J. Murphy**

December 19, 2007

smurphy99 (the “at” symbol) gmail.com

By examining how civil wars affect civilian populations in a manner that goes beyond merely calculating numbers of violent deaths and displaced people, humanitarian aid practitioners can discern practical lessons for mitigating the health impacts of complex emergencies. Studies produced by the Bandim Health Project during the 1998-1999 civil war in Guinea-Bissau provide a unique opportunity to develop a more nuanced understanding of the consequences of war on the health of a population in a least developed country (LDC).

The Bandim Health Project (BHP), an epidemiological research institute, has conducted demographic surveillance since 1978 in four neighborhoods that include over 15% of the population of the capital of Guinea-Bissau. The BHP's studies related to its own humanitarian interventions and those of other actors during the civil war provide insights that could inform future efforts to reduce disease and mortality in complex emergencies. In this analysis of the BHP war studies, I will examine the diseases and risk factors that contributed to high mortality rates during the war and propose recommendations from the research that could be applied to humanitarian practice in similar contexts.

Guinea-Bissau is an ethnically diverse nation of 1.5 million people located between Senegal and Guinea. The citizens of Guinea-Bissau have struggled with chronic poverty and poor health since the country won independence from Portugal in 1974. Most people in rural areas grow rice for consumption and cashews as a cash crop, while many citizens in Bissau, the capital of approximately 350,000 people, work as traders in the informal sector. Guinea-Bissau consistently ranks near the bottom of the UN Human Development Index, and the country's citizens have a life expectancy of only 46 years. More than a third of the children under five suffer from malnutrition, which also significantly contributes to the high infant mortality rate of 130 per 1,000 live births. In some rural areas, only a third of the population has access to health services, and in the capital, the hospitals and clinics are severely overburdened. Malaria is the most severe cause of illness and death among children under five, and significant segments of the population also suffer from TB and HIV/AIDS.

Weak governance institutions and corruption have undermined development in Guinea-Bissau throughout the post-colonial era and fostered the political instability that led to the 1998-1999 civil war. The World Bank summarizes the general causes of the war as “failed governance, breakdown of

immediate cause of the unrest, which lasted from June 1998 to May 1999, was President “Nino” Viera’s sacking of the leader of the military, Ansoumané Mané, after accusing him of selling arms to the Casamance rebels in Senegal. Mané then led the army in revolt against President Viera, who received immediate military support from Senegal and Guinea. During the course of the war, two-thirds of the military and the majority of the population backed Mané. With widespread support, Mané and his troops drove Viera into exile and the Senegalese and Guinean troops out of Guinea-Bissau.

In his analysis of rural civil society in Guinea-Bissau, the anthropologist Joshua Forrest argues that the predominantly rural communities of Guinea-Bissau have effectively resisted the control of the central government during both Portuguese rule and after independence. Forrest characterizes the 1998-1999 war not as a civil conflict between ethnic or geographic factions in a divided nation, but as a national struggle by the military and the population against an ineffective and corrupt government. He claims that Mané’s successful revolt resulted in “another victory for rural civil society,” but considering the loss of life and increased mortality due to disease, the outcome was a pyrrhic victory at best for the people of Guinea-Bissau. During the course of the year-long war, health facilities, schools, and businesses were destroyed, between 2,000 and 6,000 people were killed, and approximately 350,000 citizens, mostly residents of Bissau, became internally displaced persons (IDPs). Since most of the fighting took place in the capital, IDPs moved in with family, friends, and even strangers in surrounding areas; however, they did not congregate in IDP camps. Many residents returned to Bissau after the heavy fighting of the first few months of the war and then fled again for shorter periods of time during increases in violence.

The people of Guinea-Bissau received little external aid during the crisis. This was partially due to the country’s lack of geo-political significance to donors, the fact that there were few external refugees, and that IDP camps were not necessary. During the war, the Ministry of Health headed a national committee to coordinate the work of humanitarian aid partners, which included the BHP, ICRC, WFP, local NGOs, and Catholic missionaries. Little research has been published on the humanitarian response to the war in Guinea-Bissau; however, the BHP’s epidemiology studies present significant information regarding the toll on public health and the effectiveness of interventions in reducing illness, malnutrition, and mortality. In addition to conducting its regular health surveillance research during the war, the BHP distributed food and medicine to IDPs and the families that hosted them near Bissau. As IDPs returned to Bissau, the BHP also provided them with other forms of aid, including supplementary feeding for malnourished children, vitamin A supplementation, and treated bednets for pregnant mothers.

Based on their epidemiological surveillance data, the BHP conducted studies on a variety of diseases and interventions during the war, and its research examining mortality rates, breastfeeding, IDP and host family nutrition, and TB treatment reveal critical findings about factors that influence the spread of disease and the effectiveness of relief efforts during wartime. In their study of mortality patterns, Nielsen et al compared mortality rates in BHP’s surveillance zone during the war with those of the previous three years to estimate the excess mortality due to war. To account for the indirect health consequences of war, the researchers separated deaths related to direct acts of war. Unlike most mortality studies of war-related emergencies that focus on refugees or IDPs isolated in camps far from the frontlines, the authors studied a population while it was displaced near the central conflict zone.

war (June-November 1998) when IDPs fled the capital to surrounding areas, but the CMR dropped to a normal level during the final six months of the war when most IDPs had returned to their homes. The crude mortality rate for children under five (CMRU5) increased about 100% over the normal expected rate during the first six months of the war. From December 1998 to November 1999, CMRU5 showed a 40% increase above normal, and during the final three months of the conflict, the researchers measured a 20% increase in child mortality. Nielsen and his colleagues attribute the less severe excess mortality in the second half of the war to “reduced crowding and improved hygiene when people returned to their normal homes.” Therefore, humanitarian actors may decrease the spread of disease and associated mortality by facilitating the return of IDPs to their homes as soon as possible during a complex emergency. However, the BHP study also notes that the goal of quick re-settlement must be balanced with the security situation in the home communities. Interestingly, a related BHP study found that child mortality in the pediatric hospital in Bissau actually decreased dramatically due to a number of factors associated with the war and humanitarian response. Sodemann et al principally attribute the drop in mortality among hospitalized children to the increase in aid that the hospital received during the war from BHP and other actors. Aid agencies distributed essential drugs (which were normally not available) free of charge and ensured that the blood bank functioned properly. They also reduced incentives for the staff to charge for care by providing the health care workers with food each day.

The BHP study on breastfeeding during the civil war in Guinea-Bissau reveals how a commonly recommended practice can have profound affects on protecting the health of infants in a complex humanitarian emergency (CHE). Focusing on the first three months of the year-long war, Jakobsen et al compared mortality rates of breastfed children between the ages of 9 to 20 months with weaned children of the same age. The researchers determined that the mortality rate for the weaned children was six times that of the breastfed children; however, prior to the war, there was little difference in mortality levels among breastfed and weaned children. The increase in mortality for weaned children is “most likely because of higher infection pressure during the war when people lived in overcrowded houses in the rural area with less access to care.” According to Jakobsen et al, diarrhea, lower respiratory infections, and malnutrition frequently cause death in CHEs and breastfeeding is believed to help prevent or mitigate the severity of each of these conditions. The BHP study concludes that “in emergency situations with increased risk of infections, maintaining breastfeeding is even more critical than under normal conditions.” Moreover, the researchers identify weaned children under 21 months as a particular risk group that humanitarian actors should focus on during relief efforts.

At the outbreak of war in June 1998, fighting around the northern perimeter of the city forced many of the residents to flee south to the Prabis peninsula. About 50,000 IDPs moved in with the 7,000 residents that lived in the area. Since the WFP initially evacuated from the Bissau area, the ICRC and BHP distributed the WFP’s stored rice on the peninsula during the first three months of the war before most IDPs returned to their homes in the capital. The ICRC followed the WFP’s regulation of only distributing food to IDPs, but the BHP later started to distribute rice to both IDPs and residents. The BHP studied nutrition and mortality among IDP and resident children between the ages of 9-23 months and discovered that children from both groups had a significantly higher mortality rate during the first three months of the war when the IDPs lived in Prabis. Aaby et al assert that “with the extreme crowding and unhygienic conditions that existed...in Prabis, it is not surprising that mortality was much higher for both residents and refugees.” The researchers found that the effects of crowding

care to be offered alongside food aid in emergencies. Moreover, the study reveals that resident children on the peninsula suffered a mortality rate 4.5% times higher than that of the IDP children. This discovery provides evidence that humanitarian agencies must also consider the needs of households that host IDPs in non-camp emergency settings. In a study of the WFP's food aid distribution, Hjalte Tin criticizes the WFP for its slow response and inappropriate food aid targeting practices. Supporting Aaby's conclusions, Tin argues that humanitarian aid agencies should treat families that host IDPs as a "new class of vulnerable persons" in complex emergencies.

Although hospitals in Bissau received essential drugs during the war channeled through the BHP and other aid agencies, the conflict disrupted the supply of TB treatment drugs. The storage facility housing the TB drugs was bombed, and the only TB treatment program was moved to a suburb five kilometers outside of the capital due to fighting. Utilizing the BHP surveillance data of TB patients, Gustafson et al conducted a study of the effects of disrupted treatment by comparing mortality rates of a cohort of patients who received treatment a year before the war (the "peace cohort") with a cohort of patients whose treatment was interrupted during the war (the "war cohort"). During the first four months of treatment in Guinea-Bissau, TB patients must visit a treatment center on a daily basis to receive directly observed therapy (DOT). During the second four-month phase, patients only take drugs every two weeks. Comparing patients undergoing the initial phase of daily DOT from both cohorts, the BHP study reveals that the mortality rate for those with interrupted treatment was three times higher than for those who received uninterrupted treatment. The researchers did not discern a difference in mortality rates among patients in the second four-month phase of treatment. In their discussion of the increased mortality, Gustafson et al posit that TB patients "may have been particularly vulnerable to stress and infection in the crowded environment" during the war. The researchers also found that HIV-positive TB patients whose treatment was interrupted were eight times more likely to die than HIV-positive patients from the peace cohort. This discovery underscores the vulnerability of those living with HIV/AIDS during CHEs. Based on the BHP study, it is clear that public health officials and humanitarian agencies must develop contingency plans for TB treatment during CHEs, and supplying TB patients, especially those with HIV/AIDS, with drugs should be a priority. Gustafson et al also discuss how the DOT mechanism in Guinea-Bissau does not allow patients to possess more than one dose at a time. Given the potential disruptions to daily treatment, health care providers should have the flexibility to modify DOT regimens during complex emergencies.

