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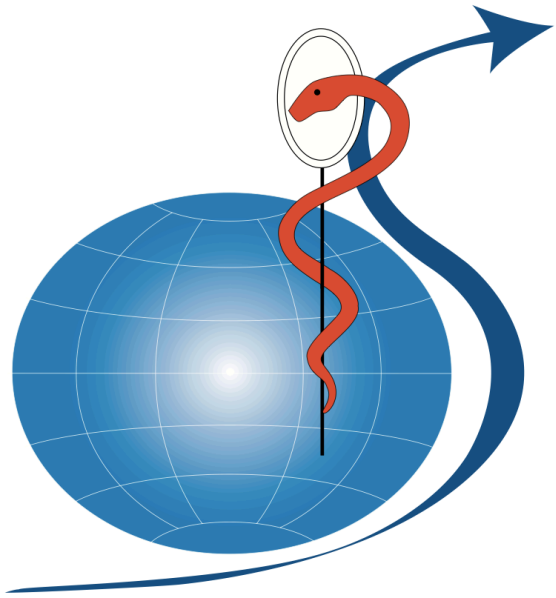
Workshop Program

6th ICMM Workshop on Military Medical Ethics

Military Medical Ethics and Hybrid Warfare

19 – 21 May 2016 – Forum Lilienberg

Ermatingen, Switzerland



Patronage

Major General (ret.) Roger van Hoof, MD (ICMM Secretary General)
Major General Andreas Stettbacher, MD (Surgeon General Swiss Armed Forces)
Prof. Dr. phil. Peter Schaber (Professor of Applied Ethics, University of Zurich)

Scientific Coordination

Dr. phil. Daniel Messelken

Lt Col David Winkler, MD, PhD

Workshop Organization

Swiss Armed Forces, Medical Services Directorate

ICMM Centre of Reference for Education on International Humanitarian Law and Ethics

ZH Center for Military Medical Ethics

Scientific Coordination

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Chatham House Rule

The whole workshop shall be held under the "Chatham House Rule" to encourage open discussions among the participants and the sharing of information. This rule reads as follows:

> *When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.*

The Chatham House Rule originated at Chatham House and it is now used throughout the world as an aid to free discussion. Meetings do not have to take place at Chatham House, or be organized by Chatham House, to be held under the Rule

Meetings, events and discussions held at Chatham House are normally conducted 'on the record' with the Rule occasionally invoked at the speaker's request. In cases where the Rule is not considered sufficiently strict, an event may be held 'off the record'

Thursday 19 May 2016

07:30 - 08:30 Breakfast

Plenary Session I — Introduction & Field reports

09:00 – 12:00 — **Chair: D. Messelken / D. Winkler**

09:00 – 09:20

Welcome and Introduction to the Workshop — D. Winkler, D. Messelken

09:20 – 10:10

Hybrid warfare in Syria and Iraq: Impacts on Military Medical Ethics – an experience brief — B. Demuynck

Coffee Break

10:30 – 11:15

Ethical Challenges to Military Medical Personnel involved in Hybrid Warfare Conflicts — P. Majovsky

11:15 – 12:00

Military Medical Ethical Dilemmas in Military Anti-terrorism Operations — Min Yu

12:15 ***Lunch***

Plenary Session II.1 — Ethical reflections

14:00 – 17:30 — **Chair: J. Crouse/ C. von Einem**

14:00 – 14:50

Development of a training package for ethical decision making in hybrid warfare — L. Bernthal

15:00 – 16:00

The Role of Military Medical Staff in Hybrid Wars — P. Gilbert

Coffee Break

16:30 – 17:30

Field Surgery and Crimes against Humanity: Can Medics be Accessories? — D.L. Dusenbury

18:00 ***Dinner***

Friday 20 May 2016

07:30 - 08:30 Breakfast

Plenary Session II.2 Ethical reflections (continued)

09:00 – 12:00 **Chair: I. Kholikov / S. Fournier**

09:00 – 10:00

Dilemmas of Civilian Medical Care during Asymmetric War — M. Gross

Coffee Break

10:30 – 11:30

Revisionist Just War Theory and Military Medical Ethics — B. Koch

11:30 – 12:00

Presentation of MME Scenario Database Project — D. Messelken, D. Winkler

12:15 Lunch

Plenary Session III Effects upon Health Care and the Civilian Population

14:00 – 17:45 **Chair: P. Schaber/ A. Wildi**

14:00 – 15:00

Safeguarding the Provision of Health Care, Operational Practices and Relevant International Humanitarian Law Concerning Armed Groups — A. Palama

