

Foundations in Global Health Series

April 22, 2026

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GLOBAL SURGERY: SAFEGUARDING HOSPITALS AND CIVILIANS IN AREAS OF CIVIL UNREST

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4/22/26



Educational Learning Objectives

1. Describe the role of the International Committee of the Red Cross in conflict settings
2. Identify key threats to health care delivery in areas of active conflict
3. Analyze strategies to safeguard patients, providers, and health facilities
4. Apply lessons from field experience to strengthen humanitarian health responses





WHO IS THE ICRC?



The History

ICRC



- **1859:** Battle of Solferino

Henri Dunant raised awareness of IHL & disaster readiness



- **1863:** Creation of the 'International Committee for Relief to the Wounded'

- **1864:** Adoption of the first Geneva convention by all European nations

- **1876:** The name 'International Committee of the Red Cross' was adopted



The Mandate

ICRC

ICRC Mandate by the Geneva Conventions:
Assist and protect victims of armed conflicts
and promote implementation and respect of
IHL

Neutral, impartial and independent humanitarian organization

- Coordinates with but is different from individual national Red Cross/Red Crescent societies
 - NGO based in Geneva, Switzerland, but with an international mandate agreed to by all nations
 - Only works in situations of armed conflict
-

ICRC Activities

- **Protection in war**
 - Of civilians
 - Of prisoners of war and detainees
 - Restoring family links
- **Assistance to victims of armed conflict**
 - Economic and food security
 - Water and shelter
 - **Health services**
- **Preventive action**
 - Promotion of IHL
 - National measures for implementation of IHL
 - Mine/UXO awareness



HEALTH ACTIVITIES:

Surgical Care of Traumatic Injuries



First Aid and Transport



Physical Rehabilitation



MHPSS



Primary Health Care



Health in Detention



Health Activities

Hospitals



ICRC Lokichokio Hospital

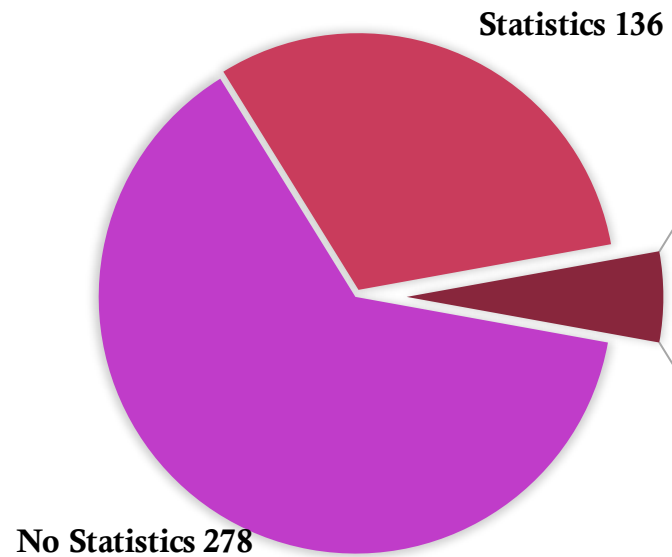
Sudan & South Sudan Civil Wars

Lokichokio, Kenya



ICRC Hospital Activities 2015

SUPPORTED HOSPITALS (N = 439)



- Mali 2
- Niger 1
- Nigeria 1
- RCA 2
- RDC 2
- South Sudan 3
- Somalia 4
- Lebanon 2
- Yemen 1
- Afganistan 1
- Pakistan 1
- Myanmar 1
- DPRK 4

ICRC Hospital Activities 2015



- Weapon wounded admitted = **43,680**
 - Of which, **2,293** mine injuries. The remainder are mostly high-velocity GSWs
 - Operations performed = **119,666 (Avg 2.7 per pt)**
- Surgical non-weapon-wounded admitted = **92,287**



ICRC Surgical Education Activities 2015

- War surgery seminars = 44
- Emergency Room Trauma Courses = 22
- Lectures/participation at 19 International conferences



Quality Care Regardless of Circumstances

Statistics

Guidelines & protocols

WHO Safe surgery program

Consistent protocols across all locations

**Our Responsibility: To do the BEST for our patients
in spite of our limited-resource settings**

-
- [Hospitals | Working For The ICRC \(caution: contains graphic images\) – YouTube](#)
-

TRAUMA/INJURY IN WAR

Penetrating Trauma

- **Firearms (primarily rifles)**
- Rockets/grenades/cluster bombs
- IED's and Landmines
- Knife/machete/bayonet



Blunt Trauma

- Motor vehicle accidents & mechanical injury
- Collapsed buildings and falls
- Explosions
- Beatings



Other Trauma

- Rape
- Thermal burns
- Radiation injury (nuclear weapons)
- Chemical weapons: chemical burns, suffocation/inhalation, neurotoxins
- Biologic weapons: virus, anthrax, etc.
- Psychologic trauma & torture
- Starvation & loss of primary care



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Juba International Airport





Juba International Airport





- Limited labs/ x-rays
- No running water
- No electricity (generator)
- Limited Blood Bank



Juba Military Hospital (Wards)



Juba Military Hospital (OR)



JMH: Labs



Always available

- Blood group & Crossmatch
- H/H
- HIV, HepB, HepC, malaria
- Glucose

Usually available

- CBC (without diff)
- Creatinine, AST/ALT

Occasionally or rarely available

- A human-being actually present to run the test



JMH: X-rays



- Mon-Fri, working hours only
- Transport to/from radiologist
- Must pay private fees (\$\$)
- No guarantee of quality or