The BHP epidemiology studies of the 1998-1999 civil conflict not only examine the health consequences of war beyond casualty figures, but they also highlight new vulnerable groups and recommendations to consider for improving future humanitarian action. The BHP studies provide especially useful evidence regarding the health of both IDPs and resident civilians in non-camp settings. As the BHP analysis of nutrition and mortality in Prabis shows, aid agencies must adapt to the coping mechanisms and cultural patterns of IDPs and local populations when providing aid rather than enforcing bureaucratic regulations that may be counterproductive and result in harm. Throughout the studies, a common theme emerges regarding crowding as a facilitator of disease transmission in emergencies. The BHP provides a sound public health basis for encouraging the re-settlement of concentrated IDPs and refugees as soon as possible. In identifying weaned infants, resident children in non-camp settings, and TB patients in the initial stage of treatment as vulnerable groups, the BHP researchers have also presented information that could potentially improve humanitarian aid in other

While the BHP's research provides ample epidemiological evidence for modifying humanitarian interventions, it does not seem to have had a recorded impact on humanitarian practice. With the exception of Hjalte Tin's study of WFP food aid policy during the civil war, the available academic literature does not address the application of lessons learned from the crisis in Guinea-Bissau. Student researchers working with the BHP have written theses examining the role of culture and coping mechanisms during the war, but these remain unpublished. Although the BHP is a research institute generally engaged in epidemiological studies rather than humanitarian interventions, the humanitarian aid community could greatly benefit from a broader dissemination of the BHP's findings regarding the health consequences and responses from the war period. An opportunity to inform humanitarian practice, particularly in non-camp emergency settings, has not yet been realized. One way to potentially bridge the gap between the BHP's war research and future practice could be through an effective program evaluation. A thorough evaluation of the relief efforts of the BHP and other aid agencies could provide comprehensive evidence regarding which practices and policies were most effective at reducing disease, malnutrition, and mortality during the civil war. An evaluation could not only present findings to inform relief and development efforts in Guinea-Bissau, but could also produce an easily disseminated publication to be shared widely with the humanitarian aid community to impact policies and practices in other CHEs. The BHP and its donors should actively identify ways of sharing the findings of their wartime epidemiological studies with humanitarian and development practitioners. Moreover, humanitarian donors should prioritize evaluations of the interventions that they fund to facilitate learning that can impact humanitarian practice more broadly.

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Photo Credit: MinesActionCanada.org

{ Comments on this entry are closed }

## Can The US Air Force Save Darfur?

by [Christopher R. Albon](#) on March 9, 2009 [[edit](#)]



Last week, the Washington Post published an op-ed by General Merrill A. McPeak and Kurt Bassuener [arguing that President Obama should establish a no-fly zone over Darfur](#). The idea has been [proposed before](#), but was repeatedly shot down (pardon the pun) by humanitarian groups who (rightly) feared reprisals from the Sudanese government. However, the objections will be less vocal now that Bashir has booted 13 aid groups from Sudan after the International Criminal Court issued an arrest warrant against him. Bashir also [reportedly](#) launched more air attacks. McPeak and Bassuener argue:

remains the most promising initiative to halt the atrocities in Darfur. During her Senate confirmation hearing, Hillary Clinton acknowledged that such a proposal was under consideration. As a practical matter, imposing control over Sudanese airspace must involve NATO and European Union allies, in particular France, which has a suitable airfield at Abeche, in eastern Chad. Allied air forces could and should provide much of the force structure, principally fighter aircraft, but a U.S. contribution — especially of aerial refuelers and command-and-control aircraft — would be essential. About a squadron of each type of aircraft would be more than enough to end the impunity Sudanese military aviation now enjoys.

By taking away the Sudanese government's freedom to use air power to terrorize its population, the West would finally get enough leverage with Khartoum to negotiate the entry of a stronger U.N. ground force. Effective military action in the form of a no-fly zone would not preclude a political resolution, as some suggest, but in fact would make diplomacy more effective by reducing Bashir's options.

McPeak and Bassuener's proposal is appealing, but the devil is in the details. After the 1991 Gulf War, the ceasefire agreement required that Iraq not deploy aircraft in the country. However, General Swartzkoff limited the restriction to fixed-wing aircraft. Simply put, Iraq could legally use attack helicopters, and they did just that. Even after a true no-fly zone was established (banning both fixed and rotary wing aircraft), civilians continued to suffer. In 1994 and 1996 State Department annual reports on human rights in Iraq admitted that the no-fly zones did little to protect civilians. Saddam simply switched from helicopter gunship to artillery bombardment (amongst other things).

I am always skeptical at using violence to stop violence. I agreed when aid groups opposed a no-fly zone over Darfur. Who else would know better what the region needs? But now Bashir has made the purely humanitarian option impossible. The US Air Force has been trying for years to justify their expensive toys which have played only token roles in Iraq and Afghanistan. I say give them Darfur's sky.

{ Comments on this entry are closed }

## Human Security's Many Definitions

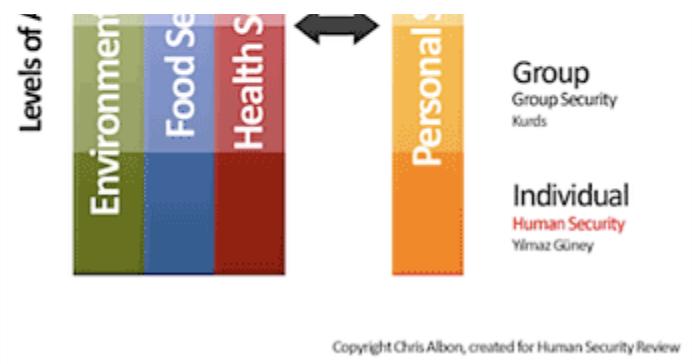
by [Christopher R. Albon](#) on March 9, 2009 [[edit](#)]

As the domain of security enlarged to incorporate new threats and actors, it increasingly overlapped with the field of development. The threats from poverty, environmental scarcity, famine, infectious disease and others began to be explored in both development and security communities. The growing intersection between the two was captured under the concept of human security.

### Where Does Human Security Fit In?

#### Types of Security





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that security studies should “shift from the state to the individual and should encompass military as well as nonmilitary threats” (King and Murray 2001-2002, 588-589).

The concept of human security first received widespread attention in 1994 when it appeared in the United Nation Development Program

(UNDP) Human Development Report (HDR). While, as Axworthy (2001) points out, the idea that populations have certain security concerns and rights is old, the HDR was the first major attempt to push the concept into the mainstream development, foreign policy, and security communities. Under the UN’s definition, human security constitutes seven dimensions: economic, food, health, environmental, personal, political, and community security. This broad definition addressed many of the main concerns of vulnerable populations, but also made operationalizing the term troublesome for two reasons. First, the expansive domain covered by HDR’s human security could offer little information on how the seven dimensions should be prioritized (Axworthy 2001). Should governments, international organizations (IGOs), and non-governmental organizations (NGOs) focus their limited resources on public health, peace-building, or economic development? Is infectious diseases or income inequality a greater threat to human security? Paris argues the vague and expansive definition of human security was encouraged by some parties, who found it a convenient avenue to argue their area of focus (health, environment, culture etc...) constituted a threat to the security of individuals and deserved greater mainstream attention (Paris 2001). This definition of human was security was “slippery by design” (Paris 2001, 88).

Second, the imprecision of HDR’s definition made research into the human security of populations difficult. Allowing human security to include a set of vague dimensions, often with overlapping areas of concern, limited the ability to measure and study concepts in order to make policy recommendations. Under this definition “virtually any kind of unexpected or irregular discomfort could conceivably constitute a threat on one’s human security” (Paris 2001, 89).

King and Murray highlighted the imprecision of HDR’s definition through a series of off-the-record interviews with politicians and government officials. The two authors found almost universal concern “that there existed no widely accepted or coherent definition of human security” (2001-2002, 591-592).

While sharing the concerns of other scholars regarding the HDR’s definition, King and Murray develop a similar but operationalized concept. The authors propose that human security can be thought of as “generalized poverty”. In their framework, individuals experience generalized poverty anytime they fall below some established threshold in a central aspect of “human well-being” (King and Murray 2001-2002, 585). In this way, human security addresses only the more at-risk individuals who fall below some acceptable minimum standard in a vital area. For example, a family could be considered impoverished if their daily caloric intake is less than the recommended minimum. The central appeal of King and Murray’s definition is measurability. With the proper data and a set of thresholds for each domain of well being, it is theoretically possible to construct a quantitative index of human security. For this purpose King and Murray propose a measure they call Years of Individual

generalized poverty” (King and Murray 2001-2002, 595). The disadvantage of this approach is the King and Murray’s concept of well-being suffers from the same problems of broadness as the HDR. The authors propose including “those domains of well-being that have been important enough for human beings to fight over or to put their lives or property at great risk” (King and Murray 2001-2002, 593). However, it is unclear what each of these domains are and how they can be measured. The selection and number of the domains would have a significant effect on the outcome level of marginal poverty.

Mary Kaldor’s (2007) monograph offers another conceptualization of human security. Kaldor posits a new definition of security that “is about confronting extreme vulnerability not only in wars but in natural and man-made disasters...” (Kaldor 2007, 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” (Kaldor 2007, 183). Based on these new definitions, she proposes five principles of human security. First, human security places human rights above all else. Second, the local population must consider a state’s political institutions legitimate. Third, human security operations must 1) work with international organizations, 2) create and enforce common rules, and 3) focus on coordination. Fourth, human security approaches must be bottom-up and decisions must be made in coordination with the local population. Finally, modern conflict does not follow borders thus they must be examined at the regional, rather than the state level. While on impressive contribution, for empirical researchers Kaldor’s approaches offer little advantage over the 1994 HDR’s definition. It is unclear how Kaldor’s human security could be operationalized, since it covers three levels of analysis: states, conflicts, and operations. Furthermore, the approach is simultaneously a set of threats to be addressed and ideals to be achieved.

Finally, Roland Paris (2001) argues that attempts to define human security suffer from an inability to separate causes and effect. Specifically, because human security has been defined so broadly, incorporating violence, famine, poverty, social marginalization, ill-health, and others it is impossible to identify a causal relationship between any socioeconomic factor and human security (Paris 2001, 93). Instead, Paris proposes a definition of human security as a category of security research “concerned with military and nonmilitary threats—or both to the security of societies, groups, and individuals” (Paris 2001, 100).

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{ Comments on this entry are closed }

## Robo-Medics?

by [Christopher R. Albon](#) on March 5, 2009 [[edit](#)]

In the future battlefield medicine could be conducted by robots, [according to a Telegraph story](#).

A prototype already undergoing trials contains a three-armed remotely controlled robotic surgeon – the equivalent of Benjamin “Hawkeye” Pierce, played by Alan Alder in the M\*A\*S\*H series.

The surgical robot is assisted by 12 other robotic systems, including a voice-activated “Hot Lips”, the nickname given to chief nurse Major Margaret Houlihan in M\*A\*S\*H.

Its single arm passes instruments to the robot surgeon and disposes of used equipment.



A third “circulating nurse” robot has the job of dispensing the right tools, while the Pod’s bed monitors vital signs and administers fluids and oxygen.