15:00 – 16:00

"Modern warfare": effects upon civilians and the generation of refugees — V. Nathanson

Coffee Break

16:30 – 17:30

With the best of intentions: Minimum criteria for implementing partners in humanitarian interventions — C. Clarinval / A. Okhowat

18:00 Dinner

Saturday 21 May 2016

07:30 - 08:30 Breakfast

Plenary Session IV
09:00 – 12:00

Humanitarian Actors
Chair: E. Carrot / T. Schaay

09:00 – 10:00

Kunduz in "the fog of war" — P. Calain

Coffee Break

10:30 – 11:30

Strengthening the independence of humanitarian actors during hybrid warfare — A. Okhowat / C. Clarinval

Closing Remarks

11:30

Closing Remarks — A. Stettbacher

12:00 Lunch

* * *

Proceedings from previous workshops

Messelken, Daniel; Winkler, David (2016), editors. **Ethical Challenges for Military Health Care Personnel: Dealing with Epidemics** (Proceedings of the 5th ICMM Workshop on Military Medical Ethics). *Forthcoming 2016*

Messelken, Daniel; Winkler, David (2015), editors. **Proceedings of the 4th ICMM Workshop on Military Medical Ethics**. Bern, 2015. ISBN 978-3-905782-98-1

Messelken, Daniel ; Baer, Hans U (2014), editors. **Proceedings of the 3rd ICMM Workshop on Military Medical Ethics**. Bern, 2014. ISBN 978-3-905782-97-4

Messelken, Daniel ; Baer, Hans U (2013), editors. **Proceedings of the 2nd ICMM Workshop on Military Medical Ethics**. Bern, 2013. ISBN 978-3-905782-94-3

→ *Available via http://publications.melac.ch/*

Abstracts and Bio Notes

Lizzy Bernthal – *Development of a training package for ethical decision making in hybrid warfare*

Abstract

The presentation will focus on a workshop package that the author has developed. This workshop teaches health practitioners about ethical decision-making to facilitate their confidence to make ethical decisions that arise in hybrid warfare.

The ethical issues that arise for health care practitioners on deployment can be extremely complex. In two recent studies that Bernthal has completed it was identified that clinicians found using a tool to aid their decision-making was helpful. The four quadrant approach is the tool that is used by clinicians from the British Defence Medical Services to aid their decision making. The workshop teaches all levels of British military health professionals the four quadrant approach using case studies from vignettes that the students have the opportunity to work through in small groups. The anonymous case studies have been developed by senior clinicians during deployment. They have been adapted by the author to ensure that they are relevant to the clinicians attending the workshop. The author has received positive feedback from the workshops she has delivered and feels that this could be useful to other nations within ICMM.

Biographical Note

Dr/ Lt Col Lizzy Bernthal is a Registered General Nurse and Midwife who graduated with a BSc (First Class) in 2002 and PhD in 2012. She worked in the UK and abroad before commissioning in the Queen Alexandra's Royal Army Nursing Corps in 1993. She was posted as a midwife before further specialising as a Perioperative Nurse. She won a national writer's award in 1998 and runner up in 1999 and published widely in nursing journals. From 2002 she held Healthcare Governance and Assurance managerial posts. She has deployed to the Balkans and Afghanistan.

She is currently a research fellow and lecturer within the Royal Centre of Defence Medicine, Birmingham as a qualitative researcher and lead for all ethics research. She has presented at national and international conferences, is an editorial board member for 2 health journals and a member of the Cochrane Nursing Care Field and the RCN Research Society. She is passionate about supporting the military family and clinicians' decision making. She was appointed as honorary research fellow at the University of Southampton in 2012 and at King's College London in 2014.

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Philippe Calain – *NN*

Abstract

In recent years MSF and other humanitarian organizations have witnessed a worrying number of sporadic attacks on health care facilities and personnel. Yet, it is still unclear whether these events signal an increasing trend of deliberate hostility against medical and humanitarian personnel.