Transfer from the field to Juba Military Hospital



Opposition Area Field Hospitals

Ganyliel Field Hospital







~~Ganyiel-ICRC~~
compound



Residential quarters



Common area / Living room



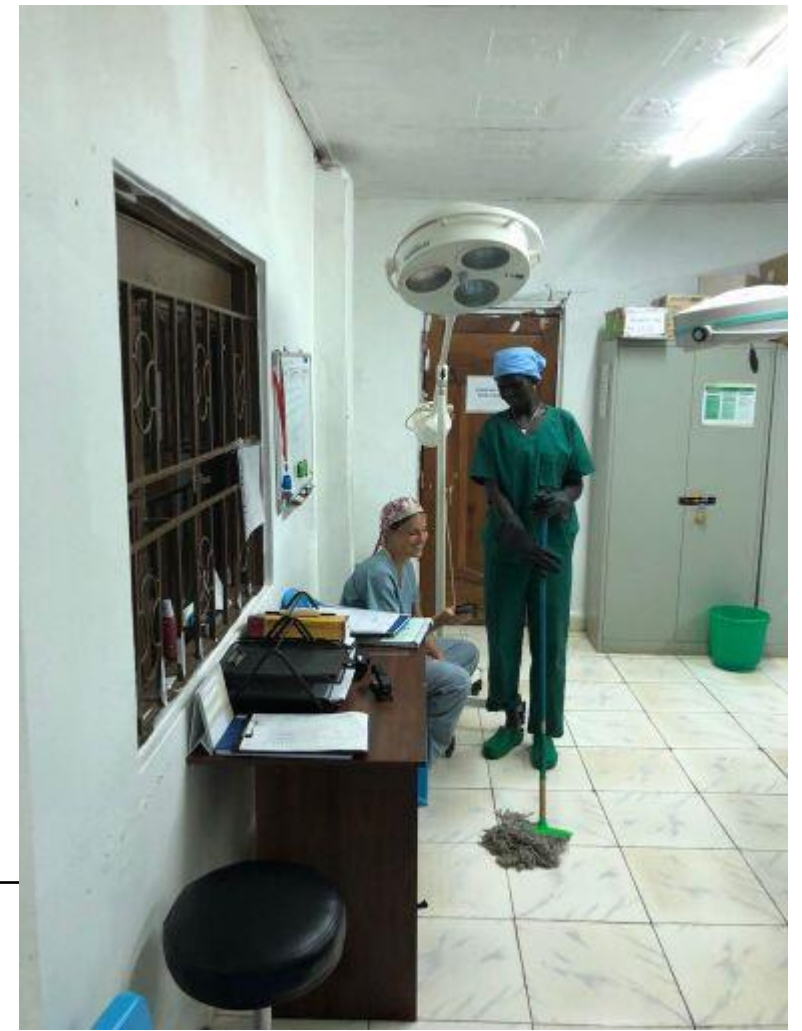


GANYLIEL OR





GENERATOR ISSUES



Clean Water Supply

- No running water



Waste Disposal



Patient Food

- 3 meals/day
-



Rain or Shine....!







Transportation of patients from the field to ICRC hospital

*(DAYS-LONG
PROCESS)*





Limited capacity,
depending on aircraft
availability and weather

- Physician/nurse travels with pilot for med-evacs
- Triage & stabilizes patients for transfer
- **Multiple trips for mass-casualties**





Transportation of Patients to Higher Level of Care (ICRC)



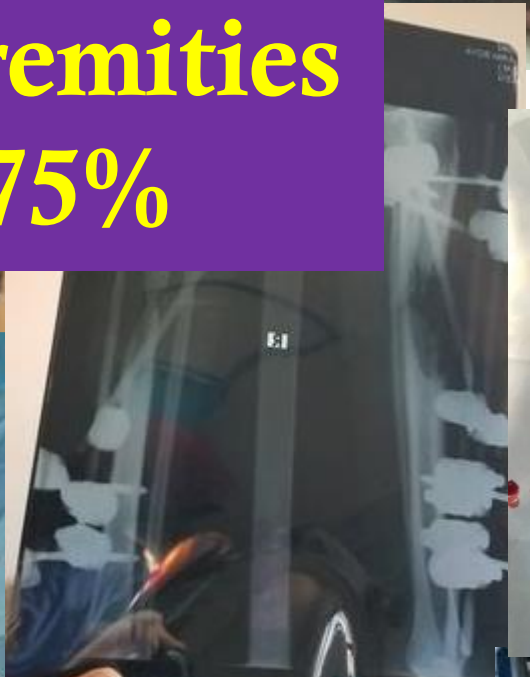
Med-evac arrival in Ganyliel



10



Extremities 75%



**Amputation: ~10-15%
of extremity injuries**





Thoraco-abdominal: 10%





Head and Neck:





Pediatrics: 5%





Burns: 3-5%



WHAT MAKES “CIVIL UNREST” DIFFERENT?

- **Not natural**– Disruption is brought on by human actors
 - **Violence is targeted** by/towards specific group(s) for specific gains
 - **Security is compromised** (regardless of intended target)
 - **Health care needs are greater**– People are injured, access is limited, supply chain may be interrupted
-

SPECIFIC SITUATIONS DEFINED BY INTERNATIONAL LAW

- **International Armed Conflict:** Conflict between armed forces of two or more States. (*Traditional wars*)
 - **Non-International Armed Conflict:** Conflict between between governmental armed forces and the forces of one or more armed groups. (*Civil war, guerilla war*)
 - **Other Situations of Armed Violence:** Covers a wide array of situations in which groups with weapons are fighting: (*Gang wars, clan conflicts, terrorist acts, religious conflicts*)
-

HOW DOES CIVIL UNREST AFFECT **PHYSICIANS**?

- Additional specific **responsibilities** and **protections** apply beyond “normal” times, as spelled out in International Law.

(Geneva Convention 1949, Additional Protocols 1977)

WHAT GUIDES PHYSICIANS DURING “NORMAL” TIMES?



