

Defending Health Against Persecution, Violence, And Armed Conflict

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[**Conflict Health Roundup: Video Edition**](#)

by [Christopher R. Albon](#) on November 21, 2010 [[edit](#)]

Bored of spending your Sunday afternoon watching cat videos on Youtube? Check out this collection of videos on the health consequences of conflict. Enjoy!

[**Siege Hurts Gaza Wheelchair Users**](#)

[**Laurie Garrett On Lessons From The 1918 Flu**](#)

Health Consequences Of The Iraq War

ICRC Commercial: Keep Health Workers Safe

{ Comments on this entry are closed }

Photo: Uruguayan Medical Diplomacy

by [Christopher R. Albon](#) on [November 21, 2010](#)[edit]



Caption: Uruguayan soldier Nicolas Gonzalez, assigned to MINUSTAH, listens to an infant's heartbeat during the Medical Readiness Training Exercise on May 12. Uruguayan Soldiers are assisting Navy personnel and Haitian doctors in providing Haitians in the Les Cayes communities with immediate, basic health care. The exercise is being conducted at the American University of the Caribbean over a period of 10 days. Patients will be offered health care from doctors, dentists and optometrists. More than 3,000 Haitians are expected to receive medical care from the staff. This is the second MEDRETE to be conducted in the southern region of Haiti. Photo by Pvt. Samantha Hall.

{ Comments on this entry are closed }

Photo: Smile!

by [Christopher R. Albon](#) on November 14, 2010 [[edit](#)]



Caption: Spc. Amie Jimenez, a soldier with 558th Military Police Company is hugged by a woman seeking medical attention during a combined medical assessment between a local Iraqi doctor and a team of U.S. Army healthcare providers in the village of Dulaub, Iraq, May 12, 2010. Females visiting the temporary clinic were provided security by female U.S. soldiers and were seen by female medics. Photo by Sgt. Mike MacLeod.

{ Comments on this entry are closed }

Must Read: Jefferson's Army Of Nation Builders

by [Christopher R. Albon](#) on November 11, 2010 [[edit](#)]

Happy Veteran's Day! If you are not a veteran, I encourage you to thank one for today for their service. A handshake goes a long way. Furthermore, whether or not you are a veteran, make sure to read [this brilliant op-ed by Dominic Tierney of Swarthmore College on the America military's long tradition doing Military Operations Other Than War \(MOOTW\)](#). The punchline:

Today, some officers warn that an army of nation-builders would lose its edge at conventional warfare. But in keeping with the founders' belief that the soldier's role was to build, not just to destroy, we need our own multipurpose military — an Army and Marine Corps with duties that extend far beyond winning tank battles or artillery duels against enemy states, or even fighting at all. And just as in Jefferson's time, West Point in

efforts to emphasize in its curriculum the study of foreign languages and cultures.

The troops from America's farming heartlands who are helping Afghans build greenhouses, grow crops and better feed cattle are not losing their identity as warriors — they're following in the footsteps of our earliest soldiers.

Huge hat tip to [Andrew Exum](#) for pointing out the op-ed.

{ Comments on this entry are closed }

[**Photo: A Preview Of Disaster Relief In The 21st Century**](#)

by [Christopher R. Albon](#) on November 6, 2010 [[edit](#)]



Caption: USAID, U.S. and UN military personnel visited Terrain Accra camp in Port-au-Prince to survey the area after Hurricane Tomas on Nov. 5, 2010. Garbage clogged a culvert, leading to minor flooding on a road in the camp for people displaced by the Jan. 12 earthquake. Brazilian engineers responded to their reports and worked to unclog the culverts. Photo by Kendra Helmer/USAID

{ Comments on this entry are closed }

by [Christopher R. Albon](#) on November 5, 2010[edit]

When water absolutely, positively has to be purified overnight, you call in the Marines? Maybe. Gary Anderson, a former Marine Corps officer and expert on humanitarian relief, [has a comment on Small Wars Journal](#) advocating for the deployment of Marines to Haiti:

The situation in Haiti is on an order of magnitude greater than Abu Ghraib, but the principles of containment are still the same. However, there isn't much time. The United States should immediately offer to transport Reverse Osmosis Purification Units (ROWPUs) to Haiti; these units are capable of producing huge amounts of potable water out of the vilest sources imaginable. The Marines are particularly adept at using ROWPUs for humanitarian purposes. That is only a temporary solution until the relief international relief community can organize a solid system of chlorine tablet distribution and public information.



Containing a cholera outbreak is relatively easy; developing a sense of urgency among Haitian officials, may be more difficult. I'm usually the last to suggest yet another commitment of U.S. forces; but they wouldn't be there long, and aside from the ROWPUS, very few troops are needed. In this case, they are indispensable. Let's send in the Marines...again.

Offering ROWPUs to Haiti is a good idea, but I am not sure why Anderson puts so much emphasis on the Marine Corps providing them. Virgin Islands National Guard's ROWPU Detachment already has experience in Haiti (pictured) and might well make a better choice. But, whoever we send, send them quickly.

{ Comments on this entry are closed }

US Uniformed Services As A Proto-International Health Service Corps

by [Christopher R. Albon](#) on November 4, 2010[edit]



More than a month ago Paul Farmer, Vanessa Bradford Kerry, and Sara Auld published an article in the prestigious New England Journal of Medicine [proposing an International Health Service Corps \(IHSC\) \[PDF, might be gated\]](#). A few weeks later, I [published a comment to their article on Current Intelligence](#) highlighting the potential role of the military in any future IHSC. I encourage you all to go and read both Farmer et al's original article and my comment. As a teaser, here is a punchline to the latter:

Ask any military or civilian personnel on a US medical assistance operation (and I have) why it's important for America to repair medical equipment in Nicaragua or train medics in the Democratic Republic of the Congo, and you'll get almost the exact same answer every time. Helping states provide health care to their populations can increase regional stability, build valuable diplomatic relationships between the US and foreign governments, and play an important role in that elusive old game: winning hearts and minds. By helping others in this way, Americans help themselves.

So is the IHSC a good idea? Absolutely. If it ever needs researchers I'll be the first to sign up. We need to ensure, however, that the IHSC doesn't simply reinvent the wheel. The US already has a proto-IHSC in the often-overlooked international health operations of its military and other uniformed services.

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[The Docs: A Comic Book](#)

by [Christopher R. Albon](#) on [November 4, 2010](#)[[edit](#)]



Ninety-five percent of the books I read are dense monographs on military affairs and public health, and would never have much appeal to the general public. The fact I stay up late every night reading them is a solid sign that I have found a topic I am passionate about. In September however, I broke my pattern and bought my [very first comic book](#), admittedly entirely because I am [good friends with one of the authors](#). But now it seems this comic book thing is catching on. Last month, the Naval Health Research Center [published its own comic book on US medics](#), called [The Docs](#), and I admit that it is pretty good. And the best part: it is [free](#)!

{ Comments on this entry are closed }

Kurdish Medical Education Under Saddam

by [Christopher R. Albon](#) on November 3, 2010 [[edit](#)]

In their 2006 article on [medical education in Kurdistan \[gated\]](#), Mariwan Husni, Fiona Taylor, and Narmen Koye provide a telling vignette on the power of politics to disrupt the education components of health systems:

“After Saddam took power, extra-judicial killings extended to hundreds of doctors, academics and health care professionals. His loyal followers were employed on the academic staff without merit and replaced many of the qualified teaching staff in the universities. The new staff were given enhanced career opportunities, including scholarships in countries like the UK.

Subjects praising and promoting the Baath party’s doctrines were added to the medical school curriculum. These additional subjects were taught in Arabic, rather than English, which was the language of the curriculum. The admission requirements to medical schools were undermined by the regime because of favouritism towards loyal members of the Baath party and their children. These applicants were automatically given additional examination marks for being loyal to the political party, which discriminated against

students and staff to keep disloyal students under continuous surveillance.

The acceptance of less capable students and the change in Iraq's international relations undermined the reputation of the Iraqi system of medical education in the region and the world. Books and publications stopped coming into the country, and there were no opportunities to interact with the international medical community. People were not allowed to attend conferences, meetings or postgraduate medical education outside of Iraq." (Husni et al. 2006, 295)

Source: Husni, Mariwan, Fiona Taylor, and Narmen Koye. 2006. "Medical education and health care in Iraqi Kurdistan in the last four decades." *Medicine, Conflict and Survival* 22(4): 292.

{ Comments on this entry are closed }

Photo: Afghan Ambulance

by [Christopher R. Albon](#) on November 1, 2010 [[edit](#)]



Caption: Medics tend to an Afghan man who had a seizure in the Village of Pasaw March 15. The ANA delivered supplies and health care relief for Pasaw Village in Farah province north of the Farah Rud. Photo by Staff Sgt. Nicholas Pilch.

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Why Modern US Medics Carry Guns And Don't Wear Red Crosses

by [Christopher R. Albon](#) on November 1, 2010[edit]



Lately I have been reading my way through the half a dozen or so modern war memoirs from military health workers (more on this later). This week, I am enjoying [Saber's Edge: A Combat Medic in Ramadi, Iraq](#) by Thomas A. Middleton.

I will write a full book review at a later date, but for now here is a particularly great explanation by Middleton of one aspect of US medic history. For a long time, US military medics were unarmed (or lightly armed) and wore Red Cross markings designating their status as health personnel. However, in Iraq and Afghanistan US medics are largely indistinguishable from the units with whom they are attached. Middleton explains why:

Unlike the medics of yesteryear, we no longer wore red crosses, and today's medics carry weapons. Historically, the Army placed the medic in the same category as the medical officer—that of noncombatant. History taught us, though, that the enemy did not always respect the Geneva Convention, and in some cases, he would specifically target old Doc. The Geneva Convention provides protection to noncombatant chaplains and to medical officers who clearly identify themselves. It would be unethical for us to wear the red crosses while still carrying a rifle and fighting offensively—we would be dishonestly claiming protection as noncombatants. During previous wars, the combat medic was either unarmed or carried only a pistol. The .45-caliber Colt model 1911 became a hallmark weapon, carried by officers and medics. The pistol was only effective at short

was not accurate enough to knock down targets at longer distance, so there was little chance of a pistol-packing medic leading a charge toward the enemy. During the Vietnam War, many combat medics realized that their enemy did not always respect the covenants of the Geneva Convention and would kill a medic as quickly as an infantryman. Some of the enemy even figured out that if the medic was wounded or killed, the rest of the troops might be less willing to fight-figuring that no one was left to patch up their wounds. Current interpretation of Army doctrine called for each medic to carry one primary weapon (whether a pistol or a rifle) and possibly a secondary weapon as well. The rifle was more valuable most of the time, but the pistol was better in close quarters or when the medic was busy working on a casualty. It was always ready in the holster-even when the medic's hands were busy with other tasks-and it could be drawn, aimed, and fired more quickly when reacting to a surprise attack at short range. Today's medics were prepared to fight when needed, and I was looking forward to it. I am not sure that everyone had quite embraced the concept of soldier-medics yet, but gunfighters we would prove to be. (Middleton 2009)

Source:

Saber's Edge: A Combat Medic in Ramadi, Iraq (Thomas A. Middleton)
- Kindle Loc. 134-46

{ Comments on this entry are closed }

Photo: Pet Vaccination

by [Christopher R. Albon](#) on October 28, 2010 [[edit](#)]



Caption: A Soldier from the 43rd Medical Detachment (Veterinary Service) assists a Haitian woman prepare her dog for vaccination in Port-au-Prince. Photo by Lt. Col. Michael Perez.

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UN Troops Caused The Cholera Outbreak In Haiti?

by [Christopher R. Albon](#) on [October 28, 2010](#) [[edit](#)]

Did United Nations peacekeepers trigger the [Haitian cholera outbreak](#)? [There is some evidence](#) that they might have...

U.N. investigators took samples of foul-smelling waste trickling behind a Nepalese peacekeeping base toward an infected river system on Wednesday, following persistent accusations that excrement from the newly arrived unit caused the cholera epidemic that has sickened more than 4,000 people in the earthquake-ravaged nation. ...

The mission strongly denies its base was a cause of the infection. Pugliese said civilian engineers collected samples from the base on Friday which tested negative for cholera and the mission's military force commander ordered the additional tests to confirm. He

October for a six-month rotation, have the disease.

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Attacking Military Disaster Relief

by [Christopher R. Albon](#) on October 28, 2010 [[edit](#)]

Dan Lamothe at the Military Times blog BattleRattle [pointed out](#) a great little anecdote on the defensive benefits of soft power, in this case during the US military's disaster relief in Pakistan:

After landing in one remote spot of Kohistan, in a designated Provincially Administered Tribal Area, the Pakistani leader of a flight ordered a hasty evacuation after less than a minute on the ground, before any aid could be delivered. The order came after local tribesmen warned him and the security detail that Taliban or other armed men were hiding behind a hill near the landing spot, apparently waiting for offloading to begin to launch an ambush.

This is not the first time we have seen civilians protecting US servicemen conducting hearts and minds operations. Last month, Roger Cranse [described a similar event](#) during a hearts and minds operation during the Vietnam War:

The villagers told us no one had been killed or injured by the errant gunfire; three houses, however, were destroyed. We promised to bring aluminum roofing sheets, bulgur wheat, rice, old clothes from Catholic Relief Services, CARE packages — the usual stuff. We got back on the chopper and flew over to Loc Ninh, where the main battle had taken place.

That evening back in An Loc, the provincial capital, one of the many spies working in our province sidled up and said "Got a report."

"Yeah?"

"That village today?"

"What?"

"Squad of VC there. Said, 'We want to kill these Americans.' People said, 'No, don't; they're just here to help us.'" The spy jerked his head up, grunted a half-laugh, and turned for the Special Forces club. The villagers had saved our lives.

Now, don't read too much into this. Soft power alone is not an adequate defense in a combat zone. But, these cases do provide (albeit) small-n evidence that there are defensive benefits to these types of operations.

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Video: Condolence Payments In Afghanistan

by [Christopher R. Albon](#) on October 26, 2010 [[edit](#)]

When a civilian is injured or killed by US forces in Iraq and Afghanistan, the victim's family is given a payment as a token of sympathy, called solatia or "condolence payments". According to the [Campaign for Innocent Victims In Conflict \(CIVIC\)](#), condolence payments can be authorized up to \$10,000. However, the typical condolence payment is \$2,500. Condolence payments are paid from Commander's Emergency Response Program (CERP) funds, which is also used to fund many of the military's short-term rebuilding projects.

In the 2010 documentary on the offensive in Marjah, [Bravo's Deadly Mission](#), four civilians were killed by US Marines during a rocket strike. The embedded filmmakers captured the condolence payment and the emotional meeting between the Marines and the victim's families (first four minutes):

Source: [Condolence Payments Media Background, CIVIC \[PDF\]](#)

{ Comments on this entry are closed }

Photo: Medical Counterinsurgency

by [Christopher R. Albon](#) on October 23, 2010 [[edit](#)]



Caption: U.S. Army Spc. Joel Higgins 782nd Charlie Company combat medic, provides clinical aid to locals in Angory, a small village just outside of Kandahar, Afghanistan, during a supply delivery mission and counterinsurgency operation, March 27. Photo by Senior Airman Kenny Holston.

{ Comments on this entry are closed }

US Army Anesthetist In Afghanistan

by [Christopher R. Albon](#) on [October 21, 2010](#)[edit]

For a little while now, I have been avidly reading [FaST Surgeon \(in Afghanistan\)](#), an unofficial blog following the 909th Forward Surgical Team. However, in July the blog author returned home and the amount of new posts unsurprisingly dropped. However, last week FaST Surgeon pointed out a new medical blog just starting out, [CRNA in the 'Stan](#), written by Bill Giles, a US Army Certified Registered Nurse Anesthetist (CRNA) currently deployed to Afghanistan. So far the posts have been a mix of photos and stories, and are great reading.

Head [on over](#) and check them out.

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Humanitarian Use Of Force? No Thanks.

by [Christopher R. Albon](#) on October 18, 2010 [[edit](#)]



Last week on ForeignPolicy.com, Human Rights Watch Director Kenneth Roth proposed something that left me rather speechless: a jungle war.

Obama needs to put this principle into practice, and there is no better case for the humanitarian use of force than the urgent need to arrest Joseph Kony, the ruthless leader of the Lord's Resistance Army (LRA), and protect the civilians who are his prey. And far from requiring a non-consensual intervention, Kony's apprehension would be welcomed by the governments concerned. ...

In May, Obama signed a bill committing the United States to help arrest Kony and his commanders and protect the affected population. Now it is high time to act. Arresting Kony would reaffirm that mass murder cannot be committed with impunity. And it would show that, despite the difficulties in Iraq and Afghanistan, the humanitarian use of force remains a live option at the Obama White House.

I like and respect Human Rights Watch, but Roth's plan is ill-advised. Don't get me wrong, Joseph Kony is Africa's Hitler, but sending US forces into an unforgiving jungle to find and battle a rebel group with intimate knowledge of the terrain is a recipe for disaster.

After personally experiencing America's failure in Vietnam and success in the Gulf War, the much respected General Colin Powell proposed a series of questions that must all be answered with "Yes" before the United States engages in military action. These questions came to be known as the Powell Doctrine:

1. Is a vital national security interest threatened?
2. Do we have a clear attainable objective?
3. Have the risks and costs been fully and frankly analyzed?
4. Have all other non-violent policy means been fully exhausted?

6. Have the consequences of our action been fully considered?
7. Is the action supported by the American people?
8. Do we have genuine broad international support?

Despite massive changes in the international environment during the last two decades, I still believe with much of the Powell Doctrine. Despite some flaws, it is an excellent yardstick to measure the appropriateness of putting US armed forces and civilian populations at risk. So, when I saw Roth's proposal I immediate asked myself what would the Powell Doctrine say:

1. Is a vital national security interest threatened?

Yes. While the Lord's Resistance Army is not strong enough to threaten the governments of Uganda, Democratic Republic Of The Congo, Sudan, or the Central African Republic, the rebel group does pose a very real risk to the not-yet-established country of [South Sudan](#). South Sudan represents a major potential ally for the United States in the region and its survival is an important national security interest.

2. Do we have a clear attainable objective?

No. Roth argues the purpose of the US intervention would be the arrest of LRA leader Joseph Kony. However, there is no reason to believe his arrest alone would have a crippling impact on the rebel group. In fact, a "humanitarian use of force" to arrest him would, almost inevitably, expand into a full-scale counter-guerilla campaign against the Lords Resistance Army, an action history shows to have no clear end point.