The purpose of the Trauma Pod is to provide a swift “temporary fix” to soldiers wounded in battle before they can be transferred to hospital.

In emergency medicine, the [golden hour](#) is the time from the point of injury to a few hours (not a strict hour) afterward. Victims receiving treatment in the golden hour have the greatest chance of survival. The vast majority of military medical advances have attempted to either get victims treatment within the golden hour (medivac helicopters, forward field hospitals, etc...) or extend the golden hour. The trauma pod is a good example of the former. Let’s hope it works.

{ Comments on this entry are closed }

## Why You Should CrowdFund David Axe

by [Christopher R. Albon](#) on March 5, 2009 [[edit](#)]

Freelance journalist [David Axe](#) is leaving for West Africa [soon to report on the humanitarian diplomacy / soft-power mission of the USS Nashville](#). If the [USS Kearsarge](#) is any evidence, David will likely be the only reporter (or blogger) doing sustained



reporters that will pop in and out for a quick story). He is asking for donations to help fund his trip:

Increasingly, my reporting is reader-funded. With the accelerating decline of traditional print media, this “crowdfunding” model for specialist journalism might become the rule rather than the exception. My readers donated \$1,500 to send me to Chad last summer and another \$1,000 to support me while working in Kenya in December. You also gave \$170 to help out Mohamed Omar Hussein, my associate and source in Mogadishu. So far, you’ve donated \$900 to send me to Nigeria, and for that, I am extremely grateful.



That \$900 goes a long way towards covering the approximately \$5,000 I will spend on this enterprise. It’s still a money-losing venture for me — my assignments so far are worth just \$2,000 — but every dollar donated reduces my risk. Hopefully I’ll eventually get enough assignments to break even.

David and I shared a suite on the [USS Kearsarge](#). Here are a few things you should know about David if you are considering donating.

**First, David has the worst financial strategy towards earning a living I have ever seen.** David fronts the cost for his trips out of his pocket, on the hope of breaking even from paid reporting jobs later on. He certainly does not do these trips for the money (he could earn more at Burger King). I’d bet his career in journalism probably has cost him money overall, but he does not care. David has a fanatical passion for getting the story out.

**Second, David’s loyalty is to the story, and nothing else.** He certainly is not a military-fanboy. On the Kearsarge, David used every angle, method, and source to get the story. He was aggressive in getting what he needed to put out an unbiased story.

**Third, David has a [history of writing](#) about the relationship between the military and global health.** The photo above is David doing a video tour of the USS Kearsarge’s massive hospital deck. Furthermore, David has agreed to do some reporting on the health aspects of the mission specifically for readers of this blog.

So, if you want to support solid, independent reporting and would like to see stories on the medical aspect of the [USS Nashville](#)’s mission, please [send David a few bucks](#).

{ Comments on this entry are closed }

## [Current TV on AFRICOM & USS Fort McHenry](#)

by [Christopher R. Albon](#) on March 4, 2009 [[edit](#)]

[Current...](#) has a soft spot in my heart. First, because their main office is a few blocks from my house, and second, their stories often examine issues overlooked or downplayed by the mainstream media.

[McHenry](#) during [African Partnership Station](#). The video is embed below.

Good and fair report, especially their comparison with the Chinese approach.

{ Comments on this entry are closed }

## [We Have A Winner!](#)

by [Christopher R. Albon](#) on March 4, 2009 [[edit](#)]

I realized today that I had not announced a winner to the [contest from last week!](#) Let me quickly rectify that.

We had [many](#) a select group of entries, but without further ado, the winner is: [Eddie!](#)

Here is [Eddie's](#) entry:

Typical armed conflict is septic shock for public health with lethal costs in status, efficiency, scope and quality. Recovery is lengthy, complicated and can fail.

I loved his entry. So much of my time is spent between the two fields of health and security, that



with me. For winning, he will receive a free paper copy of [Threats in the Age of Obama](#).

My thanks for all who entered. I'll see if I can make contests a more regular thing on War & Health.

And Eddie, shoot me an email with your snailmail address.

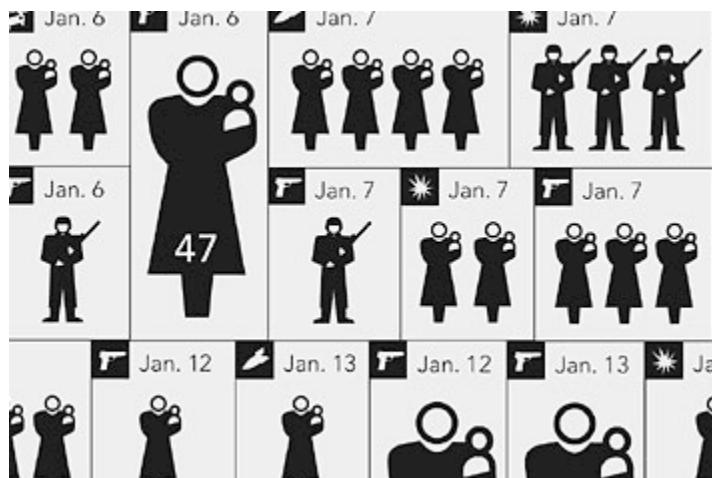
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## [Iraq Casualties Infograph](#)

by [Christopher R. Albon](#) on March 2, 2009 [[edit](#)]

It is two years old, but this NYTimes Iraq casualties graphic (below) is still a great visualization. Click on the image to see a full sized version.



My main complaint with the NYTimes graphic is that it does not show casualty trends. Rather, the graphic is a snapshot of violence. For a good example of visualizing trends, you cannot do better than [Minard](#).

{ Comments on this entry are closed }

## [The Desert Fox and the NZ Hospital](#)

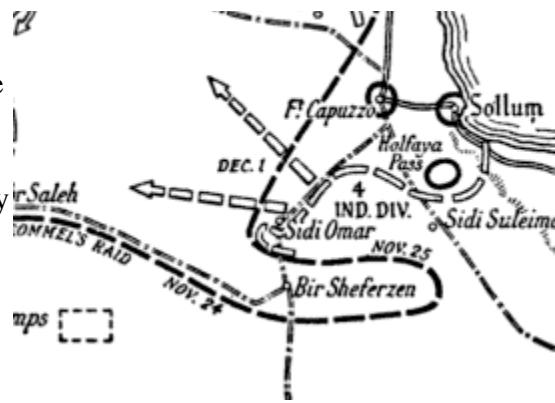
by [Christopher R. Albon](#) on March 1, 2009 [[edit](#)]

Erwin Rommel has fascinated me since childhood. The story of his career is the story of the German war itself: from the push across France to the African campaign to



the assassination attempt on Hitler. Rommel played his role in all of it. The Desert Fox was also a true gentleman-soldier. He was ferocious on the battlefield, but exceptionally humane towards his enemies. This dichotomy can be seen in a memory of a close colleague:

During the days that followed, Rommel continued to drive from one unit to another, usually through the British lines, in order to deal with continually recurring crises. On one occasion he went into a New Zealand hospital, which was still occupied by the enemy. By this time no one really knew who was captor and who captive — except Rommel, who was in no doubt. He inquired if anything was needed, promised the British medical supplies and drove on unhindered. (Liddell-Hart 1953, 164)



Others might write-off this incident as mundane, but not me. Rommel's behavior epitomizes the goals of the Geneva Convention: that wherever possible, wars must minimize human suffering. In the 21st century, we could learn much from Rommel's humanity towards his enemies.

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## LRA Increases Attacks Against Humanitarians

by [Christopher R. Albon](#) on February 28, 2009 [[edit](#)]

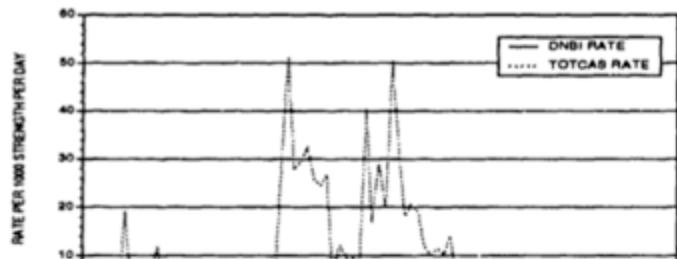
The UN News Agency is [reporting](#) an increase in attacks against humanitarians in the Democratic Republic of Congo. There were seven attacks against humanitarians in the region between February 14th and 24th. In comparison, only 15 attacks were reported since January 1st, 2009. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reports that some of the Lord's Resistance Army (LRA) attacks have been against health centers in the area. In response, humanitarian groups say they require military protection. The report supports a continuing theme of mine: the destruction of the norm of [humanitarian neutrality](#).

{ Comments on this entry are closed }

## Disease & Non-Battle Injuries in Urban Warfare

by [Christopher R. Albon](#) on February 27, 2009 [[edit](#)]

In the early 90s, the world's militaries faced a dilemma. Peace enforcement operations, wherein UN troops aggressively ended hostilities, were seen as the next generation of peace operations. These operations were, in all practical terms, offensive military operations under the UN flag. However, their stronger



casualties.

To provide some insight into the potential human costs of peace enforcement operations, Christopher G. Blood and Marlisa E. Anderson, working under the US Medical Information Systems and Operations Research Department, examined the casualty rates during the Battle of Hue. The author's reasoning was that future UN operations would likely require US Marines to retake urban areas held by hostile forces. The duration and required force of the Battle of Hue "has applicability to estimating the levels of casualties which might be sustained in a U.N.-led military operation within an urban environment" (Blood and Anderson 1993, 3).

The authors collected data on Marine KIA, MIA, and DNBI (Disease/Non Battle Injuries) rates during the retaking of Hue and compared them to other phases of the battle (Mopping up operations etc...), different periods in the Vietnam war, and the Marine assault of Okinawa during WWII.

They found that while the casualty rate for the Battle of Hue experienced large fluctuations, the DNBI rate was relatively stable and consistent with the overall Marine rate during that period of the war. In contrast, significant changes in DNBI rates are seen in the Okinawa assault. Blood and Anderson concluded (using no formal statistical tests) that "increases in battle fatigue cases and illness tied to high levels of battlefield stress are more a function of sustained high intensity operations, rather than a high intensity battle within a light-to-moderate intensity conflict" (Blood and Anderson 1993, 12). In other words: do not underestimate the power of stress and fatigue in conflict.

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## Satellite Imagery of the Civilian Safety Zone in Sri Lanka

by [Christopher R. Albon](#) on February 26, 2009 [[edit](#)]

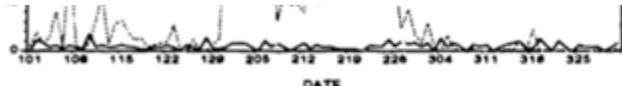


Figure 11. Rates of disease and non-battle injuries (DNBI) and casualties among infantry battalions before, during, and after the battle for Hue.