- **Medical ethics:** Should be the primary basis for all actions in the health arena
 - Beneficence, Autonomy, Dignity, Confidentiality, Informed Consent.
 - First do no harm.
 - What would I want for myself or my loved ones?

WHAT GUIDES PHYSICIANS DURING “NORMAL” TIMES?



- International Human Rights Law:
Protects all individuals, at all times, in all countries
 - Universal Declaration of Human Rights 1948
 - The right to **life**; to be free from cruel, degrading & **inhumane** treatment; to be free from **discrimination**

WHAT GUIDES PHYSICIANS DURING “NORMAL” TIMES?



- **Domestic Law:** Protects domestic public interest; local/regional political interests
 - Can sometimes create dilemma between medical ethics and IHRL

WHAT GUIDES PHYSICIANS DURING ARMED CONFLICT?

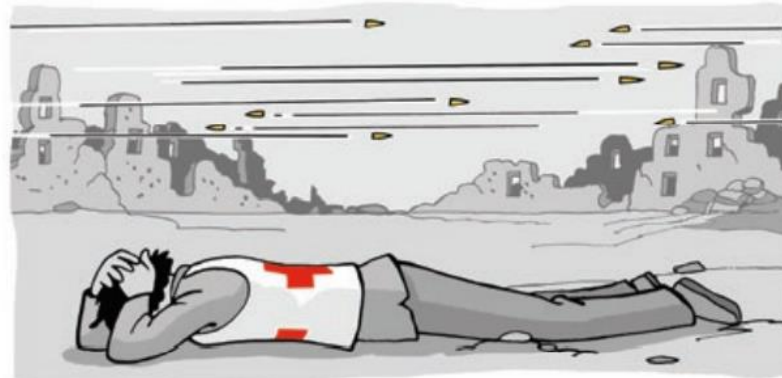


- **International Humanitarian Law:** Specifically addresses situations of armed conflict
 - Provides concrete guidance for how **armed actors and health care workers** are to behave during civil unrest

INTERNATIONAL HUMANITARIAN LAW

DESIGNED SPECIFICALLY FOR SITUATIONS OF ARMED CONFLICT

Groups subject to **PROTECTION** from violence



INTERNATIONAL HUMANITARIAN LAW

DESIGNED SPECIFICALLY FOR SITUATIONS OF ARMED CONFLICT

Groups subject to **PROTECTION** from violence

- **Civilians**

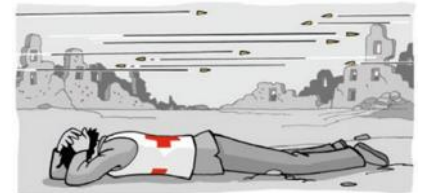
- **Non-combatants**

- Press, peace-keepers, refugees, etc

- **Injured, surrendered or captured** combatants

- (“hors de combat”= no longer participating in war)

- Protection of **those rendering medical aid** to the injured regardless of whether they are civilians or “hors de combat” who no longer pose a threat



INTERNATIONAL HUMANITARIAN LAW

DESIGNED SPECIFICALLY FOR SITUATIONS OF ARMED CONFLICT

Responsibilities of the Authorities (on both sides)

- Refrain from violence against protected groups
- Collect the injured and **render medical aid, to the best of their ability**
- Collect the dead and treat them with dignity
- Refrain from torture and cruel/inhumane/degrading treatment of prisoners
- No hostages (noncombatants)
- No executions without a trial



INTERNATIONAL HUMANITARIAN LAW

DESIGNED SPECIFICALLY FOR SITUATIONS OF ARMED CONFLICT

Responsibilities of Health Care Workers

- Do not discriminate in access to care
- Prioritize treatment based on need, rather than affiliation
- Treat all patients with dignity
- **Do not participate** in hostilities
- **Identify yourself** as a doctor/medic when acting in that role
- Follow medical ethics; do not violate your oath



HEALTH CARE WORKERS RESPONSIBILITIES IN SITUATIONS OF ARMED CONFLICT

- treat the wounded and sick humanely; • not abandon the wounded and sick; • not take part in any act of hostility if you want to be protected as medical personnel under humanitarian law; • not pose an immediate threat to the lives or the physical integrity of others if you want to be protected from the use of force under human rights law; • remind authorities of their obligation to search for and collect the wounded and sick and to ensure their access to health care without discrimination on grounds other than medical condition; • advocate and provide effective and impartial care for the wounded and sick without any adverse distinction; • not take undue risks while discharging your duties; • respect every wounded or sick person's wishes, confidence and dignity; shield the wounded and sick from public curiosity and media attention; • not exploit the situation or the vulnerability of the wounded and sick for personal gain; • not undertake any kind of experimentation on the wounded and sick without their genuine and valid consent; • ensure that your practices are compatible with humanitarian law, human rights law and health-care ethics; • give special consideration to the greater vulnerability of women, children, the elderly and people with disabilities, and to their specific health-care needs; • give special consideration to the specific health-care needs of victims of sexual violence; • respect the right of a family to know the fate and whereabouts of a missing relative; • be aware that, during armed conflicts or other emergencies, health care becomes increasingly susceptible to unscrupulous practices and the distribution of poor quality / counterfeit materials and medicines; • encourage authorities to recognize their obligations under humanitarian law and other pertinent bodies of international law with respect to protecting healthcare personnel and infrastructure in armed conflicts and other emergencies; • do everything within your power to prevent reprisals against the wounded and sick or against health-care workers and facilities; • refuse to obey orders that are unlawful or that compel you to act contrary to health-care ethics ; • give careful consideration to any dual loyalties that you may be bound by and discuss them with colleagues and anyone in authority; • listen to and respect the opinions of colleagues; • reflect on and try to improve the standards of care appropriate to the situation; • report the unethical behaviour of colleagues to your superiors; • be identifiable as a health-care provider, and by means of a distinctive emblem if authorized to wear one (Section 5); • keep adequate health-care records; • provide support for restoring and maintaining the provision of civilian health care disrupted by armed conflicts or other emergencies; • report to your commander or to the relevant authorities if health-care needs are not being met; • give consideration to how you and other health-care personnel might curtail or mitigate the consequences of the conflict or emergency in question by, for example, tackling violations of humanitarian law or human rights law; • inform authorities or others responsible about any security incident
-