3. Have the risks and costs been fully and frankly analyzed?

No. The operation would likely entail deploying tens thousands of infantry soldiers to chase rebels with decades of local knowledge across terrain that negates the advantage of American airpower. This is a recipe for disaster, or at least significant casualties. For an idea of what I am talking about [I recommend reading up on France's experience in Indochina](#).

4. Have all other non-violent policy means been fully exhausted?

Yes. There is no reason to believe Kony is ever going to surrender on his own.

5. Is there a plausible exit strategy to avoid endless entanglement?

No. See question 2.

6. Have the consequences of our action been fully considered?

Not yet, but we cannot blame Roth for not doing so in the few hundred words allotted to him.

7. Is the action supported bv the American people?

No. After a decade of brutal and arguably unnecessary wars, there is absolutely no way the risking of American lives to protect civilians in the jungles of central Africa is going to be supported by the electorate.

8. Do we have genuine broad international support?

Probably not. The international community supports the arrest of Joseph Kony in theory, but I doubt this support would continue once the US proposed what is necessary to do so: a large scale air and ground campaign involving tens of thousands of American soldiers, thousands of private contractors, hundreds of airstrikes, and maybe even airborne [defoliants](#).

In conclusion, the use of military force is unjustified and inappropriate, regardless of the brutality of Kony and the Lord's Resistance Army.

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PLAN's Hospital Ship And Public Diplomacy

by [Christopher R. Albon](#) on October 17, 2010 [[edit](#)]

PLAN's new purpose-built hospital ship, [Peace Ark](#), spent last week [anchored off Kenya's coast while providing medical assistance to Kenyan citizens](#):

The crew, which leaves the port of Mombasa tomorrow, has been doing an average of six operations, 80 physical examinations, 110 dental check-ups, 35 CT scans, 200 DR examinations, 240 ultra sound cases and 170 heart check-ups per day.

...

The Peace Ark hospital has 428 medical and support staff. They include neurologists, surgeons, radiologists, dermatologists, biomedical engineers and psychologists.

Other facilities are a rescue helicopter, 32 medical departments including Chinese herbal medicine, 300 hospital beds and a wide range of diagnostic medical equipment.

The daily stats offer some insight into the medical assistance capacity of the new hospital ship, however that is not what interests me. What interests me is that PLAN first humanitarian assistance deployment is already scoring major public diplomacy victories for China. Need proof?

Today news of the Peace Ark's visit to Kenya was [posted on the popular social new website Reddit](#). Within four hours over 840 readers had voted up the story to the top page, where it currently remains. Another further 270 readers had commented on the story. The most popular comment? "When is it visiting the USA?"

{ Comments on this entry are closed }

Conflict Health Roundup: October 16th 2010

by [Christopher R. Albon](#) on October 16, 2010 [[edit](#)]

Developing Realistic Security and Assistance Squadrons

For nearly 20 years none has challenged the supremacy of the United States in the open-ocean, blue-water environment. Increasingly, the contest of ideas is being waged in niche arenas, in the littorals, the near-shore green-water areas, and up and down contested riverine estuaries that provide concealment and cover for terrorists, pirates, and warlords. It is in these areas that the slow erosion of law and order is an accepted fact of life, and it is in these areas that the U.S. Navy must go if it is sincere in its strategic premise that preventing wars is at least as important as winning them. This is the environment of the Influence Squadron.

The Cost Of War: Traumatic Brain Injury

A Washington Post Special Report on wartime brain injuries.

Explosive Violence – The Problem of Explosive Weapons

According to this timely report by Landmine Action, each year thousands of direct civilian casualties result from the use of explosive weapons in such circumstances. Some are killed outright or later succumb to their injuries, while others are left maimed and traumatized. There are further indirect costs that come from damage to infrastructure and the often long-term threat to civilians, particularly children, and to livelihoods of munitions left unexploded. Ultimately, development is impaired, further compounding the plight of those individuals, families and communities that have suffered the effects of explosive weapons.

Explosive Arguments

In other words, Moyes and Carvin seem to be on the same page with respect to regulating conventional explosives. Carvin doesn't elaborate what regulations she has in mind or why they would be more humanitarian than Moyes', but some of the organization's specific proposals include establishing a mechanism to accurately count civilian casualties from explosive violence so some determination can be empirically made about whether these weapons can or cannot be used in a controlled manner; and in particular to reduce their use in specific areas where civilian casualties are likely to be highest.

Special Report: Mexico's Growing Legion Of Narco Orphans

Veteran human rights lawyer Gustavo de la Rosa, an investigator for the Chihuahua state human rights commission that covers Ciudad Juarez, analyzed a pool of 5,000 drug war

of the Rio Grande. Based on data showing Mexican men aged 18-35 have an average 1.7 kids, de la Rosa estimated they left 8,500 orphans behind.

Extend the math over a national level and Mexico, which considers a child to be orphaned even if its mother survives, could be looking at a total of 50,000 drug war orphans to date.

{ Comments on this entry are closed }

US Military And Pakistan Flood Relief, Part II

by [Christopher R. Albon](#) on [October 14, 2010](#) [[edit](#)]

While the mainstream media has turned its attention elsewhere, the US military's disaster relief operation in flood-ravaged Pakistan continues. Despite the fact that the operation is winding down, 26 US military helicopters still remain in Pakistan with others based offshore. These aircraft have been part of a response that has [airlifted more than 21,000 flood victims and delivered 15 million pounds of supplies](#) since July. Below is the second [in a series of photos](#) of this operation in action.



Caption: A Marine Corps Super Stallion helicopter from VMM-266, 26th Marine Expeditionary Unit, flies in route to deliver relief supplies during humanitarian assistance operations in the southern province of Sindh, Pakistan. Photo by Capt. Paul Duncan.



Caption: U.S. Marines with the Marine Medium Helicopter Squadron 266 Reinforced, 26th Marine Expeditionary Unit unload food off a CH-53E Super Stallion helicopter during flood relief operations in the Pano Aqil province, Pakistan, Oct. 11.



Caption: Pakistan civilians patiently wait as the U.S. Marines with the Marine Medium Helicopter Squadron 266 Reinforced, 26th Marine Expeditionary Unit unload food off a CH-53E Super Stallion helicopter during flood relief operations in the Pano Aqil province, Pakistan, Oct. 11.



Caption: The 816th Expeditionary Airlift Squadron delivers aid and supplies to Skardu Airfield, Pakistan as well as transports internally displaced persons back to Chaklala Air Force Base, Pakistan aboard their C-17 Globemaster III aircraft, Sept. 24. Photo by Staff Sgt. Andy Kin.



Caption: U.S. Navy Vice Admiral Mike LeFever, commander of the Office of the Defense Representative Pakistan, speaks to members of the 15th Marine Expeditionary Unit in a hangar, Sept. 25, at Pano Aqil Air Base, Pakistan. Photo by Staff Sgt. Kali Gradishar.



Caption: Pakistani civilian flood victims assist U.S. Marines with the Marine Medium Tilt Rotor Squadron 266 Reinforced (VMM-165 REIN) with unloading food from a CH-53E Super Stallion helicopter at a flood affected area during flood relief operations in the Potohar province, Pakistan, October 10, 2010.



Caption: Local Pakistanis watch as supplies are unloaded from a CH-47 Chinook in Khyber – Pakhtunkhwa, Pakistan, Oct. 09, 2010. Photo by Pfc. Joshua Kruger.



Caption: Local Pakistanis unload supplies from a truck onto a CH-47 Chinook in Khyber – Pakhtunkhwa, Pakistan, Oct. 7. (U.S. Army photo by Pfc. Joshua Kruger)



Caption: Marines from the 15th and 26th Marine Expeditionary Units work with Pakistani soldiers to offload relief supplies from the back of a Marine Super Stallion helicopter during relief operations in the southern province of Sindh, Pakistan. Photo by Capt. Paul Duncan.



Caption: Local Pakistanis unload supplies from a CH-47 Chinook in Khyber – Pakhtunkhwa, Pakistan, Oct. 9, 2010. Photo by Pfc. Joshua Kruger.



Caption: A Marine Sea Knight is surrounded by Pakistani flood victims desperate for relief supplies during humanitarian assistance operations in the southern province of Sindh, Pakistan. Photo by Capt. Paul Duncan.



Caption: A Marine Sea Knight from HMM-165 (REIN), 15th Marine Expeditionary Unit prepares to perform a main mount hover on a strip of road too narrow for a full landing in the southern province of Sindh, Pakistan to deliver relief supplies during humanitarian assistance operations. Photo by Capt. Paul Duncan.



Caption: U.S. Marines with the Marine Medium Tilt Rotor 266 Reinforced, 26th Marine Expeditionary Unit, and Pakistan Army soldiers conduct a hover drop on a CH-53E Super Stallion helicopter in a flood-affected area in the Pano Aqil province during flood relief operations in Pakistan, Sept. 16, 2010.



Caption: U.S. Marines with the Marine Medium Tilt Rotor 266 Reinforced, 26th Marine Expeditionary Unit, and Pakistan Army soldiers gather food on a CH-53E Super Stallion helicopter to conduct a hover drop in a flood-affected area in the Pano Aqil province during flood relief operations in Pakistan, Sept. 16, 2010.

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Medevac Explained

by [Christopher R. Albon](#) on October 12, 2010 [[edit](#)]



its mission. The accompanying story is rather short and uninteresting, but the visual alone is worth a visit.

The crew – a medic, a mechanic and two pilots – and that of their escort helicopter must be in the air within 15 minutes of the call, although Major Jason Davis, the Medevac commander in southern Afghanistan, told the Daily Mail they usually manage it in eight. The team must then get any casualties to hospital within 60 minutes – the fabled ‘golden hour’ – after which a patient’s chances of survival diminish rapidly.

Previously, Conflict Health highlighted a [NATO video on Medevac](#).

{ Comments on this entry are closed }

[**Humanitarians Want Covert US Aid**](#)

by [Christopher R. Albon](#) on October 12, 2010[edit]



Aid groups have asked the US government to make its aid supplies in Pakistan “white label”. Currently, US aid comes branded with big red, white, and blue logos (pictured above). However, aid organizations [worry these logos are putting their workers at risk](#):

Eleven aid groups, including CARE, Catholic Relief Services and World Vision, have sent a letter to American government aid officials asking them to reconsider their use of

“Branding in flood-affected areas must not be used as a test-case because the outcomes are likely to be fatal and impact on the longer-term ability of humanitarian agencies to deliver assistance in Pakistan,” said the letter obtained by Reuters.

I have major problems with this. For better or worse, US aid is a part of US foreign policy. To remove the branding is to remove the primary benefit the US receives from providing the aid. “Positive” foreign policy actions, like aid and developmental assistance, are the only effective alternatives to “negative” actions, like military operations. Removing US branding neuters the aid’s ability to be an alternative to military action.

Furthermore, white-labeling US aid could have major long-term costs for aid organizations. Governments around the world are tightening their fiscal belts, and the United States is no different. The quickest way to put America’s foreign aid budget on the chopping block is to remove any chance that US aid can help achieve our national interests.

{ Comments on this entry are closed }

PTSD Is Real

by [Christopher R. Albon](#) on October 8, 2010 [[edit](#)]

In case you needed any more proof that Posttraumatic Stress Disorder (PTSD) is a real condition, [here is a new study proving it](#) using a simple natural experimental:

A collaborative effort between the U.S. Department of Veterans Affairs, Boston University and Harvard University evaluated 103 sets of identical male twins.

One in each pair had been exposed to trauma during Vietnam War combat. The other twin had not.

Fifty of the men exposed to trauma during combat were afflicted with PTSD. Those same men also experienced significantly more mental health problems than other war-fighters in the study who didn’t suffer PTSD and participants who hadn’t fought in Vietnam at all.

The implication is that a genetic vulnerability doesn’t trigger PTSD. Rather, the trauma itself is sufficient to cause the condition.

The real question however is not if PTSD is real, but 1) how does combat exposure trigger it and 2) how do we treat it better. With military suicides increasing at an alarming rate, the answers to these two questions are worth their weight in gold.

{ Comments on this entry are closed }

Photo: Unified Response

by [Christopher R. Albon](#) on October 7, 2010 [[edit](#)]



Caption: Crew members from the amphibious dock landing ship USS Gunston Hall and local Haitians takes supplies from the back of a U.N. truck to drop off at the Operation Hope for Children of Haiti clinic in Killick. Photo by Seaman Ash Severe.

{ Comments on this entry are closed }

[**An American Pilot In Pakistan**](#)

by [Christopher R. Albon](#) on October 6, 2010[edit]



This week the Tribune has an incredible article from John Bockmann, a US Army pilot [recently deployed to Pakistan as part of the American military's disaster assistance there](#). US Army, Navy, and Marine helicopters all took part in the response. Some have cried that using the military in disaster relief is a threat to humanitarian principles, others fear it will shrink the humanitarian space. However, the simple fact is the US military did what NGOs could not, and saved lives. And maybe, just maybe, built some relationships along the way:

After a few weeks of packing and planning, we were ready to deploy. Full of excitement and some anxiety, I kissed my wife, took one last picture and was gone. We flew on a cargo jet from Alaska to Islamabad and the flight took so long I hardly knew whether it was day or night when we finally arrived. Shouldering my gear, I headed to the terminal, weaving among Pakistani military and civilians on the tarmac. A US Marine captain guided my group inside where we filled out information cards and relaxed in the cool quietness, surveying our area; smooth stone floors, low-slung furniture, and ceiling fans spinning high above. The captain was talking to a Pakistani man who had been helping us. Before we left, the man shook my hand and looked me in the eyes. “Thank you for coming to my poor country,” he said quietly.

I wanted to convey the depth of my feelings toward him and his homeland, but all I said was, “You would probably do the same for us” as I walked away.

{ Comments on this entry are closed }

Conflict Health Roundup: October 5th 2010

by [Christopher R. Albon](#) on October 5, 2010[[edit](#)]

Can Soldiers Be Sentenced to Death for Killing Civilians?

The Washington Post reported on Sunday that five U.S. service members have been charged with the premeditated murder of three Afghan civilians earlier this year. In addition to the coldblooded murders, the five allegedly kept photos and grisly souvenirs of the bodies and intimidated a fellow soldier who threatened to report them. Preliminary hearings in military court for the accused — who deny the charges — will begin in a few weeks. If convicted, could they be sentenced to death?

Afghanistan: Aftermaths

This series of portraits explores the aftermath of war: a boy with shrapnel wounds in his cheek from a suicide bombing, a fruit seller made paraplegic by a bullet fired from an American convoy, a farmer who caught the wrath of a Taliban bomb intended for soldiers.

'Osama Bin Laden' Tape On Relief Work

A new audio message purporting to come from al-Qaeda leader Osama Bin Laden is on Islamist websites, say reports.

In it “Bin Laden” expresses concern over natural disasters and calls for greater aid efforts for the victims, said US-based intelligence group Site.

Military Officers Call for More Foreign Aid

According to the report, 89 percent of active duty and retired officers believe it's crucial to emphasize development and diplomacy initiatives in addition to military strength. Eighty-three percent of those surveyed cited the importance of non-military programs, like food assistance and health, education and economic-based development plans, as “fairly important” or “very important” in “achieving the country’s national security objectives.”

{ Comments on this entry are closed }

Abuse And Killing Of AfPak Civilians

by [Christopher R. Albon](#) on October 5, 2010[[edit](#)]

Last week three videos were released showing the killing and abuse of civilians on both sides of the

they clearly demonstrate the risks Afghan and Pakistani civilians face at the hands of abusive military personnel. The video from Afghanistan (the second video shown below) is particularly troubling because the abuses took place in front of Dutch NATO soldiers.

Pakistani Soldiers Killing Civilians

Afghan Soldiers Abusing Civilians In Front Of Dutch Troops

{ Comments on this entry are closed }

Why Soldiers Rape

by [Christopher R. Albon](#) on [October 4, 2010](#)[[edit](#)]

Sexual violence is, and has long been, a [brutal feature of conflict](#) in the Congo. The number of news, reports, research, and monographs on the tragedy extends into the thousands. However, this week I stumbled onto something unique, at least to me: a video clip of former Mai Mai fighters describing in their own words why they raped. ~~I do not know the source of this video and while normally I avoid publishing video when I cannot give proper credit, in this case I am making an exception.~~ Friend of the blog [Laura Seay](#) points out that the clip comes from Lisa Jackson's documentary, [The Greatest Silence](#).

{ Comments on this entry are closed }

Photo: Bottled Water

[View photo](#) | [Download](#) | [Report](#) | [Comment](#) | [Edit](#)



Caption: Pallets of water and tents wait to be loaded into nearby C-2 Greyhound aircraft at U.S. Naval Station Guantanamo Bay. The relief supplies are headed to Haiti as part of Operation Unified Response. Photo by Sgt. Andrew Hillegass.

Editor's note: Delivering bottled water is far from best practice.

{ Comments on this entry are closed }

Security Implications Of Pakistan Flood Aid, A Round-Up

by [Christopher R. Albon](#) on [September 28, 2010](#)[edit]

For a month now I have had a growing pile of articles on the security implications (both good and bad) of the flood aid in Pakistan. To help clear my desk, here is some of the best articles in the last month on the topic:

Can Flood Aid Weaken the Taliban in Pakistan?

Will providing more humanitarian aid help reduce extremist influences in Pakistan? Is it changing public opinion toward the U.S.? Or is it more likely that groups like the Taliban will be able to capitalize on the chaos created by the disaster?

Militants Offer Pakistan Flood Victims More

Farmers in Layyah and Muzaffargarh, impoverished districts of Punjab, are being targeted by the militant and religious charities with interest-free loans in an attempt to broaden their constituency.

The Pakistani interior minister, Rehman Malik, said in August that militant activists found to be involved in flood relief would be arrested under anti-terrorism laws.

Militants have ignored the threat, however. Layyah-based activists of the Jama'at-i-Islami, which won the district in a 2002 local election, are offering cash loans to buy tractor fuel.

Similar offers have been made by the Khidmat-i-Khalq Foundation, a charity of the Jama'at, a religious political party inspired by the Muslim Brotherhood.

In Flood-Ravaged Pakistan, Army Gains Stature Over Government

The sheer magnitude of the disaster would have tested any government. However, the Pakistani government's failures — as well as the absence of President Asif Ali Zardari, who was in Britain and France as the catastrophe unfolded — have contrasted with the military's ability to deliver assistance, with the army rescuing more than 100,000 people.