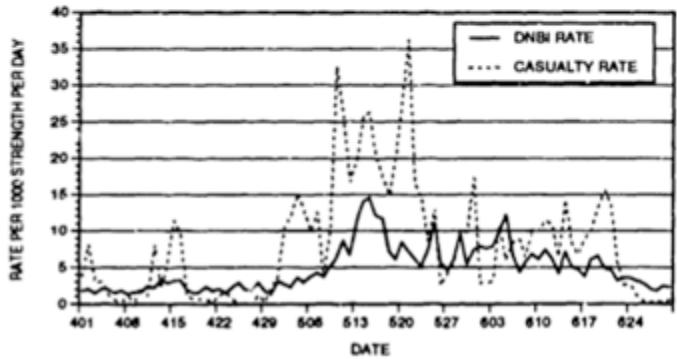
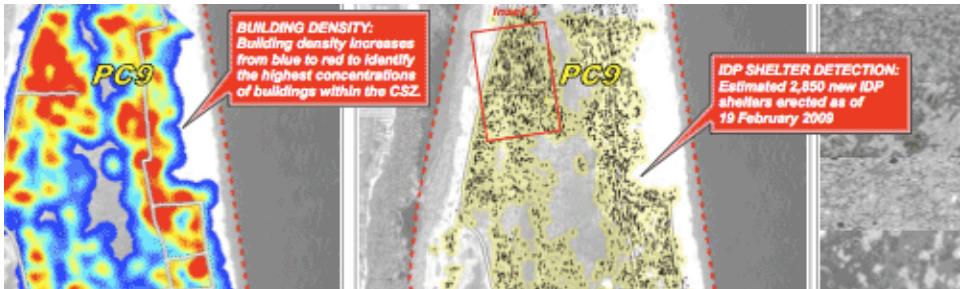


Figure 12. Rates of disease and non-battle injury (DNBI) and casualties among infantry battalions during the Okinawa Operation (1945)



[UNOSAT](#) released satellite imagery from the last few days of the Civilian Safe Zone (CSZ) in Mulattivu district, Sri Lanka (Click on the image above to view a high quality PDF). The [UNOSAT](#) analysis finds:

There are clear indications that thousands of IDPs have moved into the northern half of the CSZ between 5 & 19 February 2009. A satellite-derived preliminary estimate based on automatic detection methods, indicates there are approximately 2,850 newly erected IDP shelter structures within the area designated PC9. This represents a minimum increase of over 100% from the total building count within CSZ of 2,600 as of 5/2/09. Because of incomplete imagery coverage over northern CSZ, there is a high probability that the IDP structure count is significantly higher. It is important to note that no newly erected IDP shelter structures were detected in the southern half of CSZ. There are several possible impact crater sites within the southern half of the CSZ, along with limited building damages.

{ Comments on this entry are closed }

## Good Reads For February 22, 2009

by [Christopher R. Albon](#) on February 22, 2009 [[edit](#)]

### [\*\*Danger Room: Civilian Casualties Hit New Highs in Afghanistan\*\*](#)

The fighting has grown more and more intense this year. So it's no surprise that the civilian casualties in Afghanistan have spiked, as well. 2,118 innocents died in 2008 — an increase of 40 percent, according to the U.N. Mission in Afghanistan. "This makes the 2008 civilian death toll the highest of any year since... the fall of the Taliban regime at the end of 2001," adds an annual report for the United Nations High Commissioner for Human Rights.

### [\*\*NATO Forces Now Targeting Poppy Production\*\*](#)

In [NATO and Poppy: The War Over Revenue](#), we discussed the U.S. and NATO program (then in the planning stages) to eradicate poppy since it provides a revenue stream to the Taliban. The Taliban also create income from marble quarries in Pakistan, extortion of cell phone providers in Afghanistan, ransom from kidnapping, and "protection" of small

## Is There An Emerging Norm Against Depleted Uranium Munitions?

Arab states' accusation that Israel used depleted uranium weapons in its recent attacks against Gaza, and Israel's denial of this, raise an interesting question: is a customary norm against the use of depleted munitions\* emerging? As scholars studying norm emergence, how would we know?

{ Comments on this entry are closed }

## CSIS Interview with S. Ward Casscells

by [Christopher R. Albon](#) on [February 21, 2009](#)[[edit](#)]

In January, [The Center for Strategic & International Studies](#), CSIS, interviewed [S. Ward Casscells](#), The Assistant Secretary of Defense for Health Affairs on their global health interview series. The audio of the short (less than five minute) interview is available [here](#). This evening, I transcribed the interview for my own notes. Feel free to read my unofficial transcript below or listen to the entire interview on the CSIS website. Also, be sure to check out the great interviews by [CSIS](#).



**Narrator:** This is the CSIS Global Health Policy Center Podcast

**Interviewer:** Today we are joined by the Assistant Secretary of Defense for Health Affairs, S. Ward Casscells. Dr. Casscells is going to speak about the increasing role of the US military in global health. Dr. Casscells, what are the three goals of the military health system and what areas of global health does the US military work in?

**Casscells:** Military health systems exists primarily to take care of our servicemen, their families, and our retirees. But secondarily, we assist the overall mission of the defense department by building capacity, health capabilities in countries that are critical to what we're doing. Lastly, we try to do whatever good we can for global health in passing since we're stationed in over 100 countries around the world.

**I:** And how is health related to stability and security?

**C:** Well, generally health is a product of stability and prosperity. So, when people are safe and get access to health care, when they have electricity, roads, clean water, safe sewerage systems and the like, then they're more likely to be healthy. They tend to have better food because they are more prosperous and so forth. But it also works the other way around, that when people are healthier, they are happier, they are more trusting of their government if they've gotten health benefits from their government. They plan for the future if they're healthy, they're more likely to contribute to their society.

life expectancy, they make the kind of long term decisions, investing in education, investing in partnerships, learning a topic or trade that they wouldn't do otherwise. So health contributes to prosperity and peace as a virtuous cycle. prosperity and peace contribute to health's work.

**I:** And what global programs do the US military engage in? You've talked a bit about military capacity building, pandemic flu. ... Can you give us a quick overview of the different areas you work in?

**C:** Well, this past few years, combat casualty care has been critical. Preventive medicine, getting people vaccinated, boosting their nutrition, of soldiers, marines, and sailors. In teaching the kinds of things that can prevent accidents and prevent disease, these have been critical to what we're doing. We're challenged now by combat stress. PTSD has been a huge issue for us. And hidden .... But beyond the injuries and diseases that affect our soldiers, sailors, airmen, marines, we have the hosts in Iraq and Afghanistan. Sovereign countries, with their invitation, it is our obligation to try to help them develop their health care facilities and their health care know-how so they can care for their own and so we can wind down there. Particularly in Afghanistan, where things have gotten more dangerous. And the hope is that being a provider of health to a village or helping them take care of themselves even better will be a way to get that village unified against terrorism so they are not intimidated or beguiled, so they have some faith in their own government, their own future.

**N:** This has been a CSIS Global Health Policy Center Podcast.

{ Comments on this entry are closed }

## [\*\*Win a Free Copy of Threats in the Age of Obama!\*\*](#)

by [Christopher R. Albon](#) on February 21, 2009[edit]

Recently, some colleagues and [myself](#) published a book on 21st century national security threats, called [Threats in the Age of Obama](#). Other authors included:

[Dan tdxp](#), [Matt Armstrong](#), [Matthew Burton](#), [Molly Cernicek](#), [Christopher Corpora](#), [Shane Deichman](#), [Adam Elkus](#), [Matt Devost](#), [Bob Gourley](#), [Art Hutchinson](#), [Tom Karako](#), [Carolyn Leddy](#), [Samuel Liles](#), [Adrian Martin](#), [Gunnar Peterson](#), [Cheryl Rofer](#), [Mark Safranski](#), [Steve Schippert](#), [Tim Stevens](#), [Shlok Vaidya](#), and [Michael Tanji](#).



the publisher. As a big **thank you** to my awesome readers, I am holding a simple and fun competition. The winner will receive a free copy of [Threats in the Age of Obama](#).

## How To Enter

To enter, write a **140 character** (not word) remark, critique, statement, or zinger on the relationship between armed conflict and public health and publish it in the comment section of this post. The entry can be witty, insightful, funny, or serious. It can summarize the field, criticize an aspect, or really anything. There are only three rules, the entry must be:

1. 140 Characters or Less
2. Original (no quotes)
3. Related to the Topic of this Blog

The winner will be selected (by me) next Saturday, February 28th.

Good luck and have fun! I look forward to reading the entries.

{ Comments on this entry are closed }

## [Pregnancy in a Civil War](#)

by [Christopher R. Albon](#) on February 20, 2009[edit]

In 2004, three doctors (Ahuka, Chabikuli and Ogunbanjo) examined maternity registries from CME Njankunde Hospital in Ituri District, the Democratic Republic of Congo. The data was collected between 1993-and 2001, before and during the country's devastating civil war. The researchers found that [Emphasis mine]:

“There were **no statistically significant differences between the number of births before (5419) and during the war (5109).**” (Ahuka, Chabikuli and Ogunbanjo 2004, 91)

The lack of any meaningful change in the births is interesting. It *could* suggest that civilians continued to use the hospital with the same frequency both before and during the civil war. However, there is also the possibility that the *population* of patients changed and the constant usage rate is simply due to the hospital *always* operating at full capacity.

**“Premature deliveries (10.47%) were the most frequent unfavorable pregnancy outcomes during the war,** followed by stillbirths (3.79%), and abortions (3.3%).” (Ahuka, Chabikuli and Ogunbanjo 2004, 91)

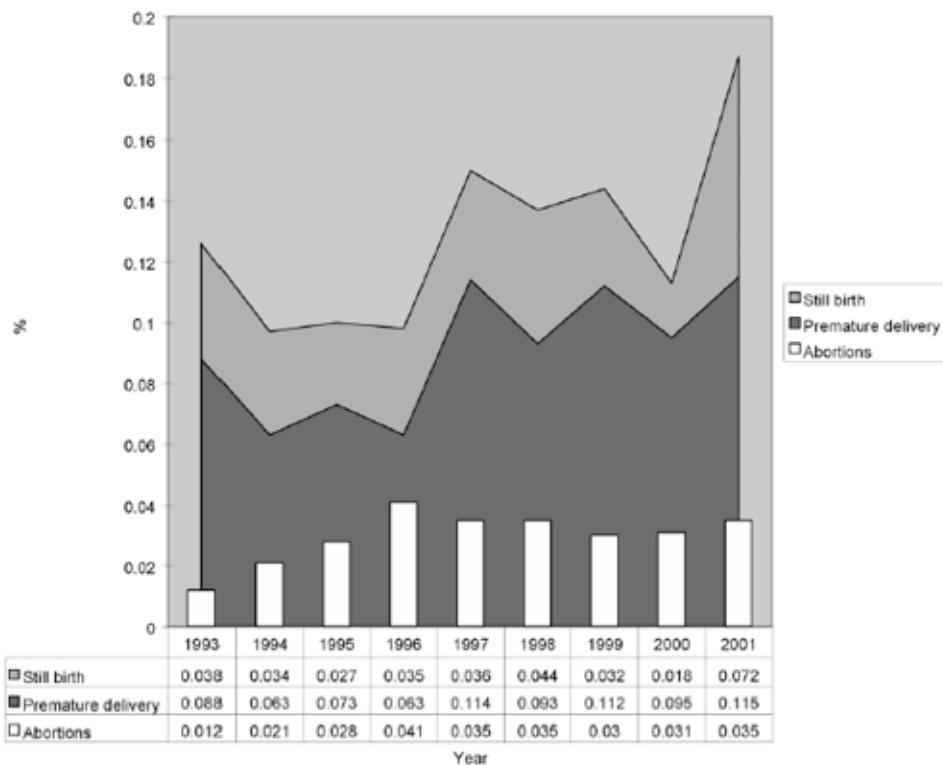
“There were three peaks at 2-yearly intervals during the war. **The first peak in 1997**



**(11.2%) and 2001 (11.5%), respectively, coincided with the rebel army movements to recapture Kinshasa, the country's capital city.”** (Ahuka, Chabikuli and Ogunbanjo 2004, 91)

Interestingly, an informal eyeballing of the chart hints that the two rebel pushes against the capital were associated with different health outcomes. That is, the first rebel campaign had a meaningfully different effect on premature births in CME Njankunde than the second. It suggests that the evolution of tactics between 1999 and 2001 influenced the human cost of the conflict.