The aerial attacks on the MSF Trauma Center in Kunduz on 3 October 2015 are a case in point to examine what could morally justify similar types of aggressions, regardless of reasons of omission or overwhelming necessity. Like other medical professionals, humanitarians working in conflict settings have moral obligations to *care* and moral obligations to *protect*. These obligations are contingent upon (i) the capacity of their organizations to ensure their security and (ii) the commitments of parties in conflict to guarantee their immunity. Recourse to the moral obligation to protect patients is a necessary privilege of all medical professionals, who are bound to exercise their individual

judgment under the circumstances. This can inevitably result in tragic choices, which resonate differently according to the particular roles and responsibilities of physicians. For example: in terms of dual loyalty for military doctors, or in terms of complicity for humanitarian doctors. If the traditional Just War doctrine no longer applies, then humanitarian action becomes irrelevant or impossible.

Biographical Note

Currently a senior researcher at the Research Unit on Humanitarian Stakes and Practices (UREPH) of MSF Switzerland, Philippe Calain is a medical doctor specialized in infectious diseases and tropical medicine. He also holds a doctorate in biology (virology). His most recent publications discuss issues of ethics in humanitarian medicine, public health ethics, global health governance, public health surveillance, and liberty restrictions during epidemics. He has held several advisory positions at the World Health Organization, with a particular focus on ethics and epidemic response.

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Caroline Clarinval / Ali Okhowat – *With the best of intentions: Minimum criteria for implementing partners in humanitarian interventions in hybrid warfare*

Abstract

The humanitarian sector has grown by over 50% in the past two decades and is expected to double in the next twenty years. The growth of this sector is a testament to humanitarian actors' successes in responding to disasters and conflicts that seem to affect an ever larger percentage of the world's population. In responding, organizations are often keen to deliver assistance in the name of the humanitarian imperative – whatever the cost may be and adhering to the 'no regrets' principle. An increasingly common cost seen in today's age of hybrid warfare is the loss of access that humanitarian actors may have to intended beneficiaries. This results in assistance being reportedly delivered along the 'last mile' to people in need but with scant evidence to confirm this. In decreasing access to populations in need, humanitarian actors are often forced to go through implementing partners who, overtly or covertly, may be involved in or coerced into actions that run counter to the well-being of the population in need. This has significant consequences for the independence of humanitarian actors and therefore presents an ethical challenge for them. We argue that it is ethically wrong to provide humanitarian aid without minimum criteria met to ensure that intended beneficiaries receive aid that is appropriately monitored. Using case examples which demonstrate how humanitarian aid may be usurped by various parties to hurt or hinder the resolution of crises, we argue that humanitarian actors are ethically obliged to consider whether minimum criteria for intervention are met both before and during their interventions in hybrid warfare contexts.

Biographical Note

At present, Dr Caroline Clarinval works at the World Health Organization (WHO) Regional Office in Cairo. In her current function as Regional Adviser Emergency Response and Operations, she is responsible for the WHO's emergency response and operations across the Middle Eastern Region. Prior to her current post, she worked at the Federal Office of Public Health in Switzerland as well as at the Institute of Biomedical Ethics at the University of Zurich. She also spent a decade abroad working for the International Committee of the Red Cross assisting populations affected by conflict.

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Bart Demuynck– *Hybrid warfare in Syria and Iraq – impacts on Military Medical Ethics – an experience brief*

Abstract

Serving as the Belgian Senior National Representative (BEL SNR) to the Combined Joint Task Force – Operation Inherent Resolve – Head Quarters (CJTF-OIR-HQ) in Kuwait from October 15 till January 16, the war in SYR and IRAQ against DA'ISH was a daily reality and made it possible for me to observe this war in all its elements. This kind of war and this kind of enemy, never faced before by the coalition troops, was fought on so many real and virtual battlefields and could be called as the first World Hybrid War. Having a big involvement in Military Medical Ethics, the impact of this new kind of war on ethics and Military Medical Ethics was of a particular interest to me.

With my presentation, I hope to bring this war clearly to the audience and help them reflect on the huge challenges for MME and this by using case studies to reflect with the audience on.

Biographical Note

Lieutenant-colonel Bart Demuynck (BEL) started to introduce Ethical-Deontology-Loac-Leadership elements in the medical officers course when he took over the command of the Belgian Medical Centre of competences (CCMed) in 2010. Since then, he established a collaboration with the Netherlands and used the Observer/trainer concept to integrate EDLL challenges in several Belgian medical trainings. He also attended and presented courses, lectures and workshops on the military medical ethical dilemmas theme in BEL defence and ICMM community. Together with military psychologist senior captain John Deheeger, ICMM LOAC and MME educated captain Jenny De Keersmaker and lieutenant-colonel MD Dirk Van Gastel, they are as a workgroup responsible for further implementation of MME matters into education and training. He served in 2006 and 2008/2009 in the UNIFIL missions and recently in the Operation Inherent Resolve against Da'ish.