The Shrinking of Humanitarian Space in Pakistan

Preventing humanitarian diplomacy by neutral agencies with groups to whom the US is politically opposed has drawbacks for the US as well. Under such circumstances, the aid organizations most likely to get access to civilians in those areas will be those funded by non-Western sources. In terms of public diplomacy, or what the US calls "hearts and minds work," this risks wasting the opportunity for Western-backed aid groups to provide secular assistance and protection to the Pakistani people. This role is likely to be picked up instead by those elements of the (admittedly diverse) Islamic humanitarian sector who are least dependent on Western funding sources... including elements in Pakistan that may be using humanitarian "soft power" for very different ends.

Pakistani Extremists Take Lead On Earthquake Disaster Aid

But while international relief agencies are only beginning to arrive in Muzaffarabad, the capital of Pakistani Kashmir, Jamaat ul-Dawa has had boots — or, more accurately, sandals — on the ground for over a week.

Walkie-talkie in hand, spokesman Salman Shahid gave a tour Sunday of the group's bustling field hospital overlooking the Neelum River. First he stopped by the operating theater, where surgeons worked in a makeshift room fashioned from blue plastic sheets.

{ Comments on this entry are closed }

Print Email

by [Christopher R. Albon](#) on September 27, 2010 [[edit](#)]



Caption: Tech. Sgt. Joy Flumerfelt, a medical technician with the 455th Air Expeditionary Wing, provides medical care to a small village outside of Bagram Airfield, Afghanistan, Oct. 4. Photo by Joshua Jasper.

{ Comments on this entry are closed }

Four USAID Workers Kidnapped In Afghanistan (UPDATED)

by [Christopher R. Albon](#) on September 27, 2010 [[edit](#)]

Reports are coming out about a [kidnapping of four USAID personnel on Sunday](#). There are very few details on the incident, but atleast two of the people were [DAI](#) employees.

The provincial police chief, Gen. Khalilullah Ziayee, said the four, a British woman and three Afghan men, were stopped as they drove in two cars on the road from Jalalabad to Asadabad in Kunar Province, in the east of the country, and were taken away at gunpoint.

“We don’t know who picked them up, but Taliban and Hezb-e-Islami fighters are active in the area,” General Ziayee said.

exchange in return for the release of the British women, specifically the release of Aafia Siddiqui, who was sentenced for 86 years last week in a New York Court.

{ Comments on this entry are closed }

Axe's MEDFLAG 10 Coverage

by [Christopher R. Albon](#) on September 22, 2010[edit]

Reporter and friend of Conflict Health David Axe recently embedded with the US military team conducting MEDFLAG 10, a joint US-DRC military medicine training program. During the two week exercise, David posted five videos from Kinshasa showing the details of US operation there. You can watch these videos on [David's site](#), but for the connivence of Conflict Health readers I have also listed them below. Enjoy!

Giving it Away

Litter Training

Can't Please Everyone

The Army's Training Dilemma

Conflict Health Reading: Rape As Strategy, Mil-NGO Cooperation, & War Hospitals

by [Christopher R. Albon](#) on September 16, 2010[edit]

A Kashmir Hospital Is Witness to Conflict

For the hospital staff, the journey to work is a daily exercise in resourcefulness and courage. While the rest of the city sleeps, holes up in houses and stays away from windows that tend to be the targets of stones from protesters, the doctors and paramedical staffs of the Kashmir Valley's hospitals must still report for duty.

Many doctors, who brave the gantlet either in their own cars or in hospital ambulances that serve as stealth commuter buses, complained of being caught in protesting mobs almost daily.

Aid Worker: Congo Rapes A Strategy To Force Exodus

Melissa Block speaks with Miel Hendrickson, regional coordinator for International Medical Corps in the Democratic Republic of Congo. Hendrickson's team has treated more than 200 women who were raped in rebel attacks a month ago. The area is known for its gold and mineral deposits, and attacks on villages in the area is frequent.

Humanitarian NGOs Must Not Ally With Military

We recognize that aid supplied by military forces can provide relief to people in need as can acts of assistance undertaken by individual soldiers or units moved by a sense of humanity. But this aid is different. It is not humanitarian assistance. It is given to reward, and it can be withheld to punish. It is often also linked with other activities, particularly intelligence gathering. By being subordinated to the military's broader objectives, such aid is fundamentally different from humanitarian aid in its nature and intent.

UN Report On Congo Rapes Released. Are Peacekeepers Bad At Protecting Civilians?

MONUSCO was somewhat unfairly singled out in this case. It does not appear that its troops were aware of what was going on – they were guilty of not patrolling enough and not keeping their ears close enough to the ground. But this does not appear to be like Kiwanja in 2008, when more than 100 people were massacred within earshot of a UN Organization Mission in the DRC, or MONUC, camp.

But this report does beg the question: Why were all of these sensible suggestions not implemented previously?

How Swim Lessons And A Disease Saved Taiwan

by [Christopher R. Albon](#) on September 16, 2010 [[edit](#)]

In late 1949, things were looking bleak for Chiang Kai-shek and his Nationalist forces. Two million Nationalists had just fled from the Chinese mainland to Taiwan, and now the Communists looked poised to invade the island. Despite the fact that Communist forces had experience with amphibious operations and that a Communist invasion of Taiwan would likely have been successful, the operation never happened. What was the reason for Taiwan's salvation? According to [one source \[gated\]](#), it was a waterborne parasite: [schistosoma japonicum](#).

Lacking proper landing boats, Communist military leaders knew they would have to rely on [junks](#) to ferry soldiers across the Taiwan Strait. However, without access to proper port facilities in Taiwan the junks would not be able to get close enough to shore to disembark their troops directly onto dry land. The Communists' solution was simple: the troops would swim from the junks to the invasion beaches. To prepare for their swim, soldiers of the invasion force were given months of swimming lessons in canals on the mainland.

However, unbeknownst to invasion planners, the canals were infested with [schistosoma japonicum](#) parasites. Soldiers started to get sick soon after the lessons began. Eventually, an estimated 30,000 to 50,000 Communist soldiers came down with [schistosomiasis](#) and were in no condition to participate in the operation. This represented the core of the invasion force. The outbreak delayed the invasion six months and before the Communists could mount a new operation the Korean War began and American warships positioned themselves in the strait. The window of opportunity had closed.

Source: Kiernan Jr, F. A. 1959. "The blood fluke that saved Formosa." Harpers Magazine: 45–47.

Special thanks to Jonathan Shainin for obtaining a copy of the above Harper's article.

{ Comments on this entry are closed }

The Military As A Health Provider

by [Christopher R. Albon](#) on September 15, 2010 [[edit](#)]





Today is my birthday. But more importantly, I have an article in [The Atlantic](#) on the [use of the military as a health care provider of last resort](#). Here is a teaser:

The growing role of militaries in health provision and disaster relief is not without opponents. Humanitarians worry the trend will lead to the politicization of aid, while defense establishments fear it will turn militaries into little more than armed Peace Corps. But these concerns misunderstand what's causing the shifting military role. The spread of globalization, democracy, and human rights over the last century has changed how states treat armed conflicts and health crises, which have become more intertwined. In the age of terrorism and insurgencies, humanitarian disasters are more likely to turn violent; and military campaigns, such as the U.S. missions in Iraq and Afghanistan, tend to focus less on killing the enemy and more on winning over the local population, as militaries find that healing people is cheaper, more likely to win over locals, and less likely to inspire backlash.

More on this in a later post, but for now, head over to The Atlantic and enjoy the article.

{ Comments on this entry are closed }

[**Photo: Pacific Soft Power**](#)

by [Christopher R. Albon](#) on September 14, 2010[edit]



Caption: The Military Sealift Command hospital ship USNS Mercy will operate in Papua New Guinea to perform humanitarian civic assistance missions as part of Pacific Partnership 2008. Photo by Seaman Joshua Varcarcel.

{ Comments on this entry are closed }

The Military and Vaccine Diplomacy

by [Christopher R. Albon](#) on September 14, 2010 [[edit](#)]

This week, the [Sabin Vaccine Institute's Global Network for Neglected Tropical Diseases published a guest post by myself on vaccine diplomacy through military to military relations](#). You can read the whole thing on their blog, but here is the punchline:

In many countries, the military holds a central position in the government. By developing programs to strengthen the vaccination capacity of foreign military health systems, the United States could benefit in two ways. First, increased institutional interaction between the United States military and those of foreign governments would build strong relationships between the two countries. These relationships, despite their technocratic

cooperation. Second, this type of military to military vaccine diplomacy improves global stability. Militaries weakened by infectious disease are less capable guarantors of security. This can make states more vulnerable to local insurgencies and political instability. By strengthening their immunization capacity, the militaries become more resilient to epidemics and thus more capable providers of domestic and regional stability.

{ Comments on this entry are closed }

[Video: MEDFLAG 2010](#)

by [Christopher R. Albon](#) on [September 13, 2010](#)[edit]

Last week [kicked off MEDFLAG 10](#), a series of training exercises between the US and African militaries focusing on improving humanitarian and medical capacity. My friend [David Axe](#) is in the Democratic Republic of Congo to report on this soft power mission first hand. Check out [his video](#) of US soldiers training Congolese military medics in Kinshasa:

{ Comments on this entry are closed }

[Hearts And Minds Roundup](#)

by [Christopher R. Albon](#) on [September 10, 2010](#)[edit]



Today, I point out two recent articles on winning hearts and minds. While disparate in purpose and outlook, the two pieces highlight the good and bad of soft power influence.

First comes the [personal story of Roger Cranse](#), a former State Department civilian attempting to win hearts and minds during the Vietnam War. Cranse's account provides rare insight into the benefits of soft power at the local level.

The villagers told us no one had been killed or injured by the errant gunfire; three houses, however, were destroyed. We promised to bring aluminum roofing sheets, bulgur wheat, rice, old clothes from Catholic Relief Services, CARE packages — the usual stuff. We got back on the chopper and flew over to Loc Ninh, where the main battle had taken place.

That evening back in An Loc, the provincial capital, one of the many spies working in our province sidled up and said "Got a report."

"Yeah?"

"That village today?"

"What?"

"Squad of VC there. Said, 'We want to kill these Americans.' People said, 'No, don't; they're just here to help us.'" The spy jerked his head up, grunted a half-laugh, and turned for the Special Forces club. The villagers had saved our lives.

Second, is a worthwhile [piece in the New Republic by David Rieff](#). Rieff discusses former USAID head Andrew Natsios' critique of US aid policy:

Simply put, Natsios's thesis is that the inevitable tension between accountability to the

in the field is now so skewed toward regulatory compliance that the U.S. global aid system is becoming ever more dysfunctional. Too often, Natsios argues, Washington's diktat to its development specialists and its NGO and for-profit contractors "to measure and account for everything, and avoid risk" ends up fatally compromising sensible and effective action on the ground.

...

The American media has been full of declarations by U.S. officials that in offering assistance, as the U.S. military is now doing, to a considerable extent with helicopters seconded from the battle space in Afghanistan, there is a chance to lessen America's unpopularity in places like the Swat Valley. But the Jihadists's efforts not only dwarf those of Pakistan's government, which has conformed to the pattern of corruption, indifference, and, when finally mobilized, incompetence, for which it is justly notorious, but America's as well.

{ Comments on this entry are closed }

[Photo: Military-Humanitarian Aid](#)

by [Christopher R. Albon](#) on September 9, 2010[edit]



Caption: Afghan children receive medicine during a medical outreach in a Kuchi camp near Hotal, Kandahar province, Afghanistan, Jan. 5, 2010. U.S. Soldiers from 5th Stryker Brigade Combat Team, 2nd Infantry Division and members of the Afghan national police provided medical assistance and humanitarian aid to the Kuchi people living here. Photo by Staff Sgt. Dayton Mitchell.

{ Comments on this entry are closed }

A Second Great White Fleet

by [Christopher R. Albon](#) on September 8, 2010[edit]



Over at The New Ledger, [Craig Hooper](#) and myself have a [new piece advocating for the creation of a second Great White Fleet](#).

The United States can do anything, but it cannot do everything. With our attention and resources already committed near capacity around the globe, the U.S. needs strong partnerships to build a more resilient, secure world. A new Great White Fleet is an opportunity to build the relationships we need to face the threats of the coming decades. Describing the original Great White Fleet before its departure, U.S. Navy Rear Admiral Robley Evans proclaimed that “we are ready at the drop of a hat for a feast, a frolic, or a fight”. In the 21st century, the world knows America can fight. It is time we remind the world we can feast and frolic as well.

Since I am not above shilling: I recommend checking it out.

{ Comments on this entry are closed }

Negotiating Neutrality

by [Christopher R. Albon](#) on September 8, 2010[edit]

Foreign Policy recently published a worthwhile article on humanitarian neutrality in Afghanistan. Somewhat erroneously titled “[Cozying Up to the Taliban](#)”, the piece is really a discussion of why and how NGOs negotiate for their neutrality with insurgent groups in the war-torn country.

“The reason for the cooperation is to keep aid workers and their services safe, says Laurent Saillard, director of the Agency Coordinating Body for Afghan Relief. It’s an uphill battle, he told me, with national NGO staff are kidnapped at a rate of “10, 15, 20 people” per week. “So you can guess [that] there are a lot of NGOs in contact with the Taliban,” he said. The Taliban has largely opened the door to NGOs; whereas insurgents from abroad, including Iran, Chechnya, Saudi Arabia, and Uzbekistan have a “reputation [of being] much tougher when it comes to foreigners.”

Well-known humanitarian groups such as Médecins Sans Frontières (MSF) have all negotiated for their protection. And recently, the relative strength and organization of the Taliban has made it an easier task. Michiel Hofman, the organization’s country representative, met face to face with Taliban commanders in the chain of command between March and May 2009 in order to re-establish the organization’s presence in Afghanistan, he told me in an interview.”

The article is one more data point that the [blanket humanitarian neutrality is a myth](#).

{ Comments on this entry are closed }

[**The Military As Health Workers Of Last Resort**](#)

by [Christopher R. Albon](#) on September 6, 2010[edit]

For those that do not know, I currently live in South Africa. For the last three weeks, the country has experienced a [strike of 1.3 million government workers](#), including nurses and hospital workers. The effect on the public health care system has been devastating. Since the strike started, all government hospitals are either closed or barely functioning. Furthermore, newborn patients in [intensive care units were abandoned by their nurses](#) and one non-striking [nurse was beaten and stabbed by protestors](#). There is no end to the strike in sight.

In response, the South African government deployed its health workers of last resort: the military. The [South African Military Health Service \(which interestingly is its own branch of the South African military\)](#) has sent medical personnel to 37 hospitals around the country. These military doctors and health workers are charged with keeping at least some public emergency services open. This is not the first time a nation has relied on the military to provide health service during strikes. In February, Nigeria [deployed Army and Air Force doctors and nurses during a state hospital strike](#). While far from ideal, the world’s militaries provide a valuable but under-recognized service as the health care providers of last resort.

{ Comments on this entry are closed }



by [Christopher R. Albon](#) on September 1, 2010[[edit](#)]



Yesterday, the People's Liberation Army Navy (PLAN) [deployed](#) its first purpose-built hospital ship on an 87 day medical diplomacy mission. The 10,000 ton vessel, called Peace Ark, will “[provide medical treatment to soldiers and officers serving in the Gulf of Aden](#)”, “[provide medical treatment to people in five African and Asian countries – Djibouti, Kenya, Tanzania, the Seychelles and Bangladesh](#)”, and “[conduct various exchange programs with medical workers in the countries the ship calls at](#)”.

This launch marks a major soft power first for Beijing. The cruise is almost certainly inspired by the successes of similar US medical stability operations conducted by USNS Comfort and USNS Mercy. However, it is important to note that, like US hospital ships, Peace Ark is a dual-use vessel. America's hospital ships were originally designed and built to provide medical care during large scale military operations. Likewise, Peace Ark is exactly the type of ship needed during a major amphibious action against Taiwan.

Check out [Raymond](#) at Information Dissemination for some good commentary.

{ Comments on this entry are closed }

Photo: Public Diplomacy

by [Christopher R. Albon](#) on September 1, 2010[[edit](#)]



Caption: U.S. Navy Petty Officer 2nd Class Angela McLane, assigned to Combat Camera Pacific, documents two Soldiers assigned to Outlaw Troop, 4th Squadron, 2nd Stryker Cavalry Regiment providing overwatch security during the opening of Khalis hospital in Khalis, Diyala, Iraq, Sept. 28, 2008. Photo by Spc. Ronald Wright.

{ Comments on this entry are closed }

Charli Carpenter's War

by [Christopher R. Albon](#) on August 31, 2010 [[edit](#)]

I am an unabashed fan of human security researcher and University of Massachusetts-Amherst Associate Professor [Charli Carpenter](#). In early August, she once again demonstrated why I hold her in such high regard. In an op-ed on the Wikileaks war data, Professor Carpenter makes [probably the most reasoned and intelligent argument for the need for new rules of war](#):

The humanitarian consequences of such attacks showcase the absence of clear-cut rules on what it means in practice to minimize civilian casualties. An updated set of rules may be needed to fit the nature of today's wars if a better rate of civilian protection is to be achieved.

Such rules would need to be worked out by states, but nongovernmental organizations and legal experts have plenty of ideas about what they could look like. For example,

“excessive” civilian casualties or “all feasible precautions” and determine whether some limits might shrink the gray area between “unfortunate” and “unlawful.” Landmine Action, for example, has called on states to curtail the use of explosive weapons in urban areas.

...

Today, war crimes by governments are declining in part because the original rules were improved upon and are working to influence military doctrine — even among those governments who never formally signed onto them. But as the Afghan war logs suggest, collateral damage by governments may be increasing in international wars in part because of the absence of such clear-cut rules. It’s time for this to change.

{ Comments on this entry are closed }

Photo: Afghan Military Medical School

by [Christopher R. Albon](#) on [August 29, 2010](#)[[edit](#)]



Caption: A third year medical student stands by to welcome Lt. Gen. Karl Eikenberry , to the military medical education center and hospital Aug. 14. The site serves as the only combat medic school for the Afghan National Army.

{ Comments on this entry are closed }

Vaccination Diplomacy

by [Christopher R. Albon](#) on August 26, 2010 [[edit](#)]

Previously, I discussed the [Guinea Worm Ceasefire](#) in Sudan. This ceasefire during the Sudanese civil war allowed public health programs to operate in areas of fighting. While temporary, the ceasefire improved the health of the civilian population and helped establish a non-governmental health infrastructure capable of reducing the disease's prevalence. However, the Guinea Worm Ceasefire is just one example of health related cooperation between belligerents.