A graphic of their data is presented below:



#### Source:

Ahuka, O. L., N. Chabikuli, and G. A. Ogunbanjo. 2004. “The effects of armed conflict on pregnancy outcomes in the Congo.” International Journal of Gynecology & Obstetrics 84(1): 91-92.

{ Comments on this entry are closed }

## The Cost Of A Grunt

by [Christopher R. Albon](#) on February 14, 2009 [[edit](#)]

I have to jump on a plane in a bit, but I wanted to leave readers with an interesting graphic breaking down the cost of personal equipment on American soldiers. Click on the image below for a full-sized



{ Comments on this entry are closed }

## Good Reads For February 8th, 2009

by [Christopher R. Albon](#) on February 8, 2009 [[edit](#)]

### Israel Impounds aid ship headed to Gaza

The ship set sail from the Lebanese port of Tripoli Tuesday in a bid to defy Israel's blockade of Gaza. Reporters from Arab TV stations Al-Jadeed and Al-Jazeera who were on the vessel said the Israelis fired at the ship before boarding it and beating those on board.

### Gerald Loftus wants to send a US Hospital Ship to Gaza

In the end, perhaps the French and my skeptical American commenters are right: for “logistical” or “force protection” reasons, or simply, for medical effectiveness, maybe our hospital ships are needed more for amphibious exercises with allied nations. Preparing for some future disaster surely to strike in the Gulf of Mexico.

And maybe the US Government is justified in channeling its aid to Gaza – considerable as it is – through UN specialized agencies and the ICRC.

But I doubt seriously that there is any more urgent medical-humanitarian mission right now than Gaza. And whatever the form and amount of US aid to Gaza via the UN and the Red Cross, it doesn't have the impact – and, let's face it, the public diplomacy payoff – of a gleaming white hospital ship flying the US flag.

### SOUTHCOM responds to Earthquake in Costa Rica

A 6.2-magnitude earthquake killed at least 13 people in Costa Rica last week. Among the first responders was a joint U.S. Army-U.S. Air Force team flying Blackhawk helicopters. “The team, comprised of Army and Air Force aviation crews, rescue, medical and support members, supported ongoing efforts to search and locate victims of the natural disaster,” the Air Force reported.

{ Comments on this entry are closed }

## In NYC February 16th? Come Have Some Drinks!

by [Christopher R. Albon](#) on [February 4, 2009](#) [[edit](#)]



In two weeks I will be in New York for the [International Studies Association's](#) conference. Drew Conway of [Zero Intelligence Agents](#) and myself are having a little gathering for some casual drinks and discussion about national security, medical diplomacy, beer, and whatever. We are calling it Beers, Bombs, and the Bubonic Plague. If you are in the area feel free to join us!

### Details

While Chris Albon, author of War & Health, is in town for the ISA Conference he and Drew Conway, author of [Zero Intelligence Agents](#), will be getting together to discuss national security issues over a few pints. We invite any readers, or interested parties in the area to join us. We are asking that you RSVP simply so we can get a head count for Swift. We look forward to a spirited discussion!

**When:** Monday, 2/16/2009 8:00PM

**Where:** Swift

**Contact:** (212) 227-9438

**Special instructions:** Please use the link below to register for the event. We are asking that you register only so we can inform Swift of the size of our party—thank you!

RSVP Below:

{ Comments on this entry are closed }

## How The Other Half Does Counterinsurgency

by [Christopher R. Albon](#) on [February 2, 2009](#) [[edit](#)]

Today, I stumbled upon an absolutely fascinating PBS Wide Angle documentary on the [Second Chechen War](#) called [Greetings from Grozny](#). The filmmakers embed with Chechen rebels, Russian special forces, and civilians. The film is packed with original and rarely seen footage. Best of all, the entire documentary is available free online.



embroiled for years in a war for self-determination against Russia. The ruined cityscape of Grozny and the scarred roads and fields of the countryside bear witness to a conflict that has been marked both by brutal occupation and terrorist resistance. This film is a journey that leads the viewer behind the lines on both sides, and into the hearts of civilians and soldiers alike. Film crews accompany Russian troops on “cleansing missions” through residential districts of Grozny, and spend 24 tense hours at a Russian checkpoint. They also go undercover in the border regions where a radical Islam increasingly motivates Chechen fighters and provides glimpses of the webs of special interest woven around this horrific conflict by the United States, the Wahabist Muslims and the Georgians.



Nobody would confused the Russian strategy with winning hearts and minds.

{ Comments on this entry are closed }

## Fighting the White Plague in WWII

by [Christopher R. Albon](#) on February 2, 2009 [[edit](#)]

On April 10, 1943, Science News Letter published a great article on protecting the United States against wartime tuberculosis. Why great? Because of this quote:

“Tuberculosis sanatoria are giving more than 22,000,000 patient days of treatment yearly; tuberculosis divisions of hospitals give about 6,000,000. These figures, added to the man-days required to take care of patients by doctors, nurses, cooks and janitors, make a grand total of over 40,000,000 man, days yearly.”

This is enough time to build 160 destroyers, or 940 flying fortresses, or 8,000 combat planes, or 16,000 light tanks, or 20,000 howitzers, or 34,000 jeeps, or 550,000 30-caliber machine guns. On the financial side, the cost is equally staggering. The cost of tuberculosis among veterans of the last war alone, before X-rays were used to detect tuberculosis in apparently healthy men and to prevent their being inducted into the Army, has passed the billion dollar mark.

The article advocates testing for TB by directly relating man-hours lost to the war effort. In this way the article merges public health with national security interests. That is, TB weakens the ability of the United States to wage war. To fight TB is to contribute to national security.

The combination of public health and national security fascinates me. It relates two, often considered disparate, topics: conflict and health. In most of recent history the concept of health professionals

# Nar Plague

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unaddressed. But, as time passes and diseases exploit worldwide connectivity, the two fields will become more interdependent and intertwined.

**Source:**

Stafford, Jane. 1943. "Fighting War Plague." *The Science News-Letter* 43(15): 230-231.

{ Comments on this entry are closed }

## UN Satellite Images Track The Gaza War

by [Christopher R. Albon](#) on January 28, 2009[edit]

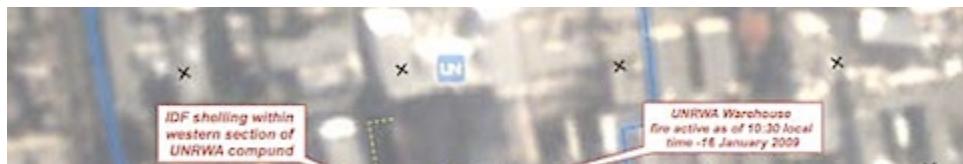
[UNOSAT](#), the organization charged with producing maps and satellite imagery for the United Nations and humanitarians community, has published a fascinating series of maps on the Gaza conflict. The entire Gaza War series to date is shown below. Click on the images for a full sized / high resolution PDF.

### **Damage Assessment Overview for Gaza & Gaza North Governorates – Update 3**



This map presents a preliminary and on-going satellite-based damage assessment for the Governorates of Gaza and Gaza North. Damaged buildings, infrastructure and impact craters have been identified with Quickbird (16 January 2009) and WorldView satellite imagery acquired on 19 & 10 & 6 January 2009, and received at a reduced spatial resolution of 2 meters. Pre-crisis Ikonos satellite imagery from June 2005 was also used. Affected buildings were classified either as destroyed or severely damaged by standard image interpretation methods. Destroyed buildings have been defined by the total collapse of the structure or when it was standing but with less than 50% of the roof still intact. Severely damaged buildings were defined as having visible structural damage to a portion of one wall, or where a section of the roof was damaged but with over 50% of the roof still intact.

### **Gaza – Post-Shelling Satellite Overview of UNRWA HQ**



This damage map was produced in response to the IDF shelling of the UNRWA H.Q. building in central Gaza City on 15 January 2009 at approximately 10:30 AM local time. This map presents a satellite image overview of the UNRWA compound and immediate vicinity after the IDF shelling as recorded by the Quickbird satellite at 10:30 local time, 16 January 2009...

## Damage Assessment Overview for Gaza & Gaza North Governorates – Update 2



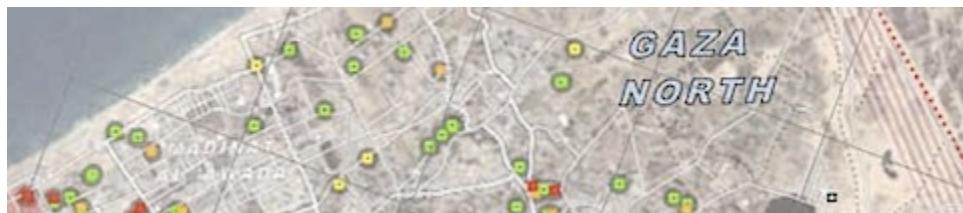
This map presents a preliminary and on-going satellite-based damage assessment for the Governorates of Gaza and Gaza North. Damaged buildings, infrastructure and impact craters have been identified with Quickbird and WorldView satellite imagery acquired on 16, 10 & 6 January 2009, and received at a reduced spatial resolution of 2 meters...

## Damage Assessment for the Gaza Strip (As of 10 January 2009)



This map presents a preliminary and on-going satellite-based damage assessment for the whole of the Gaza Strip. Damaged buildings, infrastructure and impact craters have been identified with WorldView-1 satellite imagery acquired on 10 & 6 January 2009, and received at a reduced spatial resolution of 2 meters. Pre-crisis Ikonos satellite imagery from June 2005 was also used...