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David L. Dusenbury – *Field Surgery and Crimes against Humanity: Can Medics be Accessories?*

Abstract

The last years have seen several interesting developments which appear to be unrelated, but which – taken in conjunction – force us to pose a deeply unsettling question: Can medics be accessories to crimes against humanity?

I do not propose to resolve this question; but rather, merely, to frame it. It seems that the question is – legally, politically, and philosophically – pressing, when two conditions are met (and they are increasingly likely to be met, in situations of non-state or post-state conflict):

(i) when legally 'neutral' field surgeons are *unable* or *unwilling* to ensure that wounded fighters will be imprisoned – i.e., kept *hors de combat* – after they are treated; and

(ii) when these wounded fighters take orders from, or hold allegiance to, a state or state-like entity which is formally *committed* to perpetrating crimes against humanity – i.e., when combatants are *hors la loi* (at least in terms of classical international law).

Biographical Note

D. L. Dusenbury is the author of a monograph on St Augustine's physics, *The Space of Time* (Leiden 2014), and a forthcoming essay on Plato's politics, *Platonic Legislations* (Dordrecht 2016). He is a doctoral fellow of the De Wulf-Mansion Centre - LECTIO at the Catholic University of Leuven, and has held visiting fellowships at the Augustinianum (Rome) and Dumbarton Oaks (Washington, D.C.). Dusenbury has lectured on the laws of war at the University of Leuven, and the Royal Military Academy in Breda, The Netherlands. He is a regular contributor to *The*

Times Literary Supplement (*TLS*) in London, and his research centres upon ancient philosophy, intellectual history, and the philosophy of law.

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Paul Gilbert – *The Role of Military medical Staff in Hybrid Wars*

Abstract

A paradigm case of hybrid war is one in which irregular forces confront the forces of a state or non-state group and they are supported by the regular forces (often the air force) of a state or states which believe the irregulars have a just cause. Should such irregulars be provided with military medical back-up which they cannot provide themselves?

The problem is that even if the irregulars have jus ad bellum they may lack jus in bello. Untrained, ill disciplined and motivated by hatred of their opponents, they are likely to break the laws of armed conflict by killing prisoners, targeting civilians of a different ethnic or religious identity and so on. The dilemma is that if they do not receive medical attention then fighters in a just cause suffer unnecessarily and their cause is set back. But if they do, then are not the military medics who provide it colluding in war crimes?

The paper considers this question and goes on to argue that the role of military medics is not only to 'conserve the fighting strength' and to mitigate the horrors of war but also to facilitate its being fought justly. This implies that the form and conditions of the possible deployment of military medics in a hybrid war must ensure that they are not placed in an impossible ethical position in the scenario envisaged.

Biographical Note

Paul Gilbert is Emeritus Professor of Philosophy at the University of Hull where he taught for 40 years after study at Cambridge and Oxford universities. His research interests lie principally in the Philosophy of Mind and in Social and Political Philosophy. His most recent books relevant to the proposal are New Terror, New Wars (Edinburgh UP, 2003) and Cultural Identity and Political Ethics (Edinburgh UP, 2010). He has also published papers on ethical aspects of military medicine, civilian immunity and proportionality in edited collections.

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Michael Gross – *Dilemmas of Civilian Medical Care during Asymmetric War*

Abstract

During asymmetric war, state armies must care for their local allies, detainees and the civilian population in two contexts: acute care for those wounded during military operations and medical care for the general population as required by the Geneva Conventions. Constrained by scarce resources, state armies face a number of moral dilemmas that affect care on the ground.