Government and NGO health workers in Afghanistan face great risks. You do not need to look far to find proof. Earlier this month a team of NGO health workers was executed by Taliban forces in the north of the country. However, for some health workers conducting polio vaccinations in Afghanistan, [safety comes in the form of a one page letter](#). The letter is an endorsement of the antipolio campaign and is [signed by Taliban leader Mullah Mohammad Omar](#).



The letter, rarely discussed by the media or politicians, is the brainchild of Dr. Tahir Mir, the World Health Organization's (WHO) head of the polio-eradication campaign in Afghanistan.

"In mid-2007, when Dr. Mir first asked for a Taliban letter of support, polio teams encountered growing difficulties in accessing insurgent-held areas.

At the time, some vaccinators were beaten up and their rosters snatched by local Taliban, because the teams' frequent home visits and detailed documentation of who lives where aroused suspicions that the health workers were spying on militants. "But now, if they have any problems, they just show the Taliban letter, and it works," says Khushhal Zaman, the WHO's polio-eradication team leader for four eastern Afghan provinces, including Laghman.

...

[Dr. Mir says that because of the rise in insurgent activities in the previously safe northern](#)

Afghanistan, vaccination workers now must carry the Taliban letter in northern provinces such as Kunduz and Baghlan, in addition to the south and the east.

In the insurgent-dominated areas, it's the Taliban who select the local vaccination teams and their supervisors. These Taliban-appointed vaccinators then receive the vaccine and the documentation from government health offices, and report back the results once the round is over."

Since the WHO is not allowed to talk to the Taliban direct (due to the United Nations blacklist), Dr. Mir used the International Red Cross and Red Crescent (ICRC) as an intermediary. As per their neutrality mandate, ICRC maintains a strong relationship with the Taliban and even [provides insurgents with first aid training and medical support.](#)

The Taliban has provided a new letter of endorsement for every polio campaign, ten times in 2009 alone. While this letter is not a path to peace, it is a rare form of cooperation between the Afghan government, the IGO community, and the Taliban.

{ Comments on this entry are closed }

[Video: Medevac In Afghanistan](#)

by [Christopher R. Albon](#) on August 25, 2010 [[edit](#)]

I typically avoid posting DoD or NATO public affairs videos. However, this clip from the NATO Channel is excellent. It is the first in a series of videos following Medevac crews from 101st the Combat Aviation Brigade. [Medevac](#) is one of the most important developments in battlefield medicine and it is good to see these men and women get the credit they deserve. Just be aware that this is a NATO video and not neutral journalism.

Hat tip: [Crispin Burke](#)

{ Comments on this entry are closed }

Photo: Health System Vs. Car Bomb

by [Christopher R. Albon](#) on [August 23, 2010](#)[[edit](#)]



Caption: Iraqi ambulances rush to the scene of a car bombing outside of a hospital in Tikrit, Iraq on Nov. 10.

{ Comments on this entry are closed }

Military Flood Relief Roundup

by [Christopher R. Albon](#) on August 23, 2010[edit]



Over the last few weeks, I have been monitoring [and writing about](#) the US military's role in flood relief efforts in Pakistan. As a service to Conflict Health readers, here is a roundup of the best articles on the topic published in the last week.

U.S. aims to wash away hatred in Pakistan flood relief work

As the U.S. carries out rescue missions and pours millions of dollars of relief into flood-ravaged Pakistan, Washington hopes the aid will chip away at the deep hatred and mistrust that many Pakistanis have for America. Though the two nations' governments remain allies in the fight against terrorism, Pakistanis have long viewed the United States as an exploitative power interested more in controlling their country than nurturing its prosperity.

The R-side of soft power

That stated, the ability to conduct humanitarian assistance has a long and honorable history in the US military and has its place. Taking six-weeks to help people suffering from water-born disease and lack of medical care is a long time to “help” save lives. Most who are in danger of dying now will be dead by the time the ARG/MEU gets there. On the extreme margins, we can help a few – but is that “our” job to save every soul in danger across the world? A Pakistani whose village is much better off than the homeless refugees of Darfur who are walking among the uncounted dead. Where, and at what cost-point, do you say, “enough.” When do the actions of a Republic start to look like the duties of an Empire?

US aid winning friends in flood-ravaged Pakistan

U.S. Army choppers carrying emergency food and water buzzed over the swollen river and washed-out bridges, landing in the valley once controlled by the Taliban. They returned laden with grateful Pakistani flood survivors — newly won friends in a country where many regard America as the No. 1 enemy.

Terrorists Capitalize on Pakistan's Floods [gated]

Catastrophic floods in Pakistan have killed more than 1,500 people, displaced at least 12 million, and left 20% of the country under water. Though the World Bank and the United Nations have pledged more than \$1.4 billion in combined relief funds, the international community has generally been reluctant to get involved with the troubled Pakistani government. All too eager to aid flood victims, however, are Pakistani terrorist groups that use social services to expand their influence.

{ Comments on this entry are closed }

Conflict Health Reading For August 19th 2010

by [Christopher R. Albon](#) on August 20, 2010 [[edit](#)]

Civilian Casualties and ROE in Afghanistan

Check out blog alumna Erin “Charlie” Simpson mixing it up with Brian Katulis, Jake Shapiro, and Sarah Holewinski (of CIVIC) at the New America Foundation. Shapiro’s thesis is really interesting and important: reducing civilian casualties actually reduces U.S. troop casualties as well. So the supposed trade-off involved between strict ROE and risking U.S. casualties isn’t a trade-off at all once you bother to look at the data. (I met with LSE’s Radha Iyengar before she left for Afghanistan and am excited to see her already kicking some analytical ass.)

Afghanistan War: How USAID Loses Hearts And Minds

On paper, the multipronged project revitalized a backward Afghan province, weaning it off poppy cultivation and winning Afghan hearts and minds.

However, a Monitor investigation reveals that even in spite of a few modest gains, the Afghans here were left angered over project failures, secrecy, and wasted funds.

Mexico Hopes \$270 Million In Social Spending Will Help End Juarez Drug Violence

“We have to repair the social fabric here,” said Abelardo Escobar, a cabinet member sent by Mexican President Felipe Calderón with a new rescue package for Juarez, a \$270 million surge in social spending.

The money is paying for schools, hospital renovations, student breakfasts, a youth orchestra, anti-violence training and drug treatment centers. There are funds to promote physical fitness, build eco-friendly houses and support free concerts — 160 projects in all.

{ Comments on this entry are closed }

US Military And Pakistan Flood Relief

by [Christopher R. Albon](#) on August 18, 2010[edit]

Since July, monsoon rains have caused heavy flooding in many areas of Pakistan. The United Nations estimates more than 20 million people are affected. In response to the disaster, the United States has launched a civilian and military relief effort in the country. As part of that effort, US military fixed and rotary wing aircraft are ferrying people and supplies to and from the flood zone. Below are thirteen photos from that military response.

Please consider donating to the NGO flood relief effort [here](#) or elsewhere.



Caption: Amphibious assault ship USS Peleliu and amphibious transport dock ship USS Dubuque steam off the coast of Pakistan in the early stages of supporting the Pakistani government and military with heavy lift capabilities to bring relief to those affected in flooded regions of Pakistan. Peleliu and Dubuque are a part of Peleliu Amphibious Ready Group. Photo by Petty Officer 2nd Class Andrew Dunlap.



Caption: A forklift with bags of humanitarian assistance is loaded by Pakistani workers into a U.S. Marine Corps helicopter that has arrived to take over the flight role from the U.S. Army in the delivery of humanitarian assistance to the flood victims as part of the disaster recovery effort in Pakistan, Khyber Pakhtunkhwa Province, Pakistan, Aug. 13. Photo by Staff Sgt. Horace Murray.



Caption: Pakistani Air Force members help unload thousands of Halal meals from a U.S. Air Force C-130H at Peshawar, Pakistan, Aug. 1, 2010. The meals will go to Pakistanis affected by the floods that have devastated the region. The C-130H is assigned to the 455th Air Expeditionary Wing at Bagram Airfield, Afghanistan. Photo by Staff Sgt. Christopher Boitz.



Caption: Pakistani Air Force members help unload thousands of Halal meals from a U.S. Air Force C-130H at Peshawar, Pakistan, Aug. 1, 2010. The meals will go to Pakistanis affected by the floods that have devastated the region. The C-130H is assigned to the 455th Air Expeditionary Wing at Bagram Airfield, Afghanistan. Photo by Staff Sgt. Christopher Boitz.



Caption: Pakistan civilians from the town of Kalam are gathered inside a U.S. Army Chinook helicopter which has come to deliver humanitarian assistance and pick up victims of the flood, Khyber Pakhtunkhwa province (formerly North West Frontier province), Pakistan, Aug. 9, 2010. Photo by Staff Sgt. Horace Murray.



Caption: A member of the Pakistan military points in the direction to where the passengers from the U.S. Army Chinook helicopter need to go after being delivered to the town of Khwazakhela from the flooding, Khyber Pakhtunkhwa province (formerly North West Frontier province), Pakistan, Aug. 9, 2010. Photo by Staff Sgt. Horace Murray.



Caption: A Pakistani military member assists a man and child during the evacuation process to board a U.S. Army Chinook helicopter to the town of Khwazakhela, during the flood recovery effort in Khyber Pakhtunkhwa province, Pakistan, Aug. 11. Photo by Staff Sgt. Horace Murray.



Caption: Pakistan men from the town of Kalam form a chain to quickly unload a U.S. Army Chinook helicopter that has delivered humanitarian assistance and pick up victims of the flood, Khyber Pakhtunkhwa province (formerly North West Frontier province), Pakistan, Aug. 9, 2010. Photo by Staff Sgt. Horace Murray.



Caption: Pakistan men from the town of Kalam carry bags of flour, while they unload a U.S. Army Chinook helicopter which has come to deliver humanitarian assistance and pick up victims of the flood, Khyber Pakhtunkhwa province (formerly North West Frontier province), Pakistan, Aug. 9, 2010. Photo by Staff Sgt. Horace Murray.



Caption: A little girl from who is evacuated from the town of Kalam wears a set of headphones to reduce the loud aircraft sound aboard a U.S. Army Chinook helicopter which has come to deliver humanitarian assistance and pick up victims of the flood, Khyber Pakhtunkhwa province (formerly North West Frontier province), Pakistan, Aug. 9, 2010. Photo by Staff Sgt. Horace Murray.



Caption: U.S. Army Sgt. Kristopher Perkins, a Chinook crew chief with Company B, Task Force Raptor, 3rd Combat Aviation Brigade, TF Falcon, holds a child in his lap after picking up 114 Pakistan victims during flood relief missions, Aug. 11, out of the Swat valley, Pakistan. Photo by U.S. Army Sgt. Monica K. Smith.



Caption: A U.S. Army Chinook helicopter flies over the flood affected area in Pakistan on a return flight from delivering humanitarian assistance and evacuating personnel to the town of Khwazakhela, as part of the flood recovery effort in Khyber Pakhtunkhwa province, Pakistan, Aug. 11. Photo by Staff Sgt. Horace Murray.



Caption: A Chinook helicopter waits at the end of the hangar holding supplies for disaster relief due to flooding, Ghazi base, Khyber Pakhtunkhwa province, Pakistan, Aug. 7. Photo by Staff Sgt. Horace Murray.

{ Comments on this entry are closed }

After The Floods

by [Christopher R. Albon](#) on August 16, 2010[edit]



The ongoing flooding in Pakistan is one more devastating burden that must be carried by that country. On top of terrorism, political instability, and economic hardship, the Pakistani people and the state must rebuild the lives and livelihoods of tens of millions of people affected by the flood waters.

Among defense and Pakistan experts, there has been much discussion over the strategic implications of the floods on the country and NATO's war effort in neighboring Afghanistan. The consensus is not optimistic. In responding to the disaster, Pakistan's civilian government has been perceived as largely incapable of providing meaningful assistance, leaving the military as the last apparatus of the state (though largely independent of the state) with the ability to respond to the disaster. It is in fact charities affiliated with Islamist militant groups that are in one of the best position to help, and therefore win over, the Pakistani population. These charities were on the ground well before any major national or international response.

The war in Afghanistan is not going well. Protected by safe havens in Pakistan's frontier provinces, the Taliban and other groups continue to undermine Afghan government after close to a decade of war against the United States and its allies. Despite new strategies and technologies, the blunt truth is that victory seems as far away as ever.

We cannot invade the frontier provinces; we cannot chase the Taliban across Pakistan's hills in some Faulknerian quest. However, perhaps we can suffocate Islamist sympathies by helping Pakistan rebuild. Let us strengthen America's efforts in Afghanistan by charging USAID to do in Pakistan what it does best: providing economic and humanitarian assistance. Even without considering the strategic implications, the disaster in Pakistan deserves a relief and rebuilding effort of Herculean proportions.

and present need for a sizable, sustained American relief effort.

Islamist charities, despite their current prestige do not have the resources for a long term, wide-scale effort. They can provide temporary food and shelter, but they cannot rebuild a country. We can. America has an opportunity to win Pakistani hearts and minds through helping reconstruct schools, roads, bridges, and hospitals. Together with NGO partners, we can provide some of the resources Pakistan will need to get back on its feet. After the flooding, the Islamist charities were there first, let us make sure we are there the most and last.

{ Comments on this entry are closed }

Photos: Iraqi POWs In Desert Storm

by [Christopher R. Albon](#) on August 15, 2010 [[edit](#)]



Caption: Pvt. 1st Class John Haig, Infantryman with Task Force 3-15 Infantry, escorts an Irai POW after capturing him outside Jalibah Airfield. TF 3-15 is based at Fort Stewart, GA. Photo by David K. Dismukes.



Caption: Iraqi POW's sit in a holding area surrounded by concertinia wire during Operation Desert Storm. Photo by David Dismukes.

{ Comments on this entry are closed }

[When Hard And Soft Power Collide](#)

by [Christopher R. Albon](#) on [August 11, 2010](#)[[edit](#)]



For years, there has been one constant challenge for United States and coalition military operations in Afghanistan: [insufficient rotary wing aircraft](#). Rotary assets ferry supplies, carry soldiers, and provide air support all over the country. Put bluntly, helicopters are the coin-of-the-realm: the more you have, the more you can do. And we do not have enough.

There has been numerous attempts to rectify the dearth of rotary assets, [including some rather shady ones](#). However, helicopters still remain one of the most needed military resources in Afghanistan.

In response to the [deadly flooding in Pakistan](#), the Pakistani military reassigned some helicopters from combat operations to disaster relief. For its part, the US military provided six helicopters to the relief efforts, however it [kept the bulk of its rotary wing assets in Afghanistan](#):

“It’s a question of risk mitigation,” the official said. “Helicopter lift is critical to the mission” in Afghanistan, where road transport is difficult and dangerous, he said. “It’s not like we have a great surplus of helicopters in theater that are not engaging.”

This answer has satisfied [neither](#) the Pakistanis or some [pundits](#):

It would also be absurd to say that we can’t afford to divert resources from the war to emergency flood relief, when much of the story told on behalf of the war is 1) all about “winning hearts and minds” and 2) all about Pakistan; and when the press is reporting that Islamist militants in Pakistan are cleaning our clocks in the battle for flood relief.

However, it looks like the Marines are coming to the rescue. Today it was announced that [USS Peleliu](#)

disaster relief missions. These aircraft will allow the six US helicopters mentioned above to return to combat operations.

This week's row over the allocation of helicopters highlights a greater and largely undiscussed issue. In a world of finite resources, when the needs of hard power and soft power conflict over an asset, which takes priority?

The answer is not as straightforward as you think. [Department Of Defense Instruction 6000.16 states:](#)

“It is DoD policy that: a. MSOs [editor: Medical Stability Operations] are a core U.S. military mission that the DoD Military Health System (MHS) shall be prepared to conduct throughout all phases of conflict and across the range of military operations, including in combat and non-combat environments. **MSOs shall be given priority comparable to combat operations and be explicitly addressed and integrated across all MHS activities including** doctrine, organization, training, education, exercises, **materiel**, leadership, personnel, facilities, and planning in accordance with Reference (b).” [Emphasis: Mine] (Department Of Defense 6000.16, 1)

Thus, under 6000.16, in at least one part of the US military, soft power should be given the same access to resources as hard power operations. The reality is that the allocation of resources must be a compromise between soft and hard power roles, balancing the benefits of having a resource in one role with the costs of lacking a resource in another. That is the very essence of strategy.

{ Comments on this entry are closed }

[**Taliban Cheap Talk**](#)

by [Christopher R. Albon](#) on August 11, 2010[\[edit\]](#)



In late May, the Taliban [started distributing a 69 page ‘code of conduct’ booklet](#) in Afghanistan:

“The Taliban must treat civilians according to Islamic norms and morality to win over the hearts and minds of the people,” said the 69-page Taliban booklet, which was obtained by The Associated Press on Tuesday from a Taliban fighter in the Afghan border town of Spin Boldak.

“All efforts must be made to avoid harming civilians in attacks,” said the booklet, which the insurgent said began circulating in Afghanistan 10 days ago. He spoke on condition of anonymity for fear of being targeted.

Does this new code of conduct signal a new, softer Taliban? Hardly. On Friday, Taliban fighters [executed eight foreign health workers](#) (six Americans, a German, and a Briton) returning from a health clinic in Nuristan Province.

Their last meal was a picnic in the forest in the Sharrun Valley, high in the Hindu Kush mountains of northern Afghanistan. The medical team included Karen Woo of Britain and Tom Little of the United States.

Returning home from a three-week trek on foot to deliver free medical care to the remotest regions of the country, the aid workers — six Americans, a Briton, a German and four Afghans — had just finished eating when they were accosted by gunmen with long dyed-red beards, the police said.

The gunmen marched them into the forest, stood them in a line and shot 10 of them one by one.

One of the slain doctors, Karen Woo, blogged about her Afghanistan experience at [Dr Karen explores healthcare in Afghanistan](#).

RIP.

{ Comments on this entry are closed }

[**What RENAMO Teaches Us About The Taliban**](#)

by [Christopher R. Albon](#) on [August 11, 2010](#)[edit]

Friday’s [discovery of the bodies of ten aid workers executed by Taliban fighters in Badakhshan Province](#) highlights the risks faced by health workers in Afghanistan. Since being ousted from power, the Taliban have regularly attacked both foreign aid workers and Afghanistan government health professionals. The Afghanistan NGO Safety Office, a non-profit which tracks attacks on non-governmental organizations (NGOs), has recorded over 600 incidents since 2007. However, the Taliban were not the first insurgency to target health workers and humanitarians.