TREAT THE WOUNDED AND SICK HUMANELY

- **Exhibit basic human decency**

- Observe standards of **modesty**; **Privacy** during potentially offensive procedures
- Speak & **behave respectfully**; **listen** and dialogue with your patients
- Advocate and provide effective and **impartial** care without any discrimination



TREATING OTHERS WITH DIGNITY & RESPECT

NOT ALWAYS AS EASY AS IT SEEMS:

- Patients will be rude/disrespectful/demanding towards staff
- You will be stressed/tired/overworked
- Underlying culture of machismo (especially if you are a woman)
- Some of your patients have committed horrible acts prior to being injured



TREAT THE WOUNDED AND SICK HUMANELY

- **Follow basic standards of medical care**

- **Expired/discarded medications**

- Proper **storage** of medications

- Contaminated/non-sterile/unsanitary materials

- **Credentialed/experienced personnel** (students, lay persons performing medical procedures)

- **Stay within your scope of practice** (know & do not exceed your limits)



TREAT THE WOUNDED AND SICK HUMANELY

- **Treat pain appropriately**



- **Respect patient's wishes (including refusal of care)**

- Cannot “fire” patients who refuse your advice

(unless you arrange for them to be transferred to another qualified health professional)



DO NOT ABANDON THE WOUNDED AND SICK*

- How will you evacuate your patients if they are in danger?
 - Some will prefer to be discharged to family (even if still injured)
 - Others will have nowhere to go or no-one to take them.
- How will you ensure care for your patients if you and/or your team leave at the end of your mission?
- **Once you have taken on the responsibility of their care, you may NOT abdicate that responsibility!**



**Some exceptions exist, if your own life is in immediate danger*

NOT TAKE PART IN ANY ACT OF HOSTILITY IF YOU WANT TO BE PROTECTED AS MEDICAL PERSONNEL UNDER HUMANITARIAN LAW

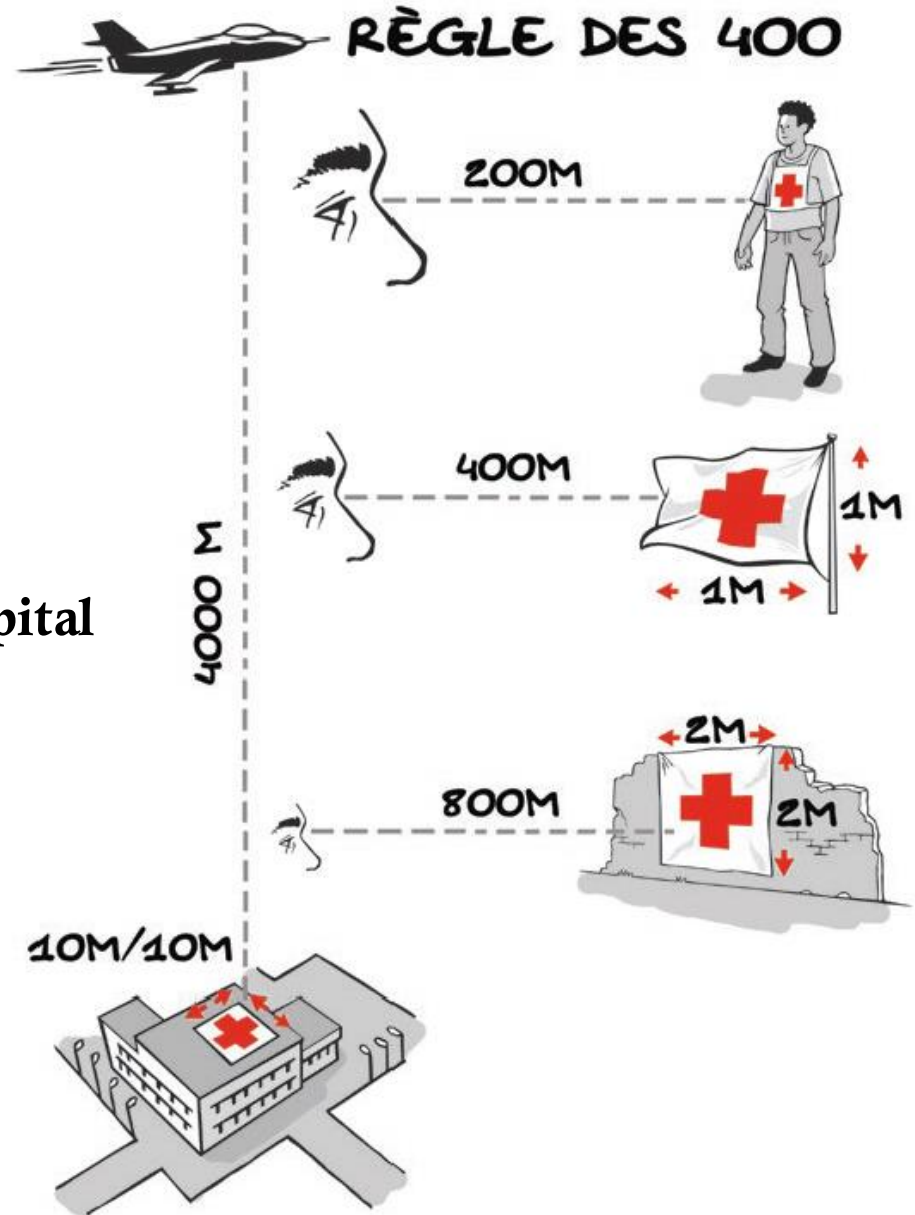
- Any act of **violence** or threat of violence
- Provoking or antagonizing either side-- through words, actions or **social media** posts
- Aiding and abetting armed actors-- **transportation**, housing, preferential care
- Accepting **armed protection** from either side.
- Avoid the **appearance of impartiality**