1. Triage. As they deploy, state armies allocate in-theater medical resources to care for their soldiers. In-theater care does not provide for long-term treatment. Its purpose is to return warfighters to active duty or to quickly evacuate them to the US or Europe for comprehensive medical care. Limited beds and personnel make it impossible to provide the local population with the level of care that Western soldiers receive. As a result, the US and other armies develop complex and often arbitrary rules to treat civilians. The inability to provide high-level care to all, creates tensions with local civilians and host country allies.
2. Ensuring local medical care. The Geneva Conventions require occupying armies to “ensure that the medical needs of the civilian population.” Specifying these needs is a medical and moral challenge. What level satisfies this requirement? How much aid should the occupying power provide? How best to distribute existing resources? How

should state armies protect NGOs that provide significant medical care and often find themselves under attack by insurgents?

3. Medical Diplomacy: While the purpose of medical care is to treat the sick and injured, medical care also serves security needs. Medical care is a long established tool to win the hearts and minds of the local population. Since the Vietnam War, however, critics have charged that medical diplomacy subverts the purpose of medicine, places medical personnel in the service of war and provides poor medical care.

Biographical Note

Michael L. Gross is Professor and Head of the School of Political Science at The University of Haifa, Israel and has published widely in military ethics and military medical ethics. His recent books include: Bioethics and Armed Conflict; Military Medical Ethics for the 21st Century, Moral Dilemmas of Modern War and The Ethics of Insurgency. His articles have appeared in the New England Journal of Medicine, American Journal of Bioethics, The Journal of Military Ethics, The Cambridge Quarterly of Healthcare Ethics, The Hastings Center Report, The Journal of Medical Ethics, the Journal of Applied Philosophy, Social Forces and elsewhere. Michael Gross has been a visiting fellow at The University of Chicago, MacLean Center for Clinical Medical Ethics and the European University Institute. He serves on regional and national bioethics committees in Israel and has led workshops and lectured on battlefield ethics, medicine and national security for the Dutch Ministry of Defense, The US Army Medical Department at Walter Reed Medical Center, The US Naval Academy, the International Committee of Military Medicine and the Medical Corps and National Security College of the Israel Defense Forces.

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Bernhard Koch – *"Revisionist Just War Theory and Military Medical Ethics"*

Abstract

Over the last twelve years we have seen an enormous rise of so-called „revisionist just war theory“ in ethical discussions about armed conflict. „RJWT“ is seen as widely consistent with our moral intuitions, with liberal political theory and moral cosmopolitanism. It is revisionist in opposition to Michael Walzer’s traditional account which relies on the assumption of basic political communities and a special status of such communities.

The main reason for RJWT’s success seems not to be in its principles but in its applications when it comes to ethically challenging questions of Asymetric and so-called Hybrid Warfare.

But there is one area where fundamental moral feelings actually resist RJWT’s consequences: the area of Military Medical Ethics. According to some revisionist approaches even members of the ICRC as well as humanitarian relief workers could become liable to justified intentional attack. But this seems pretty implausible.

This contradiction requires us to think behind the lines of the obvious and to question both: our moral intuitions and RJWT.

Biographical Note

Bernhard Koch is Deputy Director of the Institute for Theology and Peace in Hamburg and Visiting Lecturer in philosophy at Goethe-University Frankfurt. He works regularly as co-teacher for ethics during the ICMM Courses for Military Medical Ethics in Times of Armed Conflict in Spiez, Switzerland.

Email Koch@ithf.de

Peter Majovsky – *Ethical Challenges to Military Medical Personnel involved in Hybrid Warfare Conflicts*

Abstract

The presentation will focus on new ethical challenges that medical personnel might be exposed to during engagement in Hybrid Warfare conflicts. With this new perspective in mind, a complex civilian-military relations problem becomes even more delicate. Military health care practitioners might be (t)asked to provide medical care to sick or injured local population with dubious personal identity and suspicious medical history. Unknown potential to contract highly infectious/ lethal disease might create certain ethical dilemma to them. Some military leaders might tend to order medical personnel to assist with unknown combatants´ identification, or force them to participate in interrogation procedures.

Biographical Note

Since SEP 2015 Colonel Dr. Peter Majovsky, as the Czech Republic's armed forces representative assumed the Chief of the Interoperability Branch post at the NATO Centre of Excellence for Military Medicine in Budapest (Hungary). In his career, he has taken part in several military missions abroad (IFOR, KFOR, ISAF, EUMS). For three years (2005-2008) he had been assigned to the Deputy MEDAD position at ACO HQ Mons (SHAPE).