## Damage Assessment Overview for Gaza City – Update 1



This map presents a preliminary and on-going satellite-based damage assessment for affected areas within Gaza City. Damaged buildings, infrastructure and impact craters

2009, and received at a reduced spatial resolution of 2 meters. Pre-crisis Ikonos satellite imagery from June 2005 was also used. Affected buildings were classified either as destroyed or severely damaged by standard image interpretation methods.

## Damage Assessment Overview for Gaza City



This map presents a preliminary and on-going satellite-based damage assessment for affected areas within Gaza City. Damaged buildings, infrastructure and impact craters have been identified with WorldView-1 satellite imagery acquired on 6 January 2009, and received at a reduced spatial resolution of 2 meters...

## UPDATE 1: Situation Map-Gaza Crisis (as of 5 January 2009)



This map presents a preliminary situation of the reported attacks by Israeli and Hamas forces from 25 December 2008 to 5 January 2009, within and surrounding the Gaza Strip. Damage locations have been taken exclusively from open media sources. Many recorded damage sites shown are approximate and may not represent all known incident locations.

## Situation Map-Gaza Crisis



This map presents a preliminary situation of the reported attacks by Israeli and Hamas forces from 25-30 December 2008, within and surrounding the Gaza Strip. Damage locations have been taken exclusively from open media sources. Many recorded damage sites shown are approximate and may not represent all known incident locations.

## Infectious Diseases, Foreign Militaries, and US National Security

by [Christopher R. Albon](#) on January 26, 2009 [[edit](#)]

I am not above a shameless plug. Today, Amazon starts selling [Threats in the Age of Obama](#), a book edited by [Michael Tanji](#) and containing a contribution by yours truly titled “Infectious Diseases, Foreign Militaries, and US National Security”. The book is a crash course on emerging national security threats. Each of the more than 20 contributors (and Michael) tackle a different aspect of national security, from cyberwarfare to public diplomacy.

My own contribution examines the role of health. Specifically, I explore the effect of global health / infectious diseases on foreign militaries and argue that their health vulnerabilities have a significant, negative impact on US national security.

I would publish my entire contribution on War & Health, but I am pretty sure I signed something saying I wouldn’t. So instead, below is a little teaser:

In the 21st century, infectious diseases are increasingly a serious threat to the national security of the United States, even if they strike outside the nation’s borders. The lessons learned from the effect of HIV/AIDS in African militaries reveal the necessity of giving health concerns a more central position in discussions of national security. In particular, US programs to strengthen the effectiveness of developing world security forces must also increase their health capacity. The United States has a national security interest in strengthening the capacity of friendly foreign armed forces to respond to infectious diseases within their ranks. The framework for this program already exists. The United States’ African Contingency Operations Training and Assistance program boosts the capacity of African militaries to conduct peacekeeping and humanitarian missions on the continent. The program’s greatest challenge, according to one commentator, is that the HIV/AIDS epidemic is crippling the participating militaries before they can be effectively deployed. Enlarging the role of health capacity building in this and similar programs offers a means to make friendly militaries more resistant to infectious disease, increasing their ability to provide domestic, international, and regional stability.

So, if you are interested in a good read with some great contributors, pick up a copy on [Amazon](#).

**Update:** Here are a list of all the contributors for those interested: [Dan tdxp](#), [Christopher Albon](#), [Matt Armstrong](#), [Matthew Burton](#), [Molly Cernicek](#), [Christopher Corpora](#), [Shane Deichman](#), [Adam Elkus](#), [Matt Devost](#), [Bob Gourley](#), [Art Hutchinson](#), [Tom Karako](#), [Carolyn Leddy](#), [Samuel Liles](#),

[Shlok Vaidya](#). And editor, [Michael Tanji](#).

{ Comments on this entry are closed }

## **Good Reads For January 26, 2009**

by [Christopher R. Albon](#) on [January 26, 2009](#)[[edit](#)]

Today starts a new series of posts called ‘Good Reads’. I am a voracious collector of news stories, articles, journals, reports, and data on armed conflict and public health. I attempt to write about many of them on this site, however inevitably every week a dozen or more items remain ‘unblogged’. The goal of this and future Good Reads posts is to get these items out to readers. Enjoy! If you have comments and suggestions, I would love to hear them.

### **Solar Powered Medical Clinic in Iraq**

In Iraq, where rolling blackouts and severe electricity restrictions plague the nation, a reliable power supply can mean the difference between life and death. Without it, important medical centers can't provide the necessary treatment to the wounded. So it was a stunning achievement for the American-Iraqi Multinational Force—and a great moment for solar power technology—when an Iraqi-led group designed and installed a photovoltaic cell system on a Baghdad medical clinic.

### **Cuban Revolutionary Medicine**

Their experience is the newest reflection of how Cuba, in concert with the people of many nations in Africa, Latin America, and the Caribbean, is transforming the training of doctors, nurses, and other health professionals while also delivering medical care to poor populations that, in the past, seldom received any attention at all. This dynamic notion, planted by Che and others at the beginning of the Revolution, has taken decades finally to develop, and now has come to fruition: thousands of doctors have been created who are capable of practicing and teaching revolutionary medicine, and they are putting this “weapon” to good use.

### **Hamas Accused of Hijacking Ambulances during Gaza War**

Palestinian civilians, living in Gaza during the three-week war with Israel, have spoken of the challenge of being caught between Hamas and Israeli soldiers, as the radical Islamic movement that controls the Gaza strip attempted to hijack ambulances

{ Comments on this entry are closed }

## **Send a Navy Hospital Ship to Gaza?**

by [Christopher R. Albon](#) on [January 22, 2009](#)[[edit](#)]



Will Youmans, a fellow at the Palestine Center and [hip-hop artist](#) has put out a brief in which [he argues that President Obama should dispatch the hospital ship USNS Mercy to Gaza.](#)

One of the most powerful and visible symbols of American empathy with those in disaster-hit areas is the USNS Mercy, the leading hospital ship in the U.S. Navy. As a ship committed to emergency medical care, it is one of America's most notable tools of medical diplomacy, having gained attention for its humanitarian contributions in tsunami-hit Asia in 2006. It would provide more capacity for health care and make a more prominent public diplomacy statement to the Arab world.

...

For a Barack Obama administration looking towards a new path of engagement with Arab and Muslim countries, sending substantive direct medical help to the people of Gaza would be both a significant gesture and a useful intervention to relieve mounting health care demands. The USNS Mercy and other hospital ships could perfectly fit such a mission, and they have in the past elsewhere. While this may not erase the harm done to American credibility during the Bush administration, it would be a visible step in the direction of re-positioning the United States—a departure from the previous President's reckless disregard for civilian life.

As readers probably already know, I am a strong supporter of hospital ships for medical diplomacy. However, in this particular case a hospital ship is inappropriate and will send the wrong message. A major (and not unreasonable) criticism of employing the Navy as medical diplomats is that, no matter their true intentions, the mission is still a US military operation using military equipment. This was even an issue for the USS Kearsarge in Nicaragua where the US is on good terms. Thus, I hesitate to imagine how a US military ship off the Gazan coast would play out in the arab street (whatever its hull color).

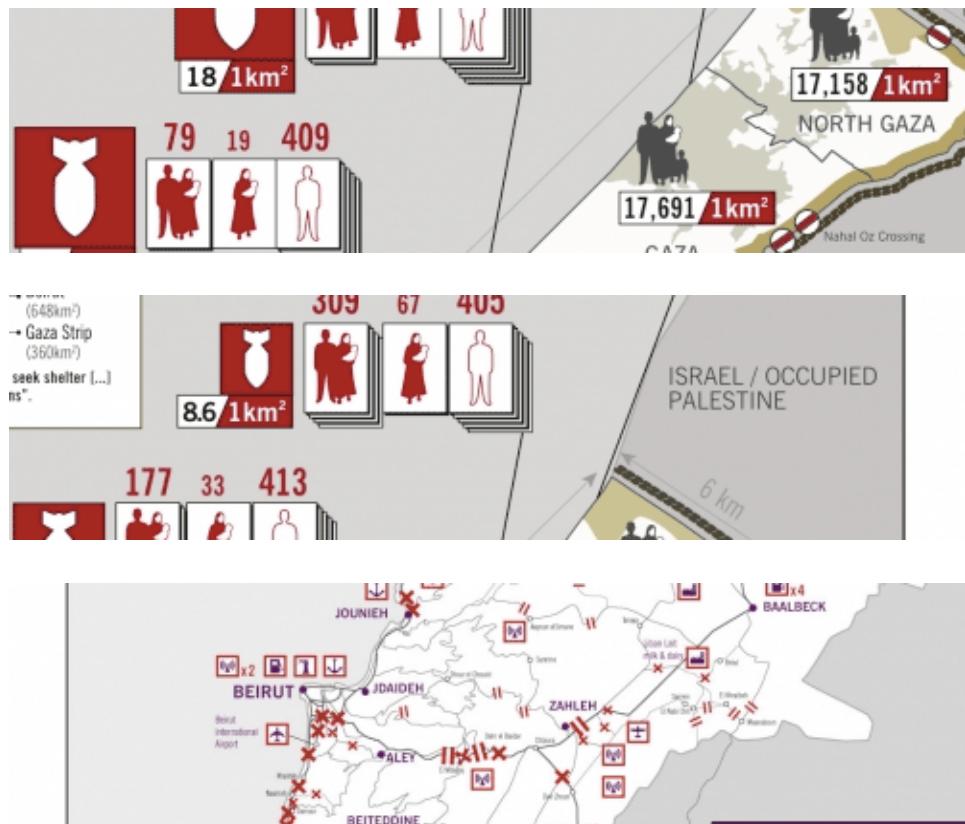
The population of Gaza was just devastated by US weapon systems sold to Israel. Those [controversial Israeli white phosphorus artillery rounds](#) were [made in a small town in Arkansas](#). The IDF AH-64s, F-16s, F-15s, M4s and M16s are also made in the US. The only thing the Gazan people want to see less than the Israeli military is the US military.

{ Comments on this entry are closed }

[\*\*Maps of the Gaza War\*\*](#)

by [Christopher R. Albon](#) on January 21, 2009 [[edit](#)]

[Solidarity Maps](#), a group of Lebanese and Palestinian activists have put out some really great maps on the human cost of the 2008/2009 Gaza conflict. Click on the images below to download the full-sized maps (PDF and JPG).