BE IDENTIFIABLE AS A HEALTH-CARE PROVIDER

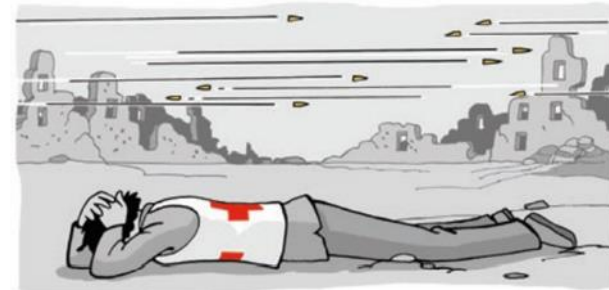


- **Wear an emblem in an easy-to-see location**
 - Targeting with an emblem is a war crime under IHL
- **Nametag with your photo, role as physician & name of hospital**
- **Do not abuse/misrepresent your status as protected HCW**
 - Perfidy is a war crime under IHL



DO NOT TAKE UNDUE RISKS WHILE DISCHARGING YOUR DUTIES

- This is not a movie– don't be a cowboy.
- You are often the only qualified surgeon– if something happens to you, you endanger the lives of everyone who depends on you.
- Safety first. Safety first. **SAFETY FIRST!!!!!!!!!!!!**

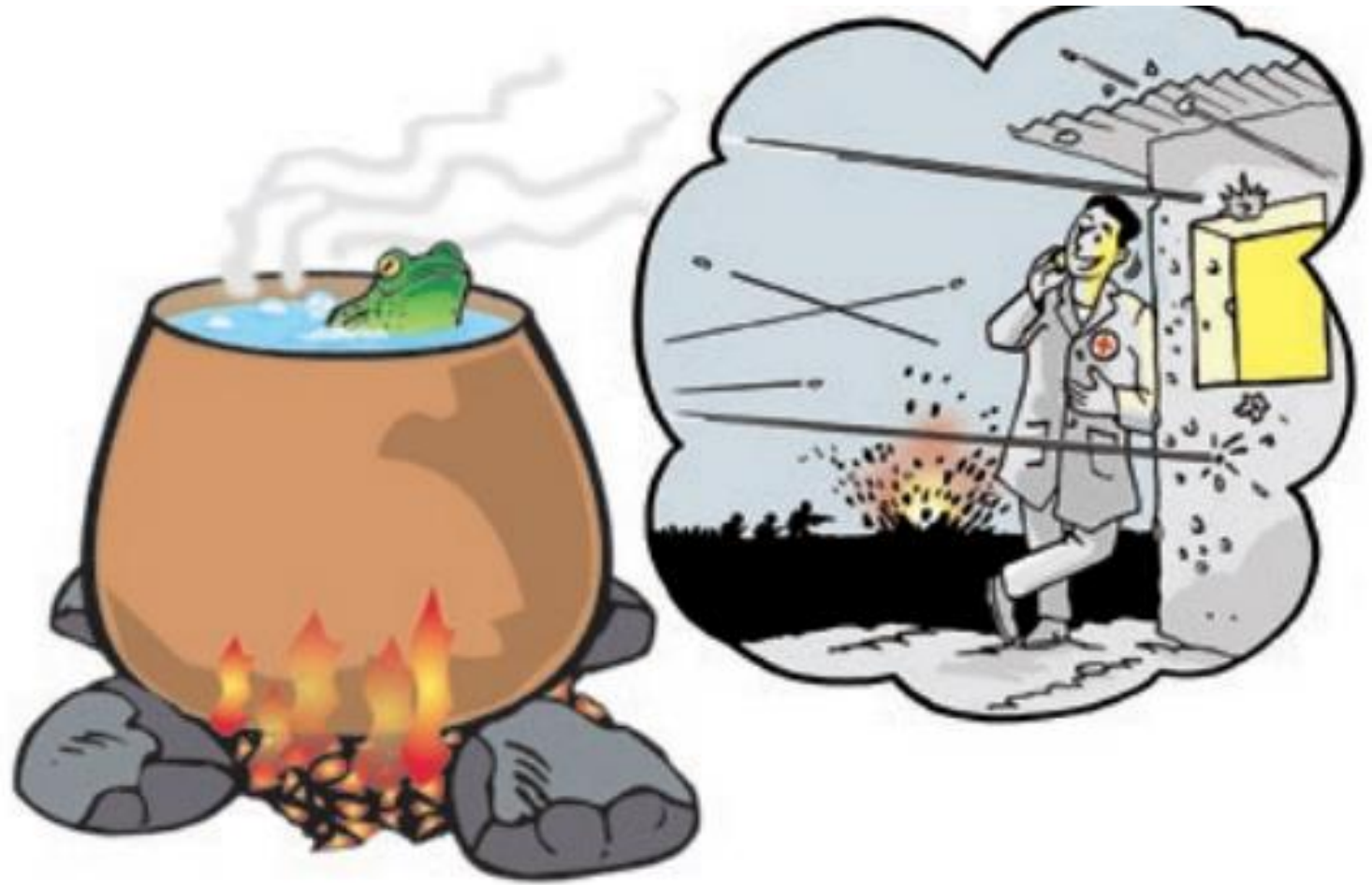


— DON'T BE AN ~~HERO~~ IDIOT!!