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Vivienne Nathanson – *"Modern warfare": effects upon civilians and the generation of refugees*

Abstract

Changes in the pattern of warfare have a profound effect upon civilian populations. Increasingly civilian living and working spaces are targeted, with wars fought within these areas. Civilians attempt to carry out the tasks of everyday living within war zones. This has significant effects upon their health and well being. Many will increasingly attempt to flee the war zone, within countries into ever smaller safe areas, and eventually outside the country becoming refugees. The length of conflicts can also contribute to the refugee effect. The very large numbers of refugees produced pose a serious challenge to neighbouring and more distant countries and can potentially destabilise already fragile states, perpetuating problems of conflict. Military leaders can significantly affect the levels of disruption within countries, including establishing genuinely safe areas. The military have various roles in securing borders, and can also impact on refugee movement, and safety.

Biographical Note

Qualified in medicine at the University of London. Spent 35 years at the British Medical Association, including commissioning, writing and editing two books on biological weapons and one on chemical weapons. Lectures globally on public health, human rights and on ethics, including to the ICTY and ICC. Holds a professorship of ethics at Durham University. Worked with the ICRC for 20 years on weapons-control related issues and on the role of medical personnel during armed conflict. Chairs the WMA workgroup on Health Care in Danger, and author of two WMA reports on ethical issues in Armed Conflict.

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Ali Okhowat / Caroline Clarinval – *Strengthening the independence of humanitarian actors during hybrid warfare*

Abstract

Hybrid warfare generally refers to the use of various means to engage in war. As opposed to traditional warfare restricted to battle zones using overt means of force, the character of contemporary conflict is increasingly urban

and multi-pronged, involving parallel covert and non-kinetic modes of engagement. This convergence in the modes of war has led to a lessening of the humanitarian space and restrictions in access to and information about populations in need. Of particular concern in new methods of war is the manipulation of humanitarian aid as a weapon of war. Specifically, this article focuses on the restriction, diversion, or coercion of humanitarian materials and organizations in the pursuit of military ends. In these settings, significant ethical challenges remain for humanitarian actors, who, often operating remotely, must enter into a duty of care with populations in need while simultaneously doing their utmost to maintain security for their personnel. Using three case studies, this paper argues that just as there are moments when an organization may be compelled to intervene in a humanitarian situation, it must recognize when its aid has become party to the conflict. In so doing, we argue that the humanitarian imperative is not absolute and present several criteria that may be used to judge when humanitarian relief becomes humanitarian intensification

Biographical Note

Ali Okhowat is currently working at the World Health Organization's Eastern Mediterranean Regional Office as a medical officer in the Emergency Response and Operations unit. In this capacity he is responsible for supporting WHO country offices, such as Iraq, Somalia, Afghanistan, and others in their emergency response activities. Prior to joining the WHO, Ali worked with the ICRC in Gaza, Tajikistan, and Afghanistan. He is a licensed physician in Canada having trained at the University of Toronto and McGill University and is a PhD Candidate in Bioethics at the University of Montreal.

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Audrey Palama – *Safeguarding the Provision of Health Care, Operational Practices and Relevant International Humanitarian Law Concerning Armed Groups*

Abstract

These days, most conflicts are of non-international character and armed groups play an increasingly prominent role. Health care remains the target of repeated and widespread violence in non-international armed conflicts. The International Committee of the Red Cross (ICRC), determined to improve this situation, began the Health Care in Danger (HCiD) project in 2011 under the auspices of the Red Cross and Red Crescent Movement. Since then, the ICRC has consulted a wide range of stakeholders keen to develop practical recommendations aimed at improving the effective and impartial delivery of health care during armed conflict and other emergencies. In this framework, the ICRC, in partnership with Australia organised a workshop gathering 27 representatives of state armed forces and international organisations.

In view of their prominent role as parties to conflict but also health care beneficiaries and providers, the ICRC also brought armed groups into the consultative process. Participants took an open and constructive approach to the consultation process, and this led to a greater understanding of the phenomenon of violence against health care and helped identify practical measures to address it. The consultative process and the resulting measures are presented in the ICRC report, which also highlights armed groups' health-care-related obligations under IHL.

Biographical Note

Audrey Palama joined the ICRC in 2006. She has been working in the ICRC HQ, Unit for Relation with Arms Carriers as Adviser in Dialogue with non-state armed groups for the last 4 years. Before joining the ICRC HQ, she held Protection and Management positions for the ICRC in Colombia, Sudan, Gaza and Burundi. She has also worked for International Non-Governmental Organizations as country representative in Pakistan, Jordan, Iraq and Guinea.