Upon gaining independence in 1975, Mozambique inherited a small health system designed to

Front of Mozambique) government attempted to kickstart a country-wide primary health care system. However, only two years after independence those efforts were hampered the start of civil war against RENAMO (Mozambican National Resistance) forces.

Like the Taliban, RENAMO rebels were foremost a military organization, showing little capacity to administer territories under their control. Supported by the white regimes of Rhodesia and South Africa, RENAMO earned a reputation for incredible violence against civilians, government workers, and NGOs. RENAMO attacks on health facilities, roads, bridges, and government buildings around the country led to a widespread collapse of government health services. Between 1982 and 1990 more than 48% of primary health centers were destroyed by insurgent attacks. RENAMO kidnapped, mutilated, and executed health workers and their patients. These attacks left over two million Mozambicans without access to health care by 1990.

Attacks on health workers are not random. The provision of health services, whether by governments or NGOs is a physical manifestation of legitimate governance. RENAMO's attacks were part of a strategy to purge regions of FRELIMO services, isolate the population from government support, and exact costs on FRELIMO's legitimacy as the governing power. The Taliban is employing the same strategy. Taliban attacks on health workers and humanitarians aim to counter the expansion of Kabul's legitimacy in rural regions of the country. Every vaccination program, health clinics, and hospital is a threat to the Taliban. Thus, like RENAMO before it, these latest Taliban killing are the tragic outcome of a war over the governance of the state and the respect of the people.

{ Comments on this entry are closed }

Blog You Should Read: FaST Surgeon

by [Christopher R. Albon](#) on August 9, 2010 [[edit](#)]

I read many blogs, but unfortunately the number out there dealing with conflict and health issues is small. For this reason, I was pleased to stumble across (via [Crispin Burke](#)) [FaST Surgeon](#). Written by Joseph Sucher, M.D., FaST Surgeon follows the exploits of the 909th Forward Surgical Team in Afghanistan. It is a great blog and you should be reading it. To get you started, here are some good posts from FaST Surgeon:

[Memorial Day Weekend – Part I](#)

[9 Days With The 909th In Afghanistan – Part III of III](#)

[9 Days With The 909th In Afghanistan – Part II of III](#)

[9 Days With The 909th in Afghanistan – Part I of III](#)

[Goodbye, Farewell and Amen \(For Sam\)](#)

{ Comments on this entry are closed }

Photo: MEDEVAC

by [Christopher R. Albon](#) on August 6, 2010 [[edit](#)]



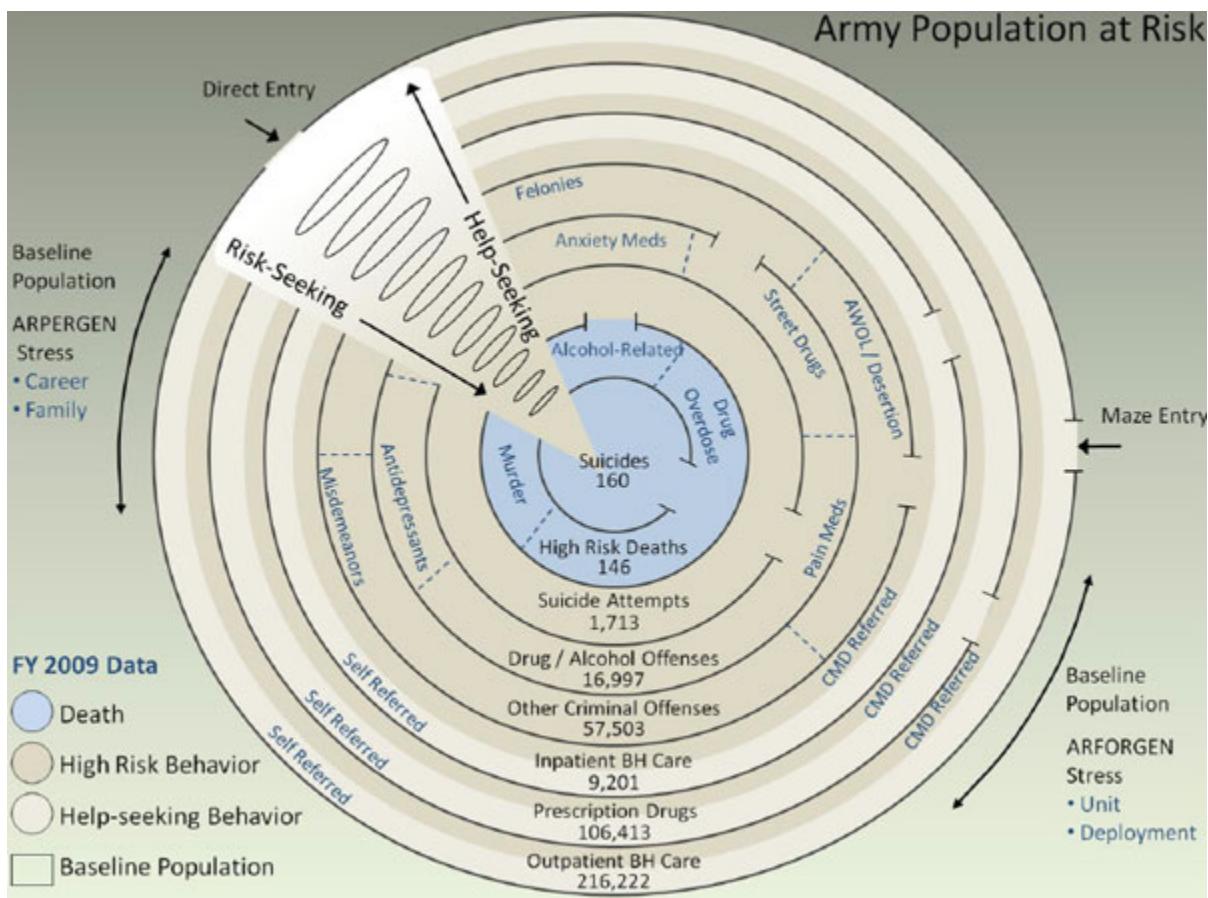
Caption: A row of UH-60 Black Hawk Medical Evacuation helicopters sit parked on the airfield at Camp Taji, Iraq. The MEDEVAC crews fly in adverse weather conditions and sometimes come under fire from the enemy as they work to evacuate wounded Soldiers, Iraqi military forces, civilians and enemy prisoners.

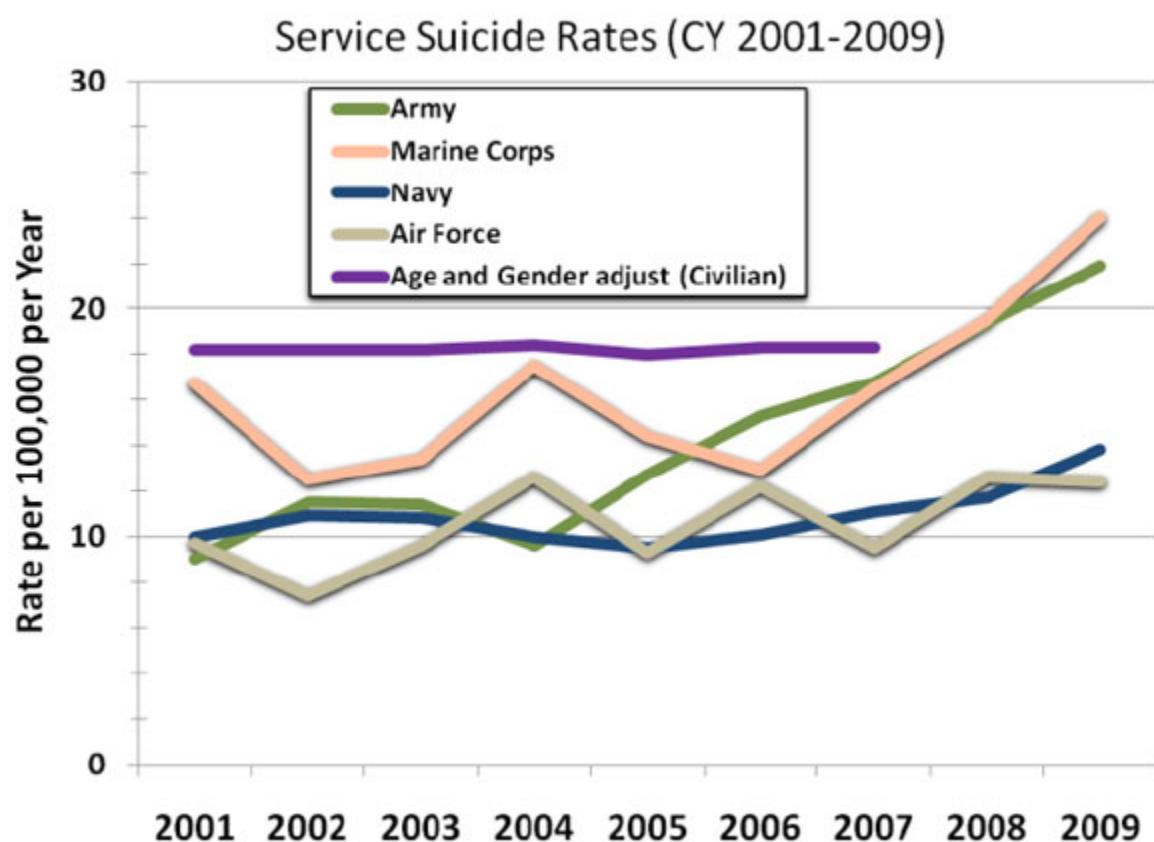
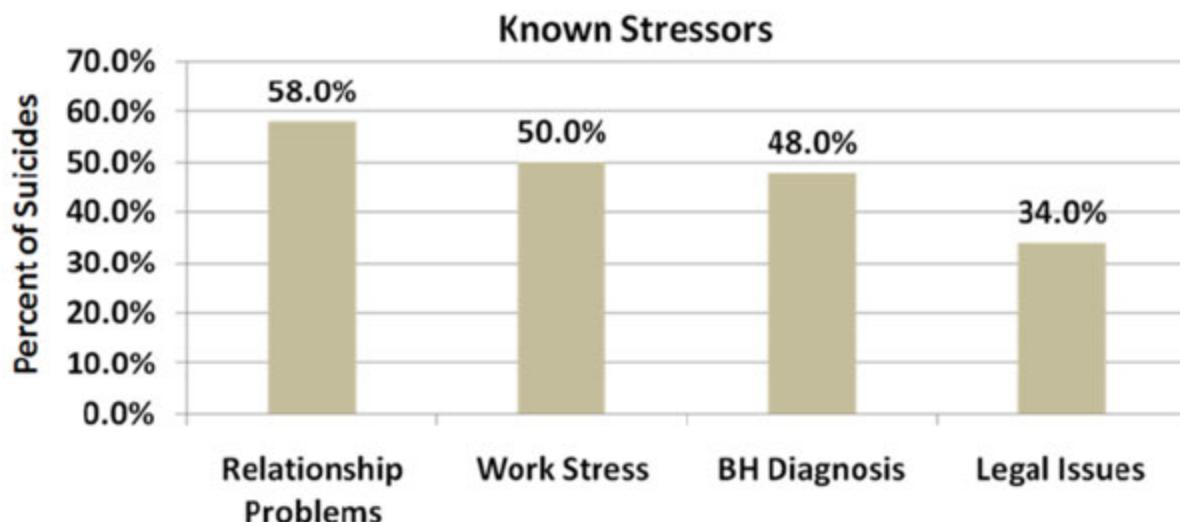
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US Army Suicide At A Glance

by [Christopher R. Albon](#) on August 6, 2010 [[edit](#)]

The Army has released its much [anticipated report on suicides and it is a monster](#), both in the number of pages (350) and its heavily quantitative approach. Rather than a briefing written for easy comprehension by Congressional staffer, the report is a full-throated attempt by the Army to develop a comprehensive, theoretical understanding of suicides.





AD Suicide Characteristics	AD Suicide 2005-2009 (2009)
Location of Suicide	<u>72.9% (80%) USA</u> 22.8% (17%) In Theater 4.3% (3%) Other
Method	<u>67.5% (62.0%) Gunshot</u> 19.8% (23.3%) Hanging 4.6% (6.2%) Overdose (Drugs & Alcohol)
Stressors (can be > 1)	<u>55.8% (55.8%) Relationship</u> 49.6% (57.4%) Military / Work 20.0% (23.2%) Physical Health 15.8% (16.7%) Substance Abuse (n=108)
Alcohol or Drug Involvement	<u>19.8% (17.6%) Alcohol</u> 9.8% (5.7%) Drug (n=108)
Primary Motivation	<u>41.2% (47.2%) Unknown</u> 15.2% (16.7%) Emotional Relief 14.2% (11.1%) Hopelessness / Depression 7.5% (4.6%) Avoidance / Escape (n=108)

Table 3 – Individual Risk Factors for Suicides (Active Duty)

Hat tip: [Tom Ricks](#).

{ Comments on this entry are closed }

Infectious Disease Security Implications

by [Christopher R. Albon](#) on August 4, 2010[edit]



Last year I [contributed an article](#) to an edited volume by [Michael Tanji](#). I am pleased to announce that an updated version of that article has been [republished in this month's Current Intelligence](#). Here is a preview:

After the Cold War, attempts were made to expand the concept of security into new areas including economic, societal, and health security. The concept of human security has made particular headway. Human security was first posited in the 1994 United Nations Human Development Report and argues security must be redefined in terms of the individual rather than the state. The report lists a number of threats to individuals from famine to environmental destruction. However, while human security's expanded definition has been useful, it is unnecessary in the present discussion. Infectious diseases are also threats in state-centric notions of national security. Diseases can weaken the capacity of militaries in developing states where Western nations have significant enough national interest to respond to internal, external, and regional threats. Securing these states would place additional burdens on resources, but the global risk from new and reemerging infectious diseases continues to rise in the 21st century, with significant implications for global and regional security.

{ Comments on this entry are closed }

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by [Christopher R. Albon](#) on August 3, 2010[edit]

Making War More Civilian-Friendly

I don't say this believing that armed forces ought to "prioritize humanitarian concerns over tactical considerations," as Dr. Carpenter suggests this trend indicates. I think these actions are being taken strictly out of concern that the US and Israeli militaries really don't want the bad press, not that they are overly concerned about civilian casualties while engaging enemy forces. But I'm a cynic. I agree with the sentiment, but don't believe it to be any admission that there's anything wrong with the use of the Active Denial System or white phosphorus munitions. War will always be hell.

Analysis Of Humanitarian Relief Funding Trends In Iraq Post-2003 Invasion

This represents a significant funding drop since 2003, when billions of dollars were allocated for "reconstruction" and "humanitarian assistance" purposes in Iraq. The United States (US) is now on schedule to complete its withdrawal of half of its combat troops in August 2010 as part of the Status of Forces Agreement to remove all troops by the end of 2011. Accordingly, there are rising concerns about the Multi-National Forces in Iraq (MNF-I) members' commitment to financing Iraq's humanitarian sector in the future.

Condition Black: Afghanistan's Wounded Noncombatants

And that's where this gets complicated. Even though the NATO hospitals will report CONDITION BLACK, they will always make room for NATO troops requiring care; there just is not another option. Not so for the civilian casualties; in CONDITION BLACK, NATO will either refuse to collect them from the battlefield, or deliver them to the poorly-staffed Afghan Army hospital near Kandahar – the only Afghan Army hospital in the entire southern region – and not capable of complex polytrauma surgery. The result is that NATO is triaging patients based on nationality vice medical need.

{ Comments on this entry are closed }

Mexi-stan: The Accidental Narco

by [Paul Rexton Kan](#) on August 2, 2010[edit]



Today, Conflict Health presents the fourth in [a series](#) of guest posts by [Paul Rexton Kan](#). Professor Kan is currently working on his forthcoming book, [Cartels at War: Mexico's Drug Fueled Violence and the Challenge to US National Security](#), from Potomac Books.

July was a month of firsts for Mexico. There was the first car bomb in the country's history that was used by the Juarez cartel in an ambush against police. The first kidnappings of national TV journalists occurred when they were covering the unprecedented story of prison officials who allowed certain inmates out at night to kill rival gang members in the city with the use of prison weapons and vehicles.

In July's month-full of firsts, allegations were made by the cartels involved that Mexican security institutions have been picking sides in the drug war. Graffiti on a wall of a shopping mall [contained a claim of responsibility](#) for the car bomb also included the allegation; it read in Spanish "What happened on the 16 (street) is going to keep happening to all the authorities that continue to support Chapo (Guzman), sincerely, the Juarez Cartel. We still have car bombs (expletive) ha ha." Another message was [aimed at the FBI and DEA](#) which was posted in an elementary school in Ciudad Juarez: "FBI and DEA, start investigating authorities that support the Sinaloa Cartel, if you do not, we will get those federal officers with car bombs. If corrupt federal officers are not arrested within 15 days, we will put 100 kilograms of C-4 in a car." For its part, the Sinaloa cartel was implicated in the kidnapping of several well known, national TV reporters in Mexico. The cartel's intent was to [force the reporters' station](#) to air videos made by the cartel that implicated police in siding with another cartel composed of former enforcers who were once members of the Mexican special forces, Los Zetas.

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Mexican military dealt a significant blow against the group when it killed one of the cartel's top figures, Ignacio Coronel Villareal, during an arrest raid in western Mexico on July 29. But violence might rise nonetheless if the Sinaloa cartel believes that the government caved into the threats from the Juarez cartel and is now siding with them.

Whether the Mexican government has picked a side as part of its strategy to bring violence under control or whether portions of the police and military have picked sides without the knowledge and consent of the government, the cartels clearly see the state as another "narco". The result might be an August full of frightening and unexpected new firsts...and the continuing peril of the Mexican state.

{ Comments on this entry are closed }

[Photo: Iraqi Humanitarian Assistance](#)

by [Christopher R. Albon](#) on [August 1, 2010](#) [[edit](#)]



Caption: Just prior to moving medical supplies into a school where a make-shift health clinic has been set up, Iraqi army medics from the 2nd Brigade, 9th Iraqi Army Division (Mechanized) talk next to their field litter ambulance at Shat Al Taji, Iraq, Aug. 4. Photo by Staff Sgt. Jon Cupp.