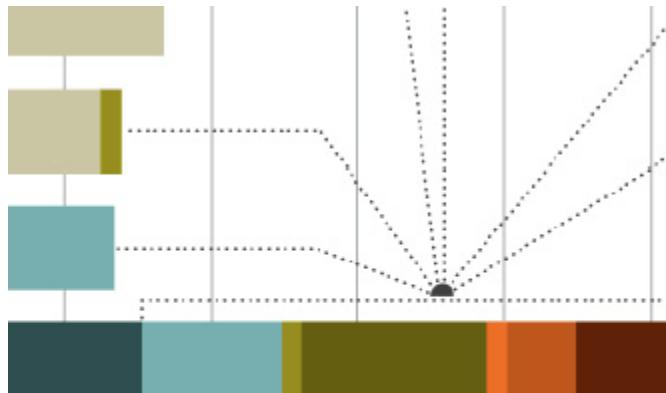
{ Comments on this entry are closed }

## [The Strategic Threats of Global Health](#)

by [Christopher R. Albon](#) on January 21, 2009 [[edit](#)]

At the end of 2008, the National Intelligence Council released report ICA 2008-10D, titled “[Strategic Implications of Global Health](#)”. The report expanded on the [2000 National Intelligence Estimate on the threats from infectious diseases to the United States](#) by including a wider variety of global health issues, including malnutrition and maternal mortality.

Below is a summary of the report’s key findings



relevant to stability and armed conflict.

ther tobacco-caused diseases<sup>a</sup>

## Reconstruction and Stabilization:

- *Inability of the central government of Afghanistan to provide health-care and other services has helped to undermine its credibility while boosting support for a resurgent and increasingly sophisticated Taliban.*
- *A degraded health sector, shortages of medical personnel, and infections stemming from deficient sanitary conditions and lack of clean drinking water in Iraq have undermined the credibility of the central government.*
- In both countries poor reproductive health among girls and women is a major impediment to advancing female education and workforce participation, both of which are important to enhancing prospects for economic growth.

## Rising Powers:

- Russia has the overall worst health indicators of any industrialized country, and poor health undercuts efforts to diversify economic activity away from oil into more skill-intensive and value-added sectors. *Poor health of Russian children and young people combined with falling birthrates also threatens Russian military readiness.*
- China's high incidence of chronic disease—stemming in great part from heavy tobacco use—threatens to slow Chinese economic growth by incapacitating workers and incurring heavy health-care costs. *The health effects of industrial pollution are an increasing source of discontent in China, while the recent outcry over contaminated baby formula seemed to weaken government credibility regarding the ability of the government to ensure public health and safety.*
- India suffers from rampant malnutrition and anemia that cross all socio-economic classes, putting the majority of Indian children at high risk for impaired physical and cognitive disabilities.

## Adversarial States and Nonstate Actors:

- Malnutrition-related cognitive disabilities among North Korean children and young people likely will impact future economic growth in that country regardless of when Pyongyang opens to the outside world or reunifies with the South. *Nationwide malnutrition has compelled Pyongyang to lower minimum height and weight requirements for military service, and an estimated 17 to 29 percent of potential North Korean military conscripts between 2009 and 2013 will have cognitive deficiencies disqualifying them for service.*
- *Venezuela and Cuba have been particularly adept at parlaying provision of charitable medical services to nationals of other countries into support in international forums such as the United Nations.*
- *Hezbollah's provision of health and social services in Lebanon over the past 20 years has helped to legitimize the organization as a political force in that country, while HAMAS's delivery of similar services was a factor in its winning of legislative elections in the Palestinian territories.*

Overall, the report is spot on. Global health is not the exclusive realm of aid workers and Irish musicians. Rather, the health of *other* countries has significant tactical, operational, strategic, and grand strategic implications for the United States. Rising global interdependence only increases the importance of global health and the need to incorporate health into foreign policy. Beyond its contents, the report is indicative of Washington's increased interest in the implications of health in international politics and conflict.

{ Comments on this entry are closed }

## **Qualifying Exam Results**

by [Christopher R. Albon](#) on January 20, 2009 [[edit](#)]

If truncated above some threshold,  $\tau_y$ , then  $y = y^*$  only if  $y^*$  follow a truncated normal distribution,

$$f(y|y < \tau) = \frac{f(y)}{P(y < \tau)} = \frac{\frac{1}{\sigma}\phi(\frac{y-u}{\sigma})}{\Phi(\frac{\tau-u}{\sigma})}$$

one standard deviation of  $y$ ,  $u$  is the  $E(y)$ ,  $\phi(\cdot)$  is a standard normal density function, and  $\tau$  is some truncation threshold. In words, the distribution of  $y$  given  $y < \tau$  is a truncated normal distribution.

Two good events happened today. Barack Obama was sworn in, and I passed my last qualifying exam (in quantitative methodology). It would be hard to beat today.

Now, on with the show.

{ Comments on this entry are closed }

## **Embedded With Gazan Medics**

by [Christopher R. Albon](#) on January 17, 2009 [[edit](#)]

In the Israel-Gaza conflict, the real heros are the palestinian medics. Reporter Radjaa Abou Dagga and France 24 offers a rare and powerful glimpse of the daily life of Gazan medics on the frontlines.

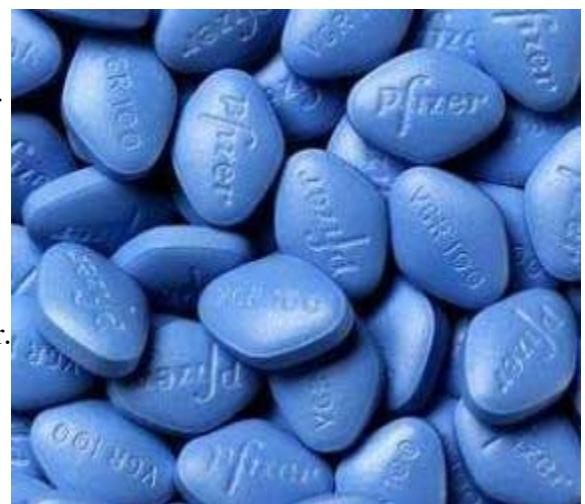
{ Comments on this entry are closed }

## The Little Blue Pill in War

by [Christopher R. Albon](#) on January 14, 2009 [[edit](#)]

In December, Joby Warrick of the Washington Post published a [story on the use of Viagra to win over the support of Afghan tribal leaders and warlords](#). Paying for support is nothing new. The strategy has been employed countless times and produced well publicized successes. The largest example recently is the Sons of Iraq, wherein 90,000 Iraqi paramilitaries (including insurgents) were placed on the US payroll. These forces were widely credited for stabilizing many regions, including Al Anbar.

What is significant about the use of Viagra is the direct employment of western medical technology to win support at the tactical level. Now, as Warrick points out, buying support with Viagra is by no means common, likely because the warlord must be old enough to need the drug but healthy enough to not die from it.



conflicts to gain favor with political elites.

Overall, the article reiterates a common theme on War & Health: that health care and public health can be an effective tool in armed conflict, at the tactical, operational, and/or strategic levels.

{ Comments on this entry are closed }

## **White Phosphorus 101 (Updated)**

by [Christopher R. Albon](#) on January 12, 2009 [[edit](#)]



Recently there has been a number of [news stories](#) about the Israeli Defense Force's use of white phosphorus, also known as WP or Willie Pete. White phosphorus is a standard weapon in 20th century armies. Its use as a weapon was commonplace in WWII and many other conflicts.

Beyond the technical details, white phosphorus is a waxy substance that burns brightly and produces a large amount of smoke when lit. White phosphorus has two main military uses. First, it is often employed as a means of producing smoke to cover military maneuvers from observation or to mark a location. Second, white phosphorus is used as an incendiary weapon against enemy forces. More specifically, if a canister of white phosphorus is ignited in the air over a target, the area underneath will be showered by small waxy and burning particles. Those pieces can stick to clothes and skin, causing external chemical burns. White phosphorus will burn until it disappears or is deprived of oxygen and thus often causes horrific damage to exposed flesh, sometimes burning down to the bone. Furthermore, individuals can inhale the particles, causing internal burns. Both of these uses are legal under international laws of war.

The controversy around white phosphorus lies in the risk to civilians. The purposeful use of white phosphorus against civilian populations is a clear violation of international law. However, in many urban battlefields where white phosphorus has been used, such as Gaza 2009, Falluja 2004, and Grozy

phosphorus is not a precision weapon. A white phosphorus attack against Hamas fighters next to a civilian home will in all likelihood shower both with incandescent particles of phosphorus.

Furthermore, the toxic smoke (which itself causes skin irritation) might either kill the civilians by suffocation or drive them out into the open where they risk being mistaken for enemy combatants.

Update Via [Danger Room](#): “In Gaza, even the Red Cross accepts that the intention is probably to use WP to create smoke rather than to deliberately injure; the Associated Press quotes the ICRC’s Peter Herby as saying: “It’s not very unusual to use phosphorus to create smoke or illuminate a target. We have no evidence to suggest it’s being used in any other way.”

Update 2: [CNN is reporting](#) that the central UN humanitarian storehouse in Gaza is on fire and that “the source of the fires as white phosphorous shells...”

Here are two good resources on White Phosphorus:

- [Israel Accused of ‘War Crimes’ for Phosphorus Shells](#)
- [White Phosphorus \(WP\) introduction by Global Security](#)

{ Comments on this entry are closed }

## A Message To Readers

by [Christopher R. Albon](#) on January 11, 2009 [[edit](#)]

This week War & Health is one year old. The site has had a good year: more than 100 substantial posts, hundreds of subscribers, thousands of visitors, and citations by dozens of respected publications/organizations including Wired’s [Danger Room](#) and the New York Times’ [The Lede](#). However, I know War & Health can do better.

You see, for the last seven months your author has been under the guillotine of comprehensive exams. The pressure to prepare made time zero-sum: any time writing/researching about armed conflict and public health was hours of studying lost. Writing for this site was reduced to a guilty pleasure, indulged on Saturday nights after 12+ hours of studying for the exams. The necessary neglect of writing on armed conflict and public health has been frustrating, for the topic covered on War & Health is not just my research focus, it is *my passion*.

So, it was with great pleasure that on January 8th I turned in my last comprehensive exam, also described as “the last test you will ever take”. The results will not be known for a few weeks, but whatever the outcome, whether I continue at UC Davis or take advantage of a different opportunity (see post scriptum), this site will not be so neglected again.

Happy New Years reader, and look out for some great commentary, news, and analysis on War & Health in the coming months!