THINGS HEAT
UP BEFORE
THEY BOIL
OVER:

BEWARE A
FALSE SENSE
OF SECURITY



SHIELD THE WOUNDED AND SICK FROM PUBLIC CURIOSITY AND MEDIA ATTENTION

- Drama always draws a crowd (even among your own staff)
- Cell phones are prevalent everywhere nowadays
- **Failure to maintain privacy could place lives at risk**
- You need a security **plan ahead** of time: How will you secure the perimeter? How will you screen visitors? How will you share information with the public when appropriate?



**GIVE SPECIAL
CONSIDERATION
TO THOSE WHO
ARE VULNERABLE**

- Women & children
- The elderly
- Those with disabilities
- Victims of sexual violence



RESPECT THE RIGHT OF A FAMILY TO KNOW THE FATE AND WHEREABOUTS OF A MISSING RELATIVE

- **Keep a log** of all admissions and deaths
- Allow for **visitation**, when feasible/appropriate
- Allow the family to **collect the bodies** of the deceased.
- Have a system for **communicating with family** (e.g. ICRC- RFL)



RESPECT PATIENT CONFIDENTIALITY



All sorts of people want to ask you questions for their own personal gain-- sometimes directly and sometimes seemingly innocuously.

When in doubt, shut your mouth!!!!

KEEP ADEQUATE HEALTH-CARE RECORDS

- Admissions log-book: name, demographics, diagnosis, disposition
- Individual patient record: HPI, procedures, progress notes, labs/results.
 - DATE & patient ID# on each page
- Method of record-keeping must be appropriate to the situation.
 - Accessible to the HCW who need to use/see them
 - Weather-proof, no loose pieces
- Method of record-keeping must maintain patient confidentiality
 - (stored in locked place, password protected, etc).



REPORT ABUSES & UNACCEPTABLE BEHAVIOR

- **Refuse** to obey orders that are unlawful or that compel you to act contrary to health-care ethics
 - **Report** the unethical behavior of colleagues to your superiors
 - Report to your commander (or to the relevant authorities) if health-care needs are not being met
 - **Inform** authorities or others responsible about any security incidents
-

EDUCATE AND ENCOURAGE ADHERENCE TO IHL

- Remind authorities of their obligation **to search for and collect the wounded** and sick and to ensure their access to health care without discrimination on grounds other than medical condition
 - Encourage authorities to recognize their obligations under humanitarian law and other pertinent bodies of international law with respect to **protecting healthcare personnel and infrastructure** in armed conflicts and other emergencies.
 - Do everything within your power to prevent reprisals against the wounded and sick or against health-care workers and facilities
-



A FEW ADDITIONAL WORDS ABOUT SECURITY...

- General considerations
 - Daily life/ off-time
 - Transportation
 - What to do if confronted, arrested, or prevented (by force or threat of force) from doing your job
-

SECURITY CONSIDERATIONS: BEFORE YOU START

- **Acceptance:** Is your organization accepted and welcomed?
 - Official national government
 - Local population & key stakeholders
 - **Current information:** Does your organization have formal connections to local authorities
 - Frequent two-way communication to remain apprised of the security level & your activities
 - **Personal characteristics:**
 - Does your gender/ethnicity/language/nationality/(other trait) create a security risk?
 - Does it otherwise compromise the ability of your organization to achieve its goals?
 - Consider “cleaning up” your online image if potentially visible to others
-

SECURITY CONCERNS WHILE OFF-DUTY

- Beware of taking photos
 - If getting the selfie is more important than the image/security of your organization, you're probably here for the wrong reason.
 - Beware of your/groups/NGO's image to outsiders.
 - Enjoying "luxuries" in the face of suffering, war & poverty.
 - Alcohol/drugs, parties
 - Keep your off-duty activities **OUT OF VIEW** from those who may gossip (even local staff & colleagues)
-



TRANSPORTATION IS OFTEN THE MOST RISKY ACTIVITY OF OUR TYPICAL ROUTINE

- Armed road-blocks
- Uncontrolled public arena, fewer security barriers
- Target as a “rich foreigner” in a fancy car (criminals/bandits)
- Airports/trains/buses are frequent targets of terrorist violence*

**On 12/30/20, 3 ICRC staff were killed as innocent bystanders by an airport bomb in Yemen*



GENERAL TRANSPORTATION GUIDELINES

- Be aware of your surroundings
 - Don't let down your guard
 - Trust your gut instinct
 - Allow for LOTS of extra time– haste makes mistakes.
-

ARMED ROAD-BLOCKS: A COMMON OCCURRENCE



TRANSPORTATION: BEFORE YOU GET INTO THE CAR.....

- **Know who is who** in your area & how to recognize/avoid them. **Practice** with your group how you will act if you get stopped.
- NEVER travel without **identification**
- ALWAYS bring along someone who speaks the **local language** (preferably the driver).
- **NEVER travel alone.**



TRANSPORTATION: BEFORE YOU GET INTO THE CAR.....

- ALWAYS bring at least **one method of external communication** (walkie-talkie, cell phone, satellite phone)
- Whenever possible, **use marked vehicles** with your NGO affiliation (as opposed to taxis, personal cars, etc.)
- **Notify “home base” of your movements:** Upon departure, any stops, and upon arrival.



NOTIFY THE AUTHORITIES PRIOR TO TRAVEL

Two-way communication is always the best means of avoiding conflict

Obtain assurances of “green light” to travel through conflict areas before you depart



MILITARY ROADBLOCKS

Quelle qu'en soit la nature, un poste de contrôle est toujours un endroit sensible où la situation peut dégénérer très vite.

- **Always stop** for armed roadblocks.
 - Turn off radio & mute/hide cell phones. Keep car running unless ordered not to.
 - **Do not violate curfew** laws unless you have written permission from the authorities.
 - Be willing to **be flexible** (within reason) and **acquiesce to reasonable requests**.
 - Show your documents, answer questions about your work
 - Use another route, even if inconvenient
 - Move/shut-off your car and accept a cup of tea while waiting
-

MILITARY ROADBLOCKS

Quelle qu'en soit la nature, un poste de contrôle est toujours un endroit sensible où la situation peut dégénérer très vite.