{ Comments on this entry are closed }

[The Guinea Worm Ceasefire](#)

by [Christopher R. Albon](#) on [July 29, 2010](#) [[edit](#)]



In the early 1990s, campaigners for the eradication of dracunculiasis (guinea worm disease) faced a problem. While the global effort to eradicate Guinea worm began a decade previous, the disease still persisted in some areas, and the largest of these remaining pockets was a warzone. In 1994, nearly 29% of all Guinea worm cases worldwide occurred in Southern Sudan, where rebel groups like the Sudan People's Liberation Army (SPLA) had battled government forces since 1983.

The guinea worm eradication campaign organizers originally planned on waiting for the Sudanese Civil War to end before launching programs in the country. However, in 1995 something remarkable happened: Sudan's civil war was put on hold for four months. Why? So local and international health workers could eradicate guinea worm in the country.

Organized by [President Carter](#), the ceasefire was signed by Sudan's leader Lt. Gen. Omar Hassan al-Bashir, Sudanese People's Liberation Army and the South Sudan Independence Army. The so-called "Guinea Worm Ceasefire" allowed health workers to [conduct eradication programs in 2000 Sudanese villages and other interventions](#).

While war returned to Sudan after the ceasefire, in 2005 the warring parties signed the Comprehensive Peace Agreement. The agreement has allowed the Southern Sudan Guinea Worm Eradication Program (SSGWEP) to deploy over [28,000 volunteers and health workers around the region](#). In 1995, [53,000](#)

Photo Credit: [hdcentre](#).

{ Comments on this entry are closed }

Photo: Aussie Field Hospital

by [Christopher R. Albon](#) on [July 29, 2010](#)[[edit](#)]



Caption: The 1 Hospital Support Battalion medical facility here is a state-of-the-art facility, incorporating the latest in medical technology and boasting more than 170 Australian and U.S. medical personnel.

{ Comments on this entry are closed }

IDF Assigns ‘Humanitarian Affairs Officers’ To Units

by [Christopher R. Albon](#) on [July 27, 2010](#)[[edit](#)]



In response to an investigation into the 2008-2009 Israel-Gaza Conflict, the Israel Defense Force (IDF) has announced that “humanitarian affairs officers” [will be assigned to combat units](#) at the [battalion level and above](#):

“According to the report, the new humanitarian affairs officers will have responsibility for advising their combat unit’s commanding officer and educating soldiers on the protection of civilians, civilian property and infrastructure; the planning of humanitarian assistance; and the co-ordination of humanitarian movement.”

The move is one of a series of changes the IDF is implementing after civilian casualties during the conflict lead to an international backlash against the small country. Other changes include training soldiers to limit collateral damage to health systems and [restricting the use of white phosphorous munitions](#).

However, it is doubtful IDF operations will be markedly different the next time around. First, unlike the United States military, the IDF does not have a career track for civil-military relations. Thus, IDF officers assigned to these humanitarian affairs position are not professionals in the tasks assigned to them. Second, nothing in the descriptions I have seen leads me to believe the positions holds any power to sway operational behavior. Third, it is likely that these positions will become dumping-grounds for commanders looking to rid themselves of low quality officers.

Until the IDF develops a respected and professional humanitarian affairs corp, I see no reason to expect changes in Israeli military operations in the future.

Photo Credit: [Plasmastik](#).

{ Comments on this entry are closed }

Scurvy, Manpower, and the American Revolution

by [Crispin Burke](#) on July 27, 2010 [[edit](#)]



Today, Conflict Health welcomes a guest post by Captain Crispin Burke. CPT Burke is a US Army Aviator with assignments with the 82nd Airborne Division during Hurricane Katrina, Joint Task Force-Bravo in Honduras, and the 10th Mountain Division in Iraq. He is a contributor to [Small Wars Journal](#) and runs his own blog at [Wings Over Iraq](#).

Every commander has his or her particular pet peeves. Mine revolved around immunizations and preventive medicine. So much so that, to this day, I still carry around my yellow shot record in my wallet.

I used to persuade soldiers to get their regular immunizations by claiming that that wars have been lost as a result of poor preventive medicine, with infectious disease, poor sanitation, and immunizations crippling many an army. In fact, as I read last night, it's quite possible that America might not have won its independence had the British actually took steps to ensure the health of their sailors.

Most Americans know about the American Revolution from grade-school history books, where we learned of thrilling battles at Bunker Hill, Trenton, Saratoga, and finally, at Yorktown. Yet, like many

military battles than they won.

True, the Continental Army owed much of their success to the strategic posturing of France, and overextension on the part of the British armed forces. After all, the Royal Navy in particular was far too small to cover the breadth of the British Empire. Tasked with protecting assets stretching from the home waters of the English Channel, the Caribbean, and the Mediterranean, the Royal Navy was hard-pressed to sustain a blockade off the American coastline, while simultaneously containing the Bourbons (then the ruling power in both France and Spain).

Although Britain successfully undertook a prodigious ship-building effort, her real difficulty lay in recruiting and retaining enough sailors to man ships-of-the-line, frigates, and corvettes. In October 1778, over ten percent of the Royal Navy's ships-of-the-line lacked the sufficient manpower to put to sea.

These difficulties were compounded by the fact that, though the Royal Navy drafted some 170,000 sailors into service, over 40,000 deserted. Furthermore, another 18,000 sailors—fifteen times the number which perished in battle—succumbed to disease, with scurvy being one of the primary culprits.

Europeans had known of a correlation between the consumption of citrus fruit and the prevention of scurvy since the time of the explorer Vasco de Gama in the late 15th Century. Later, in 1747, the physician James Lind formally documented the link between citrus and scurvy, even proposing a method of preserving lemon juice for long voyages. Indeed, in 1775, as war was breaking out in the Americas, Captain James Cook of the Royal Navy circumnavigated the globe without losing a single man to scurvy, relying on sauerkraut as a source of Vitamin C. Yet the British were slow to adopt regular Vitamin C consumption, and their naval operations suffered greatly. Nearly one-third of British sailors were hospitalized in 1779.

Scurvy hamstrung the Royal Navy's operation. Upon France's entry into the war, the British Channel Fleet was thoroughly unable to venture from their home port and provide a consistent blockade of the French port of Brest, a mere 150 miles from Britain. Scurvy caused horrendous attrition among the sailors of the Royal Navy, forcing the British to conduct their blockade from anchorage off the southern coast of England. This permitted a convoy of French frigates and troop ships, led by [Charles Hector, Comte d'Estaing](#), to slip past the British blockade and land a sizable force in the Colonies.

In 1795, over a decade after the British surrender at Yorktown, Sir Gilbert Blaine petitioned the Admiralty to regularly issue lemon juice to British sailors. Within a few years, sickness in the Royal Navy dropped precipitously, with hospitalization rates dropping from one in three in 1779 to one in twenty by 1807.

A healthier force was able to leave Britain and seal off the French coast through long-standing blockades. It was the ability to stay at sea longer, according to British historian Piers Mackesy, which allowed the British to break the naval power of Napoleon.

Which raises the question: would we be living in a far different world had the British had simply taken their vitamins?

Photo: Army Public Affairs At UNHCR Camp

by [Christopher R. Albon](#) on July 23, 2010 [[edit](#)]



Caption: Unit Chaplain, Capt. Daniel Rice from Fayetteville, N.C., Headquarters and Headquarters Troop, 1st Squadron, 17th Cavalry Regiment, 25th Combat Aviation Brigade, 82nd Airborne Division, hands out Happy Meal toys, April 14, in Tal Afar, Iraq, near Forward Operating Base Sykes. Photo by U.S. Army photo by Spc. Isaac Younkin, 1st Squadron, 17th Cavalry Regiment.

{ Comments on this entry are closed }

Recent Conflict Health Research Worth Reading

by [Christopher R. Albon](#) on July 22, 2010 [[edit](#)]

In a continuation my plate-clearing strategy, here is a list of relevant research which has been published in the last few weeks. Loads of great writing material here, but alas I just don't have the time.

Castrocare In Crisis [Gated]

By Laurie Garrett

Cubans want the United States to lift its long-standing embargo on Cuba, but any serious easing of trade and travel restrictions between the two countries may badly harm Cuba's health-care industry.

Strengthening Global Health Preparedness

By Phillip Nieburg, J. Stephen Morrison, Emily Poster Hoch

This brief analysis of U.S. roles in global health preparedness is not intended to be an encyclopedic review. The goal is more modest and preliminary. The authors review the recent history of health preparedness efforts; examine the key leadership roles played by the United States, including promising models for building capacity in partner governments; discuss important initiatives by the World Health Organization (WHO), nongovernmental groups, and other donors; acknowledge innate difficulties in strengthening global preparedness; and lay out core recommendations for a long-term strategic U.S. role and approach.

The Effect of Civilian Casualties in Afghanistan and Iraq

By Luke N. Condra, Joseph H. Felter, Radha K. Iyengar, Jacob N. Shapiro

How are insurgents able to mobilize the population to fight and withhold valuable information from government forces? More specifically, what role does government mistreatment of non-combatants play? We study these questions by using uniquely-detailed micro-data from Afghanistan and Iraq to assess the impact of civilian casualties on insurgent violence. By comparing the data along temporal, spatial, and gender dimensions we are able to distinguish short-run 'information' and 'capacity' effects from the longer run 'recruiting' and 'revenge' effects. In Afghanistan we find strong evidence for a revenge effect in that local exposure to ISAF generated civilian casualties drives increased insurgent violence over the long-run. Matching districts with similar past trends in violence shows that counterinsurgent-generated civilian casualties from a typical incident are responsible for 6 additional violent incidents in an average sized district in the following 6 weeks. There is no evidence of short run effects in Afghanistan, thus ruling out the information and the capacity mechanisms. Critically, we find no evidence of a similar reaction to civilian casualties in Iraq, suggesting insurgents' mobilizing tools may be quite conflict-specific. Our results show that if counterinsurgent forces in Afghanistan wish to minimize insurgent recruitment, they must minimize harm to civilians despite the greater risk this entails.

The Health Consequences of Mozambican Civil War: an Anthropometric Approach

By Patrick Domingues

The consequences of civil war have been widely analyzed, but one of its aspect, yet important, remains marginally investigated: the human cost of the combats. Indeed, most of recent literature has focused on the numbers of dead and wounded, while little scope has been given to survivors' health, whether they have been injured or not. Given that survivors are the ones who bear the burden of reconstruction, the evaluation of the health costs of civil conflict, is therefore crucial for the conception and the implementation of proper economic policies. This paper is an attempt in this direction. It aims at assessing the impact of the fifteen year long Mozambican civil war on the long-run health and nutritional status of adult women, measured by their height-for-age z-score (HAZ). In this perspective, two sets of data are used: the household survey data derived from Demographic and Health Survey (DHS+ 2003) which provides individual level information and in particular a set of anthropometric measures combined with an original, event dataset reporting the timing and location of battles and military actions that took place during this war. In accordance with the existing literature on this topic, I find that women who were exposed to the conflict during the early stages of their lives have, on average, a weaker health in comparison to other women, reflected by a lower HAZ. Using the Infancy-Childhood-Puberty Curves, a concept given by the medical literature studying the human growth process, I point out that this negative effect depends both on the age of entry into civil war and on the number of months spent in conflict. Furthermore, this study indicates that months of civil war before a woman's birth also have a negative impact on her health highlighting thus the importance of the prenatal conditions. Moreover, as recent works have shown, a poor health status induces other adverse effects in the long run. All of these effects emphasize the importance of preventing civil wars and stopping ongoing conflicts.

Truth and death in Iraq under sanctions [Gated]

By Michael Spagat

Sanctions applied against Saddam Hussein's Iraq "caused 500 000 children to die". The figure, and the causation, is quoted by politicians and pressure groups. Is it justified, or were the statistics manipulated by one of the nastiest regimes on earth? Michael Spagat looks at the evidence.

{ Comments on this entry are closed }

Conflict Health Reading For July 18th, 2010

by [Christopher R. Albon](#) on [July 18, 2010](#)[edit]

The last few weeks have been brimming with articles relating to conflict and health. I had planned on writing about many of them individually. However, in a rare moment of realism I concluded to do so in a reasonable timeframe was impossible. So, here they are in batch form. I especially recommend my [Current Intelligence](#) colleague Charli Carpenter's article on human security.

Aid agencies in Pakistan have drawn up guidelines for their relationship with the military to protect their neutrality and enable them to reach civilians caught up in the army's operations against the Taliban.

Humanitarian Space Easing In Afghanistan?

Humanitarian agencies are seeing promising signs of regaining space and acceptance from Taliban insurgents while attacks against NGO workers have reduced significantly over the past six months. Up to 1,200 security incidents were recorded in June – more than in any month since the fall of the Taliban – but attacks on NGOs by armed opposition groups in the first half of 2010 were 35 percent lower than in 2008-2009, according to the Afghanistan NGO Safety Office (ANSO). ANSO, which provides free safety analysis and advice to member NGOs, said attacks on NGOs had diminished due to their own enhanced security measures, and also because the insurgents appear to have stopped targeting NGOs.

How to Think Like a Human Security Analyst

I've been realizing that though I often say I look at global issues through a "human security perspective" it's unclear to many people what that actually means. As Roland Paris pointed out years ago, the term means different things to different people; in fact my own empirical research on what the concept means to global elites suggests as much. (The UN Office for the Coordination of Humanitarian Affairs has a set of tools for doing human security analysis that are primarily development-oriented, for example, whereas many UN member governments continue to associate the concept with the responsibility to protect as well.) This ongoing debate about the term's meaning may explain why people are sometimes bewildered when I make arguments "from a human security perspective" that don't jibe with their conception of what human security practitioners are supposed to believe in.

Red Cross Hospital Treats Taliban and Children

Some 200 people work here, including 180 Pakistanis. Two surgical teams operate and carry out amputations every day in one of the tents, battling to save people's lives. The building next door, which has two brand new operating theaters, is almost finished. But there are just too many victims. Usually up to 12 new patients are admitted per day, but after military operations or attacks by insurgents sometimes 40 seriously injured people arrive at one time.

How I Almost Crashed Our Helicopter In Haiti

I got (ahem) a little nervous. So I frantically tried to get the big box out of the chopper. Unfortunately the box got wedged on the steering column which controls the entire helicopter. I was pretty nervous about the guys running towards us, so I did get the box out but almost rolled the chopper in the process. Ryan fortunately was able to keep

little maneuver with the box rated a “9”.

{ Comments on this entry are closed }

Airborne Health Care In Costa Rica

by [Christopher R. Albon](#) on July 14, 2010 [[edit](#)]

I am an unabashed proponent of military involvement in humanitarian assistance operations and the power of health diplomacy. In 2008 I embedded with Operation Continuing Promise and was impressed by the military’s attention of appropriate, sustainable health care. However, I cannot help but be a little concerned when I see drop-in medical assistance operations like this:

I am not going to press my concerns too far, because I know nothing about this particular operation except what is stated in the video. However, is a one-day (guessing) primary care visit the best method of health diplomacy? The video makes a good photo-op, but if the benefits of medical assistance operations are to be maximized, they must move beyond pretty pictures and focus on boosting the capacity of local health systems. Capacity building is both an appropriate public health intervention and an effective means of developing strong relationships between the United States and foreign governments.

Hat Tip: [Starbuck](#)

{ Comments on this entry are closed }

War Dead Do Not Cause Epidemics

by [Christopher R. Albon](#) on July 14, 2010 [[edit](#)]

In writing and conversation, I occasionally stumble across references to the risk of epidemics from war casualties. While never fully explained, the argument seems to be as follows. In their wake, armed contests leave both civilian and military casualties. The local health system is overwhelmed caring for the living, let alone the dead, and so the bodies lie where they fell. As they decompose, the bodies spread disease to the living and in so doing create an epidemic. Is this possible?

No, [war dead do not cause epidemics](#). It is an all too popular myth. As one public health expert said to me: There is nothing in a dead body that was not already there when they were living. Most diseases survive in dead bodies for only a short amount of time: two days for most diseases and six days for HIV. Plus, diseases do not gain new modes of transmission after their host dies. The risk of infection from corpses is small (mostly from bodily fluids) and limited to those physically handling the dead.

However, one caveat is worthy of note. A crude but effective form of biological warfare is the contamination of water sources by corpses (usually from an animal), thereby denying their use to the enemy. Why does this tactic work? Fecal matter from the corpse leaks into the water, contaminating it in the same way as stool from the living.

{ Comments on this entry are closed }

Conflict Health Reading For July 6th 2010

by [Christopher R. Albon](#) on July 6, 2010 [[edit](#)]

Is the Internet Making Americans More Willing to Intervene in Faraway Countries?

Kirsch argues that this can be a very good thing. As someone who has become a vertebral anti-interventionist, I cannot agree. I am far more sympathetic to Kirsch's emphasis on the ever-present possibility of our being wrong in our understanding. But is this view, though true as far as it goes, finally not still too benign? My own view is that Baudelaire was in fact closer to the mark when he wrote that, "Any newspaper, from the first line to the last, is nothing but a web of horrors. I cannot understand how an innocent hand can touch a newspaper without convulsing in disgust." The reason we do not share Baudelaire's horror is that what the consumer of news is getting is not reality but that simulacrum of reality: spectacle. Guy Debord, call your office.

The Long Emergency

The US administration counts that more money than ever is going into global health

— it's just no longer myopically focused on HIV/AIDS. The United States responded to the HIV/AIDS emergency a decade ago, the policy's defenders say; now it's time to take a broader, more sustainable approach that can eventually move patients away from their reliance on the United States. As congressional appropriations come up for 2011, battle lines are being drawn.

U.S. Troops Face New Threat: Afghanistan's Toxic Sand

U.S. troops already face plenty of threats in Afghanistan: AK-47-wielding insurgents, improvised bombs, an intransigent and incompetent government. Now add a less familiar challenge to that list of woes: Afghanistan's toxic sand.

The pulverized turf, it turns out, contains high levels of manganese, silicon, iron, magnesium, aluminum, chromium and other metals that act as neurotoxic agents when ingested. Combine the country's frequent sandstorms and the kicked-up dust that results from helicopter travel with troops' nostrils, mouths and pores, and you've got an unexpected example of how inhospitable the terrain is for the soon-to-be 98,000 soldiers, sailors, airmen and marines fighting the war.

Endless War, A Recipe For Four-Star Arrogance

To be an American soldier today is to serve a people who find nothing amiss in the prospect of armed conflict without end. Once begun, wars continue, persisting regardless of whether they receive public support. President Obama's insistence to the contrary notwithstanding, this nation is not even remotely "at" war. In explaining his decision to change commanders without changing course in Afghanistan, the president offered this rhetorical flourish: "Americans don't flinch in the face of difficult truths." In fact, when it comes to war, the American people avert their eyes from difficult truths. Largely unaffected by events in Afghanistan and Iraq and preoccupied with problems much closer to home, they have demonstrated a fine ability to tune out war. Soldiers (and their families) are left holding the bag.