Your author,



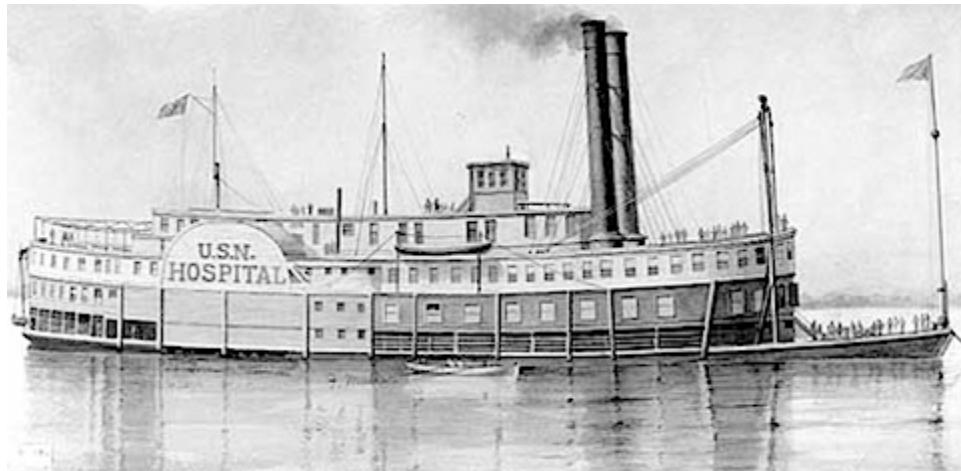
Christopher Albon

P.S. A special thank you goes out to those of you who offered me many great and tempting opportunities if I leave my academic studies. The offers are both flattering and appreciated.

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## The US Navy's First Hospital Ship

by [Christopher R. Albon](#) on December 17, 2008[edit]



On November 7th, 1861, the Confederacy purchased the steamer *Red Rover* for use as a barracks ship. Five months later the *Red Rover* was captured by Union forces and converted into a hospital ship. The ship's medical department was staffed with both military medical personnel and civilians volunteers. After service with both the US Army and Navy, the *Red Rover* was decommissioned in 1865.

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## Brazil's Brown Water Hospital Ships

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

The US Navy and China are not the only states with hospital ships:

**Navios de Assistência Hospitalar**

The Brazilian Navy boasts an innovative and well-developed program of small hospital ships, which ply the river. With shallow drafts, they can move up the hundreds of tributary rivers and provide medical care to the people in the interior of the vast Amazon region.

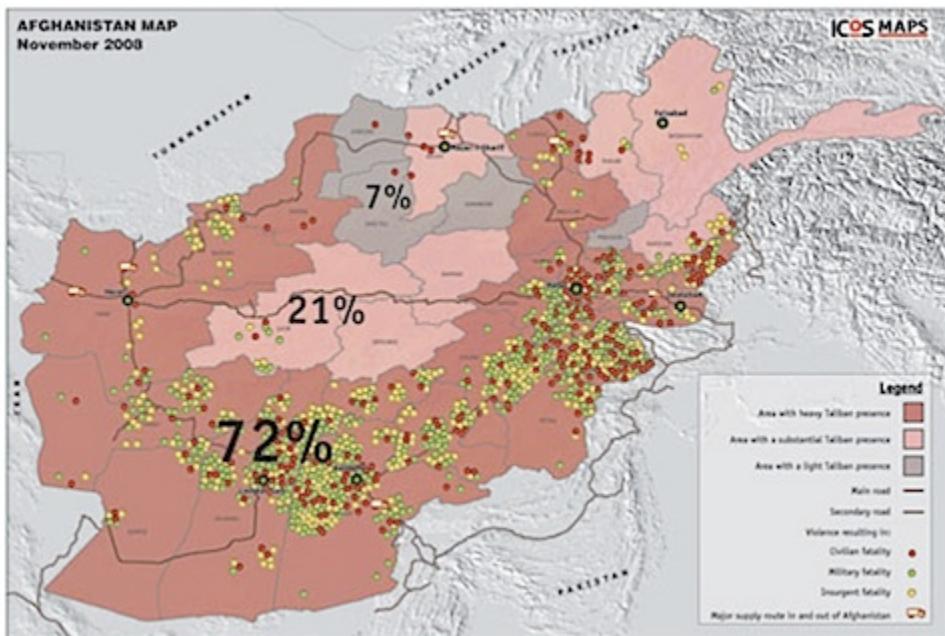


Hat Tip: [Information Dissemination](#)

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## [Map of Casualties in Afghanistan](#)

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



The International Council on Security and Development (ICOS) has published a map of civilian (red), military (green), and insurgent (yellow) fatalities in Afghanistan from January to November 2008. The percentages represent the level of Taliban presence in that province. The data is gathered from publicly recorded attacks. Click on the map for a larger PDF.

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## [The Politics of Inoculating Washington's Army From Small Pox](#)

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

In colonial New England, the only method of smallpox inoculation was the transfer of pus from a smallpox



practice of inoculation was common amongst Native Americans, Blacks, and the British Army, it was considered repulsive by Colonists. For this reason inoculation was highly restricted or even prohibited in a large portion of New England.

General Washington's attempts to inoculate his troops from smallpox were often blocked by these restrictions. As such, his army was repeatedly devastated by outbreaks.



## Source

Becker, Ann M. 2004. "Smallpox in Washington's Army: Strategic Implications of the Disease during the American Revolutionary War." *The Journal of Military History* 68(2):381-430.

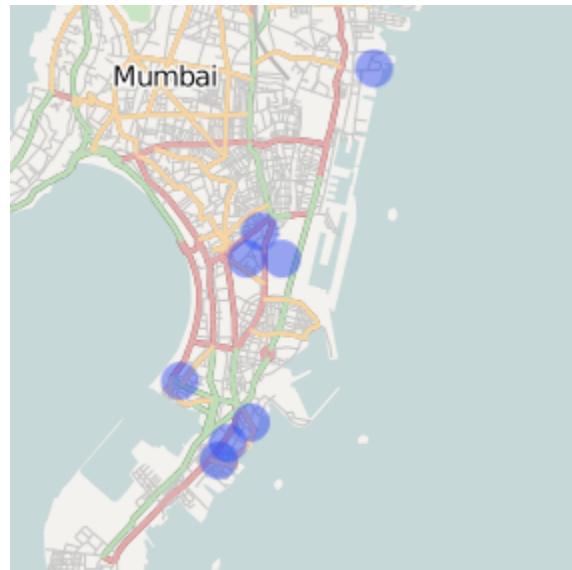
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## Ushahidi After Mumbai

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

Right now, on India's CNN-IBN news channel, a man with the title of "citizen journalist" is interviewing people the morning after the main attack. The 2008 terrorist attacks will be known as the first reported primarily via social media. A majority of footage and accounts shown by CNN, BBC, and IBN were from citizens using cell phones cameras, text messages, Wikipedia, blogs, and Twitter. Noah Shachtman described the attacks as being described "tweet by tweet". CNN [has called](#) yesterday "the day social media appeared to come of age and signaled itself as a news gathering force to be reckoned with." One man told CNN: "Even before I actually heard of it on the news I saw stuff about this on Twitter".

Particularly active was the [#mumbai](#) thread on Twitter:



lwaldal: RT many: If you are in #mumbai, give blood by smsing BLOOD [blood group] to 96000 97000, someone will call up for donation.

shahpriya: RT @schmmuck it seems that the police van that was hijacked was the one the late vijay salaskar was traveling in !!

But #mumbai was not just for reporting, Shlok Vaidya, an energy security analyst at the Foundation for the Defense of Democracies used the [#mumbai channel for analysis](#):

#mumbai If the cargo ship is true, it was sloppy and from and old era of terrorism. Points to legacy thinkers – governments, major org etc

Ushahidi, a new project for crowdsourced crisis mapping, played no role in the reporting. Rather a mix of Wikipedia and Google Maps were the tools of choice to aggregate and track the Mumbai attacks in near real time.

These attacks prove the potential role of Ushahidi in future crises, however the events of the past 24 hours also demonstrate that Ushahidi needs to be faster and more automated to maximize its usefulness. The attacks occurred the day before Thanksgiving, making any attempt to use the system to Mumbai less likely. Furthermore, if the system took even a day to deploy, citizen journalists would have already clustered and amassed around other social media services to aggregate and map the crisis before Ushahidi could open its doors. If faster and more automated, Ushahidi could be a major aggregator of social media data during future crises.

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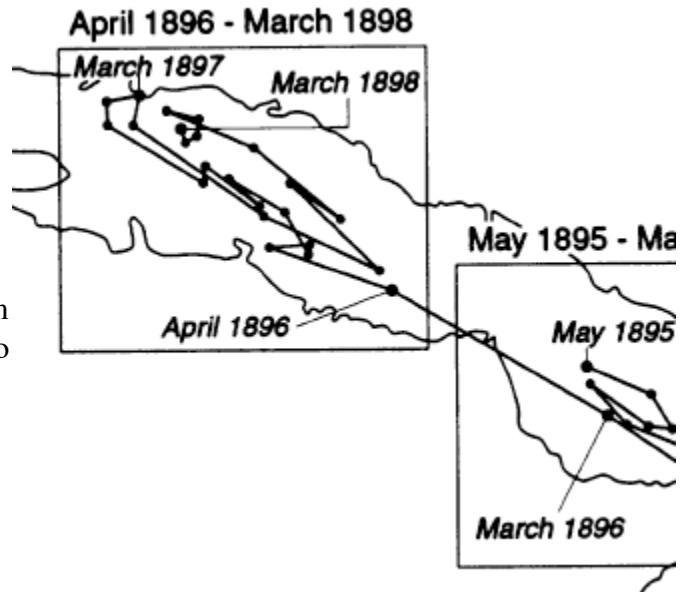
## Infectious Disease During the Cuban Insurrection, 1895-98

by [Christopher R. Albon](#) on November 26, 2008 [[edit](#)]

In an innovative paper, Matthew Smallman-Raynor and Andrew Cliff (previously mentioned on War & Health) explore the spread of three infectious diseases (enteric fever, smallpox, and yellow fever) during the Cuban insurrection (1895-1898). The authors extracted geospatial data on infectious diseases from sanitary dispatches from the United States Marine Corps Hospital Service and the US Consular Service. On this historical data, the authors run GIS analysis to determine the spatial relationship between infectious diseases and the political conflict.

The authors reached a number of conclusions. First, the war caused populations to condense, facilitating the spread of disease. Second, the war created increased transmission rates. Third, fighting increased the speed at which the diseases spread. Fourth, (and most important for readers of War & Health) the spread of disease was shaped by the location of hostilities. That is, disease spread with the fighting.

A central argument on this site is that health in conflict zones can only be understood through an appreciation for the dynamics of the conflicts themselves. Smallman-Raynor and Cliff's fourth conclusion lends unequivocal support for this claim.



**Source:**

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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## Timeless Words on Typhus

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

The following paragraph was published in the New York Times on May 25th, 1915 in an article titled: "Typhus Fever is as Old as Warfare". This paragraph could describe a dozen conflicts since then, including some current ones.

Civilization is only a thin crust, covering possibilities of relapse into savagery. Long ages have been required to bring civilized man by slow and painful stages to his present condition. Only a few months are required for him to relapse into the condition of barbarism from which he emerged. In times of great disaster, when the conventions of civilized society are removed, man again becomes an individualist, striving like primitive man or like the beasts of the jungle for food and shelter and even for life itself, and ruthlessly abandoning any refinements or customs which might impede him. Under such conditions, he easily reverts to the habits of his former savage state. Even the diseases of barbarism return.

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Political science Ph.D specializing in armed conflict, public health, human security, and health

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