- **Say as little as possible.**
 - **Do not engage with someone who is drunk or on drugs** (even if s/he seems good-natured at first). If he insists on you speaking, **give the shortest and most polite response possible.**
 - **If they demand to search your vehicle:**
 - IHL allows actors to search non-medical vehicles for contraband weapons.
 - Any vehicle bearing a red cross/crescent symbol is to be expedited to carry out their duties— not detained. **In general, red cross (and other designated humanitarian symbols) are exempt from search.**
 - Calmly **explain your humanitarian role** and your IHL rights.
 - If that fails, **cooperate** and remain friendly.
-

MILITARY ROADBLOCKS

- **If denied access:**

- **Turn around**, if not urgent. Immediately notify your superior and **ask for guidance** how to proceed.
 - If urgent, politely **ask to speak to his superior** officer.
 - Ask for permission to use your cell phone to **call your superior and/or a local ally** who might be able to convince the person that you need (and/or have the right) to pass.
-

3 COMMON CHARACTERISTICS OF ALL ARMED ACTORS, REGARDLESS OF AFFILIATION

1. Obedience & respect for the **authority/hierarchy** of their group
 2. Group influence/ **peer-pressure** of their comrades
 3. **Moral motivation**: tribal/group honor, national/religious duty, warrior mentality
-

REGARDLESS OF YOUR FEELINGS FOR ARMED ACTORS, YOU MUST EARN THEIR TRUST & CONFIDENCE

- **Explain who you are & what you do.**

- There are probably numerous NGO's, which may have tainted reputations. **Do not be offended** if their first reaction towards you is one of distrust or aggression.
- Affirm that your medical care is impartial and indiscriminate

- **Listen carefully; don't interrupt or become impatient**

- Give clear & concise answers to each question. Speak at a 5th-grade level.
- Stay calm (even if your interrogator isn't... and especially if he is trying to provoke a response)

- **Be respectful in speech and body language**

- Don't do or say anything that might make him lose face in front of others

IF AN ARMED ACTOR ASKS FOR A RIDE?

- Explain your NGO's mission and good works. **“we provide free health care—not free rides.”**
“We cannot give everyone who asks a ride, and so the policy is to give no one a ride.”
- Explain that your NGO **must remain impartial**. As a result, you are not allowed to give rides to any actors on either side. Doing so could compromise its reputation.
- **“My organization prohibits _____.** I'm so sorry. **I could lose my job.”**
 - ...allowing anyone into the vehicle with a weapon
 - transporting anyone other than a NGO employee.
 -passengers who have not filled out an insurance/liability waiver.
- **Be polite, but firm.**
- As a last resort if you feel threatened, you can **offer to pay for his public transportation fee.**



DEMANDS FOR CONFIDENTIAL INFORMATION

- **Explain calmly & firmly that you required to maintain patient confidentiality due to:**
 - Rules of your organization/hospital
 - International humanitarian law
 - Medical ethics
- **Refer them to your superior/head-of-office** who can reinforce your stance and/or contact their superior officers to get them off your back
- **If under imminent threat of violence, then cooperate and immediately report** the incident



Sharing confidential information could have serious consequences with regards to safety and your ability to continue operations

HOSPITAL VIOLENCE (THREAT OF VIOLENCE)



HOSPITAL SECURITY: PASSIVE MEASURES

- Complete **external barrier**: fence, walls, barbed wire



- **Guarded entry/exits**: (armed vs unarmed)



- **No weapons** permitted inside.



- **Education** of the community & armed groups regarding **hospital rules**



HOSPITAL SECURITY: PASSIVE MEASURES

- Establish a hospital **safe-room**



- **Means of urgent hospital-wide communication of threat:**

- Intercom system
- Radio in every ward



- **Emergency drills**



HOSPITAL SECURITY: IMMEDIATE THREAT TO LIFE

4 BASIC OPTIONS

1. Leave/evacuate

2. Go to your safe-room

3. Hide

4. Try to negotiate

1. Listen attentively; do not interrupt. Say as little as possible
2. Allow them to express their emotions. Validate their feelings
3. Remain completely calm & soothing. They are in charge.
4. Explain your humanitarian role and duties/protections, if possible
5. Ask permission to extricate yourself from the situation



HOW TO HANDLE HOSTILE INDIVIDUALS



HOW TO HANDLE HOSTILE INDIVIDUALS

- **Anger is a universal emotion:** Acknowledge that it gets the better of *all* of us from time to time
 - **Identify the underlying sentiment:** Fear/Loss of control? Feeling disrespected? Overlooked/ignored?
 - **Reassure** him that you are addressing (or will address) these issues.
 - **De-escalate the situation:** Go out of your way to be polite, accommodating, submissive
 - **It is NOT personal.** Don't allow yourself to get drawn in emotionally.
 - **Remain detached.** He's mad about something beyond his control– you are just a convenient target
 - Analyze it as a mental exercise with a **win-win** goal
 - **Reign in your emotions.** Notice when you start to feel yourself losing your cool & immediately **extricate yourself** before you make things worse.
-

HOW TO HANDLE HOSTILE INDIVIDUALS

- Do not try to defend your (or your organization's) actions: Becoming defensive almost always escalates the situation.
 - Apologize when mistakes or miscommunications have occurred. A sincere apology goes a very long way
 - Do not make any promises unless you are 100% certain you can keep them.
 - If you feel that your life is in danger, obey whatever he says and look for an escape as soon as possible.
-

MORE TIPS FOR MANAGING ANGRY PEOPLE

- Do not raise your voice. Try not to express fear.
- Try to keep a safe distance, just in case.
- Offer him a beverage or snack. Make it clear that you are hospitable & willing to be patient.
- If he is drunk/high: Distract rather than negotiate
- **Listen. Listen. Listen. Listen. Listen some more.** Resist the urge to say anything until he's done.
- Ask for permission to invite a colleague or local ally to the discussion in order to help find a suitable resolution



MITIGATE RISK AS MUCH AS HUMANLY POSSIBLE, BUT.....