Throughout history, circumstances such as these have bred praetorianism, warriors becoming enamored with their moral superiority and impatient with the failings of those they are charged to defend. The smug disdain for high-ranking civilians casually expressed by McChrystal and his chief lieutenants — along with the conviction that "Team America," as these officers style themselves, was bravely holding out against a sea of stupidity and corruption — suggests that the officer corps of the United States is not immune to this affliction.

{ Comments on this entry are closed }

USAID And DAI Compound Attacked In Afghanistan

by [Christopher R. Albon](#) on July 2, 2010 [\[edit\]](#)

Today, six suicide bombers [attacked the offices of USAID and DAI](#) in Kunduz, Afghanistan. Three foreigners and two Afghans were killed. Twenty others were wounded. The Taliban [have claimed](#) responsibility.

The attack began around 3 a.m. when the first bomber exploded his car at the gate of the compound. Five other suicide bombers raced inside the building, where they began firing rifles, Mr. Omar said.

The five other attackers all eventually died inside the building, according to the governor, but he did not make it clear whether they had been shot by Afghan forces during a six-hour firefight or had blown themselves up.

“The building has been destroyed,” Mr. Omar said. He also said six American employees trapped inside along with four security guards had been rescued by Afghan forces. There were unconfirmed reports that some employees fled to the roof of the building during the battle.

Relevant to today’s attack, two days from now (don’t ask me why I can see WashPo articles from the future) the Washington Post is [publishing an article on how USAID workers are trained for Afghanistan](#). It is a worthwhile read.

“[The Iraq experience] reinforced the recognition that the military can’t do this on its own,” says Stephanie Sanok, a former Iraq policy specialist who served in the Baghdad embassy. “It’s the Department of Defense, not the Department of Defense and Much, Much More.”

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Click here!

The “more” includes economic development, reconstruction and improving the ability of the Afghan government to meet its people’s needs, a process known as “capacity building.” Sanok, now with the CSIS, says, “In order to work yourself out of a job and depart a nation in a responsible way, you are going to have to transition programs and projects to local authorities, and you’re going to need civilian trainers to build that capacity.”

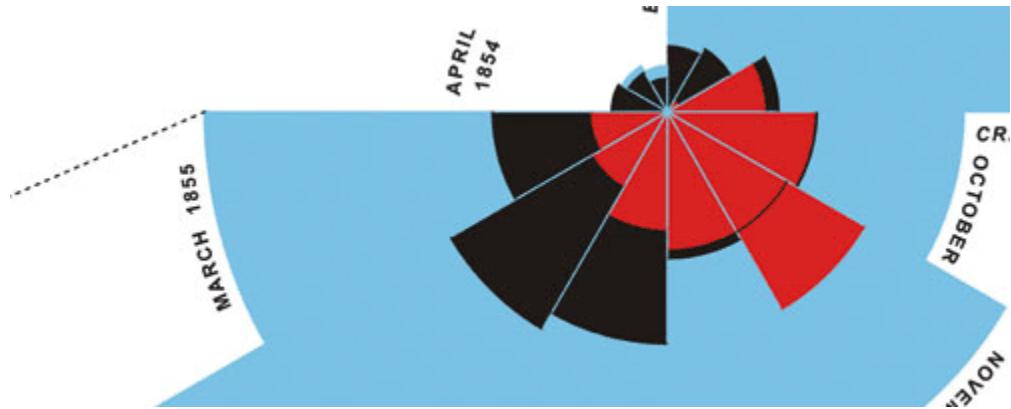
By the time the Obama administration took over running the war in Afghanistan, it was clear that both the military and its civilian partners needed more boots on the ground, and fast. But whereas the Pentagon could call up reservists and the National Guard to supplement its active-duty service members, neglected civilian institutions such as USAID had to build up their workforces from scratch.

A special message to Conflict Health readers in Afghanistan: stay safe out there.

{ Comments on this entry are closed }

Nightingale's Rose

by [Christopher R. Albon](#) on July 1, 2010[edit]



Always a sucker for a good war and health related graphic, I can't help but post about [Nightingale's Rose](#). The Rose is a graphical representation of William Farr's mortality data on the Crimean War, drawn by the one and only [Florence Nightingale](#). The chart visualizes infectious disease (in blue), battle casualties (in red), and other deaths (in black).

While interesting, the Nightingale Rose is, for three reasons, far from my favorite visualization of casualty data. First, the wedges are measured from the center (and therefore overlap), however this is not intuitively derived from the graphic itself and thus can easily lead to misinterpretation. Second, as with pie charts, I find it difficult to accurately compare wedges of similar size. Take, for example, the August 1854 and November 1854 blue wedges. Which is larger? Third, the area of each wedge represents its numerical value, however, since this is accomplished by increases the radius of the wedge, the representation takes on an exponential property. For instance, a wedge representing twice as many deaths as another wedge would not have twice the radius. Again, this takes away from the intuitive interpretation of the graphic. Not to say it isn't still very cool.

This graphic is republished with permission from its creator, [Hugh Small](#).

Note: This is an old post from 2008 that was reposted by accident. But, given that I enjoy visualizations, I am going to call this a fortunate accident.

Edit: Special thanks to Michael for pointing out that the Crimean War did not occur in the year of Reagan's election.

{ Comments on this entry are closed }

[Iran's Fictional Flotilla](#)

by [Christopher R. Albon](#) on June 25, 2010[edit]

My jaw dropped when Iran [boldly announced](#) that it was sending a Red Crescent flotilla of its own to Gaza. This was going to be a high seas confrontation between Iran and Israel, two bitter enemies. However, the entire time I was thinking about the flotilla, a little voice in the back of my head kept

going to happen, and it was going to be a big freaking deal.

Now, it looks like I should have listened to that little voice. The Iranian Red Crescent [quietly announced last week](#) that two ships of the flotilla were being delayed due to lack of coordination and a change of cargo with “no definite” date of departure. The third ship of the flotilla seems to have disappeared entirely, or at least is unworthy of mentioning. The real message is clear: the Iranian flotilla is not happening.

Lastly, there is one interesting sidebar to this story. On June 21st, media outlets reported a fleet of one Israeli and 11 American warships passing south through the Suez Canal. Later that day, Galrahn [serendipitously discussed](#) the phantom fleet reports and the power of fleets to change national behavior. Why serendipitously? Because Iran [announced](#) the delay of the Red Crescent flotilla on the same day as the phantom fleet’s Suez passage. Coincidence? Maybe, maybe not.

{ Comments on this entry are closed }

[**Photos: Pacific Partnership 2010**](#)

by [Christopher R. Albon](#) on June 24, 2010[edit]

While most of the defense community’s attention is firmly fixed on McChrystal-gate, my focus is on the softer and often overlooked side of US Navy operations. Pacific Partnership 2010 is the fifth in an annual series of humanitarian and civic assistance operations projecting US soft power in the Pacific Rim. This year, USNS Mercy (T-AH 19) is visiting six nations, including Vietnam, Cambodia, Indonesia, and Timor-Leste. To give these servicemen the credit they deserve, below is a series of photos from Pacific Partnership 2010. Enjoy.



Caption: The daughters of Cantorna, chief hospital corpsman, wave good-bye to their father aboard the Military Sealift Command hospital ship USNS Mercy at Naval Base San Diego. Mercy's mission is designed to enhance relationships through medical, dental and engineering outreach projects along with host and partner nations. Photo by Petty Officer 2nd Class Mark August



Caption: Maj. Brian Glodt, a doctor embarked aboard the Military Sealift Command hospital ship USNS Mercy, treats a Cambodian child during a Pacific Partnership 2010 medical civic action event at Sihanoukville Hospital, Cambodia. Photo by Petty Officer 2nd Class Eddie Harrison



Caption: A Cambodian child plays jump rope with a Sailor from the Military Sealift Command hospital ship USNS Mercy during a Pacific Partnership 2010 community service event at the Goodwill School. Photo by Petty Officer 2nd Class Jonathan Husman



Caption: Lt. Brad Clove, embarked aboard the Military Sealift Command hospital ship USNS Mercy, during a Pacific Partnership 2010 community service event at the Goodwill School. Photo by Petty Officer 2nd Class Jonathan Husman



Caption: U.S. Pacific Fleet Band members play and dance with Vietnamese children during a concert at the Nha Van Hoa Lao Dong cultural center in Quy Nhon, Vietnam, supporting Pacific Partnership 2010. Photo by Petty Officer 3rd Class Joshua Martin



Caption: Royal Australian Navy Lt. Elizabeth Livingstone and Singapore army Maj. Paul Zhao, both doctors embarked aboard the Military Sealift Command hospital ship USNS Mercy, perform cataract surgery on a Vietnamese patient aboard Mercy during a Pacific Partnership 2010 visit to Quy Nhon, Vietnam. Photo by Petty Officer 2nd Class Eddie Harrison



Caption: Petty Officer 2nd Class Jennifer Hunt, hospital corpsman, embarked aboard the Military Sealift Command hospital ship USNS Mercy, blows bubbles with children during a Pacific Partnership 2010 community service project at Starfish Primary School in Sihanoukville, Cambodia.
Photo by Petty Officer 3rd Joshua Martin



Caption: Cmdr. Charlotte Yuen, a Navy doctor embarked aboard the Military Sealift Command hospital ship USNS Mercy, paints with children during a Pacific Partnership 2010 community service project at Starfish Primary School in Sihanoukville, Cambodia. Photo by Petty Officer 3rd Joshua Martin



Caption: A Cambodian child plays jump rope with Petty Officer 1st Class Yissel Castanon, embarked aboard the Military Sealift Command hospital ship USNS Mercy, during a Pacific Partnership 2010 community service event at the Goodwill School. Photo by Petty Officer 2nd Class Jonathan Husman



Caption: Cambodian children play games with Sailors and non-governmental organization volunteers embarked aboard the Military Sealift Command hospital ship USNS Mercy during a Pacific Partnership 2010 community service event at the Enfants du Cambodge orphanage. Photo by Seaman Jon Husman



Caption: Adm. Robert F. Willard, commander of U.S. Pacific Command, holds a Vietnamese child during his visit to the pediatric ward aboard the Military Sealift Command hospital ship USNS Mercy. Photo by Petty Officer 2nd Class Eddie Harrison

{ Comments on this entry are closed }

Don't Question The Rwandan Genocide Body Count

by [Christopher R. Albon](#) on June 23, 2010[edit]

Readers of Conflict Health [will be familiar](#) with the [politics of body counts](#), but [this takes it to a whole new level](#):

Erlinder, seen above at a June 20 news conference after his release, was detained in Rwanda on allegations that he was minimizing the country's 1994 genocide, which is prohibited under Rwandan law. Erlinder was in Rwanda to defend opposition leader Victoire Ingabir, who was arrested in April and charged with challenging aspects of the genocide. Controversially, Erlinder said yesterday that there might be enough evidence to show that more ethnic Hutus died than Tutsis. The accepted view is that of the 800,000 people killed over 100 days, most were Tutsis who perished at the hands of Hutus.

{ Comments on this entry are closed }

Good Reads: State Building, Rebuilding, And Children

by [Christopher R. Albon](#) on June 23, 2010[edit]

While No One's Looking, the Palestinians Are Building a State

But in Bethlehem, far away from the television cameras and breathless news reports, 2,000 Palestinian financiers also gathered recently at the second Palestine Investment Conference to quietly go about the business of building the economy of a viable Palestinian state. They discussed almost \$1 billion in new projects targeting high-growth sectors, including information and communications technology, housing, and tourism. The politics of the conference represent a paradigm shift quietly taking place in the West Bank under the leadership of Palestinian Authority President Mahmoud Abbas and Prime Minister Salam Fayyad, in which Palestinians are increasingly turning to the mundane, workaday tools of governance and development as their principal strategy for ending the occupation.

War and child growth: Iraq & WWII Germany

At the population level, childhood growth is often seen as a marker of health and the quality of the environment. When populations get taller in a few generations, this is likely due to some improvement in local conditions (better nutrition, less infection, cleaner water supply, etc.). Conversely, when linear growth declines, it is usually because local conditions (ecological, economic, political) have deteriorated. Two recent working papers illustrate how this pattern applies to war conditions.

Afghanistan's Civic War

The war Colonel Jones is fighting is, of course, the counterinsurgency war that Gen. Stanley A. McChrystal, commander of NATO forces in Afghanistan, and Gen. David H.

during the fierce and protracted policy debate over Afghan strategy last year. Some of the president's closest advisers, including Vice President Joe Biden, argued that after seven years of American neglect and the Afghans' corrupt and incompetent governance, it was simply too late to fight for hearts and minds. But Obama accepted most of his generals' advice, agreeing to dispatch 30,000 more soldiers as well as hundreds more civilians to the battle. Senior military and civilian officials in Kandahar use the same language Jones does in describing the impending effort there (no one calls it a "battle"): no kinetic operations, civilians out front, Afghans leading the way. NATO officials acknowledge that the plan is driven as much by the near impossibility of defeating the Taliban in a region where they are deeply rooted as it is by counterinsurgency doctrine. This is, for reasons of necessity as well as of philosophy, the new face of war in Afghanistan. Obama also said that, by mid-2011, he would begin to draw down troops — which means that Jones and his fellow commanders may have just another year to carry out a task that many policy makers and experts, not to mention many American voters, aren't convinced can be done at all.

{ Comments on this entry are closed }

[**HIV Bombs?**](#)

by [Christopher R. Albon](#) on June 22, 2010[edit]



On June 9th, Tom Newton Dunn of the Sun [claimed the Taliban were using "HIV bombs" against coalition troops](#). The tabloid reported that Taliban fighters are placing syringes, possibly containing HIV, in the ground in order to puncture the skin of EOD soldiers searching for IEDs. Furthermore, the

coalition personnel need to worry about contracting HIV from an IED?

Short answer: no. The consensus of medical research is that HIV does not survive long outside the human body. This is the reason there has never been a reported case of environmental (i.e. touching a surface) transmission of HIV. So, just how long would HIV survive in a syringe? Some laboratory studies found that the virus could remain alive for days. However, the CDC points out that these studies used HIV concentrations far higher than that found in the natural world and the specimens were maintained in precisely controlled environments. The mountains of Afghanistan are far from an ideal laboratory environment. In the real world, it is likely that a syringe of HIV contaminated blood would remain infectious for only a few hours. Additionally, if the device next to the syringes did detonate, the heat and force would in all likelihood kill the virus instantly.

{ Comments on this entry are closed }

Military Suicide Education Pays Off

by [Christopher R. Albon](#) on June 21, 2010[edit]

Great story with a perfect ending:

“The two soldiers were in Iraq together with a 10th Mountain Division artillery battery in 2008 when Sanders’ wife said she wanted a divorce, Sanders said.

‘It was mid-deployment. Things were getting pretty hectic at the time, the temperature was rising,’ Sanders said. ‘I would mainly call her to kind of vent. She was the only person I had to talk to. She just said goodbye.’

Sanders told Godding. Godding also noticed Sanders withdrawing from his friends, and recalls Sanders telling him in detail about ways he could take his own life.

One night in August, while they were at a forward operating base in Baghdad to rest and resupply, Godding became concerned enough to remove the firing pin from Sanders’ rifle. The next morning, Sanders tried to shoot himself, he said, but the rifle didn’t fire.”

Godding, who received the Meritorious Service Medal for his actions, credited military suicide education for “making him aware of the danger Sanders was in”. If you want to learn more check out [Real Warriors](#).

{ Comments on this entry are closed }

When USS Lexington Powered A City

by [Christopher R. Albon](#) on June 17, 2010[edit]



In the 1920s, USS Lexington was one of the first ships in the United States Navy to utilize a turbine-electric propulsion system. It was believed that this new system would improve the survivability and performance of the aircraft carrier. Each of Lexington's four electrical generators could produce 35,200 kilowatts. All together, the generators were powerful enough to fulfill the electricity requirements of a decent sized city. And, for 30 days that is exactly what she did.

In 1929, a drought in the Pacific Northwest crippled electricity production in the region, which was heavily reliant on hydroelectric power. The power shortage became so severe that USS Lexington was ordered to port in Tacoma, Washington and supply electricity to the city. For 30 days the aircraft carrier produced a quarter of Tacoma's electricity. After that time rains restored the regions power production enough for Lexington to return to her regular duties.

*Researcher@Large*

The benefits of new engine were never to materialize in battle, as the “[turbine-electric propulsion systems were more vulnerable](#) to shock damage than ordinary, geared engines, flooding of the engine compartment required time-consuming and expensive repairs, and the power/weight ratio of the turbine-electrics was much worse than of conventional engines”. USS Lexington was lost in 1942 at the Battle of the Coral Sea, [partially due to her turbine-electric system](#).

Whatever her weaknesses in combat, USS Lexington’s mission in Tacoma was a profound success. Moreover, her time as a power plant epitomizes the often overlooked civil assistance militaries historically provide to the countries they serve.

Hat Tip: [SteelJaw and sid](#)

{ Comments on this entry are closed }

Iran's Blockade Runners Depart

by [Christopher R. Albon](#) on June 15, 2010[edit]



At the end of May, IDF soldiers boarded a flotilla of activist ships attempting to break Israel's blockade of Gaza. During the boarding, nine activists on the largest ship, Mavi Marmara, died. In the wake of the deadly incident the Arab street expressed outrage. Governments in the region were quick to exploit the anti-Israeli public sentiment. Turkey's [Prime Minister even suggested he might break the blockade himself](#), escorted by the Turkish military. However unlikely, the statement garnered him a surge in popularity amongst his countrymen and Palestinian supporters.

Iran has also attempted to use the media attention to boost its popularity. Initially, Iran hinted at sending the Revolutionary Guard to escort convoys, but after that was rejected by Hamas the idea was dropped. Now, Iran has taken a different approach. Over the last few days, [two Iranian ships carrying food, construction supplies, and toys left port in the latest attempt](#) to run the blockade of Gaza. The flotilla was organized by the Iranian Red Crescent Society. Iranian officials have confirmed that the Revolutionary Guard will not be escorting the blockade runners.