Audrey Palama holds Master Degrees in Management Sciences and in International law in Armed Conflicts. She wrote her master thesis on the Impact of US anti-terrorist legislation on the obligation of armed groups to provide medical care in non-international armed conflicts. In her current position, she overviewed the research work and writing of the ICRC publication: Safeguarding the Provision of Health Care, Operational Practices and Relevant International Humanitarian Law Concerning Armed Groups.

Email apalama@icrc.org

Min Yu – *Military Medical Ethical Dilemmas in Anti-terrorism Military Operation*

Abstract

Since 2001, the worldwide terrorism attacks and anti-terrorism military operations have raised new ethical questions for the both military and military physicians. In the anti-terrorism military operations, the potential fight opponents are not the armies from the hostile countries as regular local war, but the terrorism organizations, extremist groups and individuals, who are less engaged in the Law of Armed Conflict, so the traditional means of deterrence and conventional combat measures are hardly to play the role. Different from conventional warfare, the fight opponents are mixed and operation patterns are hybrid in anti-terrorism military operations. Therefore, not only military force must be able to cope with multi threats from both regular and irregular combat forces, but military physicians has to face with different ethical dilemmas from conventional warfare as well. By analyzing the characteristics and requirements of the medical support for the anti-terrorism military operations, and considering the responsibility for the military physicians, three main ethical principles and four ethical norms for them in the operations are proposed. The ethical principles are humanitarian medical care , fairness and efficiency. The four ethical norms are the combination of prevention and treatment , the combination of first aid and medical evacuation , the combination of the reasonable stress activities with behavioral constraints , and the combination of emergency treatment with lifelong medical care.

Biographical Note

Min YU, Senior Col, Professor of The Academy of Military Medical Science, Beijing, China.

He got a Bachelor Degree in Science at Xi'an Jiaotong University in 1983, a Master Degree in Medicine at The 4th Military Medical University in 1988, a Doctor Degree in Medicine at The 4th Military Medical University in 1995. He visited London School of Hygiene and Tropical Medicine in 2003 as a WHO fellow and got a Master Degree in Health Service Management there in 2004. He had worked at The Fourth Military Medical University for 25 years since 1988. He was appointed as associate professor in 1995. He visited Harvard School of Public Health for one year in 1997. He was appointed as professor in 2000. He worked as Force Medical Officer in United Nation Mission in Sudan for one year in 2006. Now he is the member of the Technical Advisory Group of United Nation for medical services of Peacekeeping Operation and the teacher of the ICMM reference Center for the LOAC.

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Notes

Practical Information

Registration

Contact	Adele Renfer: Adele.Renfer@vtg.admin.ch
	General contact: workshop@melac.ch
Workshop Fee	**600 CHF** (includes accommodation in a single room on 19./20. and 20/21.05.2016 at Forum Lilienberg, all meals during the workshop, and the shuttle from and to the airport)
Early Arrival	If you arrive on the day before the workshop, the additional night 18./19.05.2016 at Forum Lilienberg can be booked for **+198 CHF** (includes the dinner on 18.05.2016 and breakfast.)

→ ***Registration is mandatory for all attendants. No participation is possible without registration.***

→ **Registration form available at http://workshop.melac.ch/**

Workshop Organisation & Logistics

Swiss Armed Forces Medical Services Directorate

Prof. em. Dr. Dr. h.c. M. Oberholzer-Riss:	oberholzerm@bluewin.ch
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Workshop Language

All lectures and discussions are held in English language.

No translation can be provided during the workshop.

Dress Code

Military	Office Uniform
Civilian	No Code

Arrival to the venue: Forum Lilienberg

Address	Blauortstr. 10, CH 8272 Ermatingen, Switzerland
Airport	Zürich Kloten (ZRH)
Railway Station	Ermatingen
Shuttle Service	Transport in cars from the Airport to the conference venue will be organised. *Please register early.*

Venue: Forum Lilienberg, Ermatingen (CH)

Map of the venue

(1)	"Stiftung Lindeguet"	Guest rooms 1-6
(2)	"Zentrum"	Plenary Hall
(3)	"Forum"	Reception & Restaurant (Breakfast, Lunch, Dinner)
(4)	"Gästehaus"	Guest rooms 10-35

Contact

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Emergency numbers (during the workshop only)

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