...the very nature of working in an environment of civil unrest means that you are always exposed to some level of personal risk.

- Control every single tiny thing that you can possibly control.
 - Have multiple back-up plans.
 - Pack a read-to-carry escape bag.
 - But accept that you are walking into a world full of chaos and violence.
-

AIRPORT BOMB AT AIDEN AIRPORT, YEMEN 12/30/20

<https://youtu.be/KN2bmuo5CKQ>

3 ICRC STAFF WERE KILLED as they were
transiting/working as part of their usual duties:

- **Airport logistician** (welcomes new team members, translates for non-Arabic-speakers, liaises with airlines, etc.)
 - **X-ray technician** (on his way back from scheduled leave)
 - **Clinical officer** (in transit to a rural clinic)
-



U.S. AIRSTRIKE ON MSF HOSPITAL IN KUNDUZ, AFGHANISTAN



ALARMING INCREASE IN ATTACKS ON HEALTH CARE (UKRAINE, IRAN, GAZA.....)

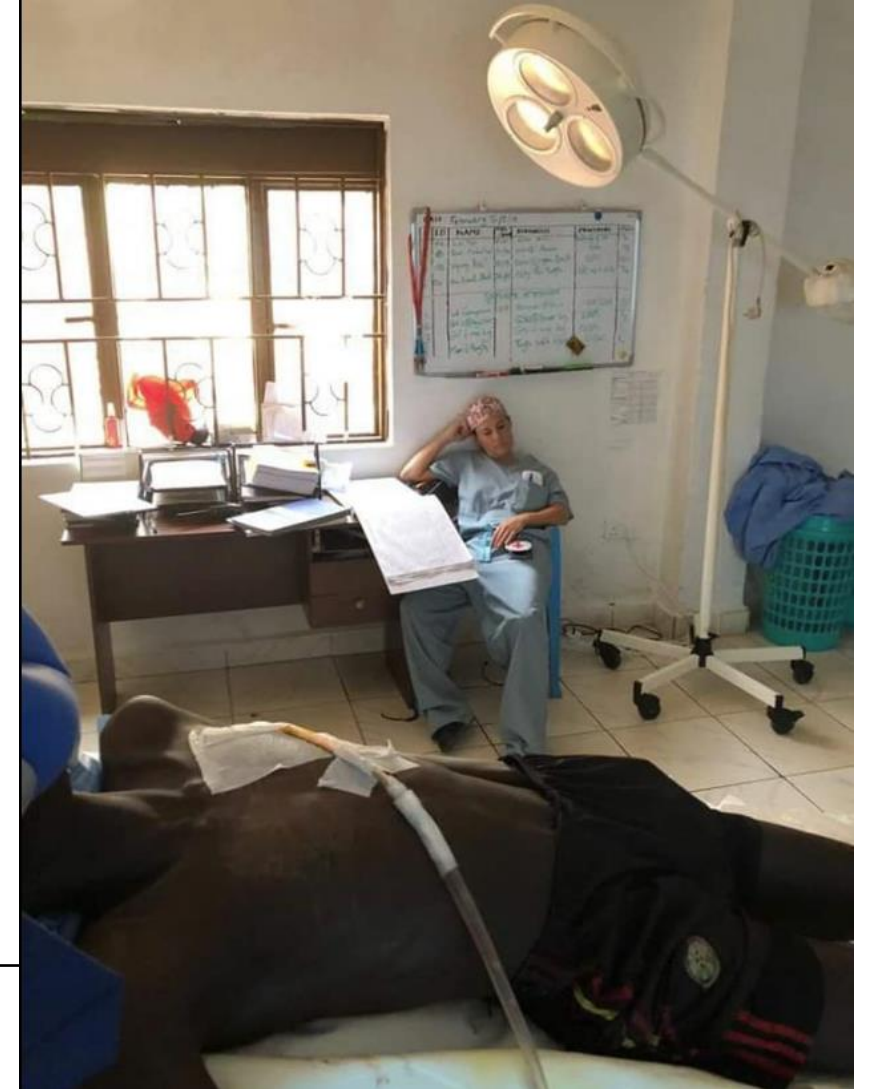


PHYSICIAN HARDSHIPS IN CIVIL UNREST:

- Lack of access for the wounded and sick to health-care facilities
- Inadequate or destroyed buildings
- Lack of materials
- Lack of suitably qualified people
- Stretching of existing capacity beyond its limits
- Lack of security for yourself and/or your patients
- Personal stress and difficulty controlling emotions




HEALTH CARE WORKERS HAVE ENOUGH STRESS WITHOUT WORRYING ABOUT THEIR PERSONAL SAFETY!



WHEN DOES CIVIL UNREST BECOME PROHIBITIVE TO PROVIDING MEDICAL CARE?

In all circumstances, there are four necessary conditions for delivering health care to the wounded and sick:

- the availability of **infrastructure** and **materials**;
 - the application by the health-care worker of **professional knowledge** and **expertise** within a relationship of **trust**
-
- 



IN THE END.....

HUMANITARIAN WORK IS EXTREMELY
REWARDING, DESPITE THE RISKS!



People from all over the globe: a truly international team



- Algeria
- Ecuador
- South Korea
- South Sudan
- New Zealand
- Jordan
- Belgium
- Netherlands
- Ukraine
- Philippines
- Congo
- USA
- Japan
- Sweden
- France
- Italy
- Taiwan
- El Salvador
- ~~India~~
- Norway
- South Africa

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