This is not the first time Iran has sent an aid ship to Gaza. In 2009, an Iranian ship carrying food and medical supplies [was blocked from docking in Gaza by the Israeli Navy and from docking in el-Arish by the Egyptian Navy](#). However, given new political climate after the last flotilla raid, these new blockade runners will in all likelihood make a more concerted effort to make it to Gaza's shores, forcing Israel to again use a heavy hand.

{ Comments on this entry are closed }

Good Reads For June 15th 2010

by [Christopher R. Albon](#) on June 15, 2010 [[edit](#)]

I am still playing catchup with all the good stories that came out last week. I especially want to highlight Exum's "[The State of COIN 2010](#)" and if you are in academia, Drew Conway's "[Ten Reasons Why Grad Students Should Blog](#)".

The State of COIN 2010

its harshest critics. In effect, we need to join the Gian Gentiles of the world. (Or at least the Eli Bermans.) I have no doubt, for example, that a lot of what is in the literature on counterinsurgency is simply wrong. What assumptions, when tested by Iraq and Afghanistan, have proven in need of amendment? How do we need to examine wars against insurgents differently? Have we gone too “soft” in Afghanistan? Have we spent too much time fretting over tactics and operations and not enough time thinking hard about the politics? (My answers would be “no” and “yes”, respectively, to those last two questions.) What are we missing? And what are we too timid to challenge for fear of giving the more unreasonable critics (the baby + bathwater folks) ammunition? These are just some of the questions this blog and the rest of the community needs to think about.

Military Can't Keep Tabs on Pill-Popping Troops, Senate Says

For years, Pentagon-backed studies have cautioned that more and more troops are being medicated with antidepressants, sleeping pills and psychotropic medications. But despite the warnings, it turns out that the data needed to reach any solid conclusions about military pharmaceutical use isn't available. The military doesn't actually keep tabs on the drugs its troops take.

Adding Discredit To The Anti-al-Qaeda ‘Disrupt, Dismantle, Defeat’ Mantra

Naturally, it's hardly a sufficient condition, as we have to recognize that the demand for al-Qaedaism or toleration of the demand for al-Qaedaism is impacted by U.S. strategy. Public diplomacy is not a substitute for policy. But it ought to be a component of national strategy, and Malcolm has some worthwhile ideas in this regard. I can't wait to read his book.

Ten Reasons Why Grad Students Should Blog

As I thought longer about the vacant state of grad student blogging I wondered if it could be explained as a “they don't know what they don't know” situation. Perhaps by standing from the outside looking in, my fellow grad students simply do not know all of the benefits that can come from participating in an online discourse. To remedy this informational problem, and in an attempt to encourage more grad students to begin blogging, I present (in no particular order) my ten reasons why grad students should blog

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Photo: The Dawn Of Health Diplomacy

by [Christopher R. Albon](#) on June 11, 2010[edit]



Caption: At sunrise, the Military Sealift Command hospital ship USNS Mercy prepares to bring on patients during its second day of the Pacific Partnership mission in Timor Leste.

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Good Reads For June 10th, 2010: Far Out Medicine Edition

by [Christopher R. Albon](#) on June 9, 2010 [[edit](#)]

Last week, amongst discussions of the flotilla and Afghanistan, there was some good stories on military medicine advances, especially from DARPA. Here are a few, with Ackerman's drone article thrown in for good measure.

Extreme Medicine Gets Pentagon Push; Human Trials Rushed

Researchers at the University of Pittsburgh are working on some of the most promising Pentagon-backed medical research projects. Just last month, Joint Chiefs of Staff Chairman Admiral Mike Mullen visited the university's labs to see the science firsthand. And despite the looming threat of a shrinking Pentagon budget, he told them that "10 years doesn't satisfy any of us," where clinical trials were concerned.

And that's exactly what this funding infusion is going to address. Dr. B.J. Costello, the lead researcher behind the university's bone cement project, told Danger Room that the Pentagon's contract is meant "to catapult us forward." Costello's program was expected to be in human clinical trials in 5-7 years. With the new grant, it'll be more like 12 months to 2 years.

Drones And Civilian Casualties And Studies

So today I got ahold of a new study that backs Fair. (And Obama, and Panetta, and Brennan.) Brian Glyn Williams of the University of Massachusetts finds that the drones in Pakistan have a 3.53 percent civilian-casualty rate. That's 44 civilians killed out of 1,247 people killed by the drones in Pakistan since the program's 2004 inception. Read the whole post for the methodology. Williams concedes that no matter what, you've got the problem of the source data presuming an accurate distinction between "militant" and "civilian." From my perspective, I respect the attempts at rigor here, but that basic problem appears insurmountable.

Army Researchers Find an Ebola Cure. But it Might Only Save Themselves

One of the world's deadliest pathogens, which gives its victims a gruesomely bloody exit, might finally be contained. After decades of unsuccessful research, a collaboration based out of the Army's labs at Fort Detrick, Maryland has devised an experimental injection that cures the Ebola virus by targeting its genetic material.

replicating. Scientists packaged RNA snippets into particles that were then injected into four rhesus monkeys, who'd been infected with a dose of Ebola that was 30,000 times more potent than the virus' most lethal strain, which already has a measly 10 percent survival rate. The snippets latched onto key viral proteins, and cured all four monkeys after a week of daily injections.

Darpa Wants to Predict Deadly Pathogens with ‘Prophecy’

The Pentagon's far-out research arm has been zeroing in on the danger of mutating pathogens, and the corresponding problem of drug resistance, for years now. The agency is already funding tobacco-based vaccine production, a seven-day plan to thwart biothreats, and prescient viral infection detectors. And they've even set their sights on psychic medics, with a 2007 program that sought to turn docs into all-knowing illness predictors.

Now, Darpa wants the powers of premonition to wipe out viral threats altogether. They're hosting a workshop for a new program, called "Prophecy," that'll develop methods to predict the rate, location and likely mutations of viral agents.

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DoD Instruction 6000.16

by [Christopher R. Albon](#) on June 7, 2010 [[edit](#)]



On May 17th the Department of Defense quietly released a new policy regarding medical stability operations (MSOs). The policy, [DoD Instruction 6000.16](#), states that:

“It is a DoD policy that: ... MSOs shall be given priority comparable to combat operations and be explicitly addressed and integrated across all MHS activities including doctrine, organization, training, education, exercises, materiel, leadership, personnel, facilities, and planning ...”

And, that the military health system:

“... shall be prepared to perform any tasks assigned to establish, reconstitute, and maintain health sector capacity and capability for the indigenous population when indigenous, foreign, or U.S. civilian professionals cannot do so.”

This is a [big f#%ing deal](#). Traditionally, the military health system has played a secondary (or even tertiary) role in operations. Their goal was to provide the pointy end of the spear with top rate medical care, and little else. Now, 6000.16 directs war planners to consider medical stability operation a tool in its own right, a carrot to combat operation’s stick.

6000.16 also addresses how the military health system must accomplish its mission. Namely, by

DoD's International Health Division (and a friend) put it well in a [Marine Corp Times article](#) last month:

“We have to do it smart and talk to the local health department and NGOs in the area ...
We're here to make [them] look good.”

To many people this might not seem important, but personally, it is music to my ears. For all their high-horse distain of the military, many NGOs (certainly not all) continue to operate with complete disregard for existing health care infrastructures. They do this in the face of a mountain of research stating that the lack of coordination amongst NGOs is a primary barrier to effective post-conflict health system reconstruction. Rather than building the capacity of the state to provide services itself, these “project-based” NGOs develop their own parallel health care system, diverting much needed financial and human resources from the state health system.

Despite its perceived inexperience at international development projects, Instruction 6000.16 proves that the US military has, at least on paper, a greater understanding of sustainable development than many humanitarians.

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[**Iran Blockade Running With A Hospital Ship**](#)

by [Christopher R. Albon](#) on June 7, 2010[edit]

Last week, 600 activists aboard six ships attempted to run Israel's blockade of Gaza. IDF commandos stormed the ships 68 miles off the coast of Israel, killing almost dozen activists in a botched raid. In the aftermath of the raid, both [Turkey](#) and [Iran Revolutionary Guard \(IRC\)](#) have proposed sending armed escorts to protect a future flotilla to Gaza. However, few believe either Turkey or the IRC will follow through on their rhetoric and run the Gaza blockade.

However, now it looks like another faction in Iran might try. Today, the head of the Iranian Red Cross (not to be confused with the ICRC), Abdolrauf Adibzadeh, announced on [Press TV that Iran is sending two ships with humanitarian supplies and a “Navy hospital ship” to Gaza at the end of this week](#). I do not know of any Iranian hospital ships, but that is likely besides the point. If true, this sets Iran and Israel to face off in the largest naval confrontation in recent years.

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[**Has HIV/AIDS Destroyed Its First Nation-State?**](#)

by [Christopher R. Albon](#) on June 6, 2010[edit]



There is a growing popular movement in Lesotho [pleading South Africa to take over](#) the small mountain-kingdom:

“Ten days ago, several hundred people marched through the capital Maseru and delivered a petition to parliament and the South African High Commission requesting that their country be integrated into its giant neighbour, which completely surrounds it. “We have 30,000 signatures. Lesotho is not just landlocked – it is South Africa-locked. We were a labour reserve for apartheid South Africa. There is no reason for us to exist any longer as a nation with its own currency and army,” said Vuyani Tyhali, a trade unionist and initiator of the Lesotho People’s Charter Movement.”

Lesotho, one of Africa’s poorest nations, is surrounded by the much more affluent South Africa. The contrast between the countries is stark. In 2009, South Africa and Lesotho’s GDP per capita (PPP) was \$10,100 and \$1,700 respectively. I could go on, but needless to say, on every measure of well-being South Africa scores vastly higher.

While the country faces a myriad of problems, from a crippled economy to a paralyzed government, there is widespread belief that HIV/AIDS is the source problem. They are likely not far from the truth, almost a quarter of Basotho adults (between 15 and 49) are infected with HIV. The negative impact of lost human capital from illness and death is a massive drain on both public and private coffers. Combined with its isolated geographic location, the time it will likely take to see significant improvements in the kingdom cannot be measured in years, but generations.

If Lesotho is annexed by South Africa, it will be the first modern nation-state destroyed not by invasion or revolution, but by infectious disease.

Hat tip to my [great wife](#) for pointing out the story.

Photo credit: [Jeremy](#)

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Photo: The Heart Of Hearts And Minds

by [Christopher R. Albon](#) on June 4, 2010 [[edit](#)]



Caption: Navy Lt. Jason P. Rice, flight surgeon with Marine Heavy Helicopter Squadron 466, 3rd Marine Aircraft Wing, I Marine Expeditionary Force (Forward), checks a child's heartbeat, May 15, during a village medical outreach outside Naw-Abad, Afghanistan.

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[They'll Like Us When We Win](#)

by [Christopher R. Albon](#) on June 4, 2010 [[edit](#)]

Earlier this month, the Economist reported that regimes from around the world had been [visiting Sri Lanka to learn](#) from the country's successful hard power strategy against the Tamil Tigers:

Louise Arbour, head of the International Crisis Group (ICG), says the Sri Lanka model consists of three parts: what she dubs "scorched-earth tactics" (full operational freedom for the army, no negotiations with terrorists, no ceasefires to let them regroup); next, ignoring differences between combatants and non-combatants (the new ICG report documents many such examples); lastly, the dismissal of international and media concerns. A senior official in President Mahinda Rajapaksa's office, quoted anonymously in a journal, Indian Defence Review, says "we had to ensure that we regulated the media. We didn't want the international community to force peace negotiations on us." The author of that article, V.K. Shashikumar, concludes that "in the final analysis the Rajapaksa model is based on a military precept...Terrorism has to be wiped out militarily and cannot be tackled politically." This is the opposite of the strategy America is pursuing in Afghanistan. It is winning a widespread hearing.

First, as a side note, Sri Lanka's strategy was not "scorched earth". Scorched earth involves destroying items useful to the enemy during a withdrawal, not launching a military campaign with an open ROE (rules of engagement).

Second, more to the point, one wonders what lessons can truly be learned from Sri Lanka. Being an avid West Wing fan, there is a phrase from the show I could not get out of my head while watching the brutal final campaign play out on the island nation. A White House deputy is arguing for a new aggressive Middle East doctrine with a Congresswoman. When she challenges the new hardline approach he replies: "They'll like us when we win". This phase is the true lessons learned from the Sri Lankan endgame. It is not about "scorched earth", but that a quick end justifies the means.

Third, there is no guarantee the Sri Lankan victory is permanent. It would not surprise me at all if LTTE had reformed itself five years from now, manned by civilians radicalized by the Sri Lankan government's tactics. This new LTTE would likely be more brutal and hardline than his predecessor. Sri Lanka might have won the war, but it lost the people. Ten years from now, they will realize the full cost of doing so.

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by [Christopher R. Albon](#) on June 2, 2010[edit]

In February, I talked about [the Civilian Battle Damage Assessment Ratio \(CBDAR\)](#). This system is used by NATO forces in Afghanistan to assess civilian casualties during combat.

Now, [AMSUS has released](#) a [podcast](#) by Lt. Col. Ewan Cameron of the Royal Army Medical Corp discussing the use of the system by ISAF. The podcast is just under 11 minutes long.

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[**Photo: Japanese Health Diplomacy**](#)

by [Christopher R. Albon](#) on May 27, 2010[edit]



As [discussed previously](#) on Conflict Health, the Japan Maritime Self-Defense Force flat-top Kunisaki is taking part in Operation Pacific Partnership 2010 alongside the US Navy hospital ship, USNS Mercy. This photo was taken on May 26, 2010.

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[**Good Reads For May 28 2010**](#)

by [Christopher R. Albon](#) on May 27, 2010[edit]

Enjoy your weekend.

Mullen goes to bat for State Department budget

Regardless, Gates's push to actually take money from his own department and giving it to State is real, despite some bureaucratic wrangling over the assistance. And the Pentagon's lobbying will no doubt have an effect if and when Conrad's budget resolution makes it to the Senate floor. We're hearing that a bipartisan effort led by Senate Foreign Relations Committee chairman John Kerry, D-MA, is preparing to try to roll back Conrad's cuts. Then again, Congress might not even tackle the issue directly this year.

Pentagon to Troop-Killing Superbugs: Resistance Is Futile

Today's troops have a nine in 10 chance of surviving their battle injuries. But wounds and amputation sites leave them vulnerable to infection, especially by *Acinetobacter* — an (opportunistic pathogen) somewhat misleadingly nicknamed "Iraqibacter" for its prevalence in war-zone medical facilities. As *Wired* magazine reported in 2007, the bacteria has infected at least 700 American troops since 2003, and killed at least seven people exposed to it in military clinics.

Floating Causeway Boosts Hospital Ship Ops

Mercy's solution is to treat patients like rolling stock. In amphibious operations, roll-on cargo vessels will carry on their decks pieces of heavy-duty "lighterage" — basically, motorized causeways — that they can crane into the water to function as a bridge between the large ship and landing craft. Vehicles drive directly out of a side door, onto the lighterage and then into the landing craft. The lighterage is simply an interface.

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Taliban Combat Medicine, ICRC Neutrality

by [Christopher R. Albon](#) on May 27, 2010[edit]

Two days ago, the *Guardian* broke that the Red Cross in Afghanistan [have been teaching basic first aid to Taliban fighters and providing the insurgent group with medical supplies](#). The Red Cross says seventy Taliban received first aid training in April alone [and started training insurgents in 2006](#). Karzai's government is outraged by the program. But he shouldn't be, he shouldn't even be surprised.

Many NGOs operating in warzones dogmatically hold onto the myth of blanket neutrality. They take



provided security, but whenever threatened point of the Geneva Convention and shout “Look! Look! I am neutral! It says right here!”. But, this blanket neutrality does not exist and never did.

Humanitarian neutrality is not a right given, but a privilege earned.

Want to [send a letter](#) to FARC hostages or negotiate a prisoner transfer with Hamas leaders? Ask the Red Cross, they have their cell number. Quite simply, ICRC is the most capable intelligence organization on the planet. I would not be surprised if the Red Cross knew where Osama Bin Laden is sleeping, and even gave him medical care. They have contacts the US intelligence community can only dream about. But, there is no magic behind their social network of guerillas and terrorists. The Red Cross has these contacts because of the neutrality it has earned over hundreds of conflicts, one armed group at a time.

While de jure the Red Cross’ neutrality is based on the Geneva Convention, de facto it is based on the trust of rebels and governments alike. The Red Cross’ first aid training is more than just about saving the lives of Taliban foot soldiers, it is about building a relationship with rebels. It is about earning neutrality.

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[Japan's Grey Hull Health Diplomacy](#)

by [Christopher R. Albon](#) on May 25, 2010[edit]



Japan’s neighbors have never been comfortable with the island nation’s quasi-Navy, the Japan Maritime Self-Defense Force (JMSDF). JMSDF is legally a civilian service, operating under the famous [Article 9 of the Japan’s constitution](#) requiring that “land, sea, and air forces, as well as other war potential, will never be maintained”. But, JMSDF’s *de jure* status has done little to calm the fears

of several nations in the region who have nervously watched every move by the small organization (officially JMSDF consists of only 46,000 personnel) since the JMSDF's creation in the 1950s.

Recently, the legal limits on JMSDF have prompted [some Japanese defense observers](#) to argue for a turn to soft power. Now it looks like Japan might be doing exactly that. This month the [United States sent one of its two hospital ships, USNS Mercy](#), on Operation Pacific Partnership 2010. This soft power cruise is just the latest instance of a new and growing mission for the Navy: health diplomacy. These humanitarian assistance operations started after the positive response to the Navy's disaster relief mission after the Asian tsunami and gained an powerful advocate in current NATO Supreme Allied Commander Europe Admiral James Stavridis when he was Commander of SOUTHCOM.

US health diplomacy cruises have always included personnel from ally countries. However, this year Japan has gone a step further, deploying a [13,000 ton Osumi flat-top warship](#) to join the USNS Mercy during ports in Vietnam and Cambodia to support Pacific Partnership. The 584-foot ship, JMSDF LST 4003 Kunisaki, most closely comparable with the US Navy's Wasp-class amphibious assault ship. Kunisaki's flat top allows for four helicopters (although some have claimed it was designed as a pocket carrier). Below, a well deck contains space for two hovercraft. Kunisaki's deployment is, as far as I can tell, the one of the largest deployments of Japanese naval power to a foreign port since JMSDF's creation. JMSDF port visits are uncommon in mainland Asia. In June 2008 a Japanese destroyer made the [first port call in China by a Japanese warship since World War II](#).

Is Kunisaki's port call the start of Japan's soft power rising?

Update: More on this from [Kyle Mizokami](#).

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