## Abstract

Analysis of recent field experience suggests that the health and human rights perspective has demonstrably influenced academic and policy approaches to mass violence (war, conflict, sweeping assaults on civilian populations). This influence can be seen in five activities that have now become to a varying degree accepted aspects of the mainstream response to instances of mass violence: early warning, specification of behavioral standards, mobilizing international action, expanding capacity in conflict monitoring, and developing rights-based strategies for mitigation and prevention. Each of these activities is discussed briefly and recommendations are then advanced for future work on the part of the health and human rights community.

L'analyse d'expériences récentes sur le terrain suggère que l'approche basée sur les points de vue de la santé et des droits de l'homme a influencé de façon indubitable les approches des universitaires comme des décideurs en ce qui concerne la violence de masse (guerres, conflits, assauts de grande envergure contre les populations civiles). Une telle influence peut être constatée dans cinq activités qui sont désormais devenues, à divers degrés, des aspects acceptés de la réponse traditionnelle aux cas de violence de masse: détection anticipée, spécification de normes comportementales, mobilisation d'actions internationales, augmentation de la capacité de suivi des conflits et formulation de stratégies basées sur les droits pour la mitigation et la prévention. Chacune de ces activités est discutée brièvement, et des recommandations sont ensuite présentées pour de futures activités dans les secteurs de la santé et des droits de l'homme.

El análisis de experiencia de campo reciente sugiere que la perspectiva de salud y derechos humanos ha influenci7ado claramente a los planteamientos académicos y de políticas sobre violencia masiva (guerra, conflicto, asaltos indiscriminados contra poblaciones civiles). Esta influencia se puede ver en cinco actividades que han sido aceptadas, en grados diferentes, por la mayoria de los actores sociales y políticos enfrentando instancias de violencia masiva: advertencia anticipada, especificación de estándares de conducta, movilización de acciones internacionales, capacidad expandida del monitoreo de conflictos y desarrollo de estrategias basadas en los derechos humanos para la atenuación y la prevención. Cada una de estas actividades se analisa brevemente y se proponen recomendaciones para el trabajo futuro de la comunidad de salud y derechos humanos.

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# HUMAN RIGHTS AND CONFLICT

#### Jennifer Leaning

Studies of past instances of mass violence have identified general categories of significant precursor trends and events, such as the crucial influence of elite incitement of ethnic tensions, economic plundering and corruption, rampant small-arms trade, denial of basic human rights, and collapse of respected constraining authority.<sup>1-5</sup> These crises do not simply erupt without notice; informed and aware people on the ground can sense and identify sources of rising tension. The risks to local observers may be too high for them to speak out with sustained impact. In these contexts, it has become standard for human rights investigators to enter a region from the outside, conduct their own research on these early warning indicators (often interacting clandestinely with local interlocutors), and then return to relative safety before issuing reports to the international community.

An influential report on the crisis in Kashmir, published in 1993 and based on three separate missions to the area, detailed extensive violations of human rights committed against civilian populations by the Indian government in its attempts to suppress a violent local insurgency fed by Pakistan.<sup>6</sup> The information in this report attracted significant attention, putting the Indian government on notice that despite its attempts to restrict access to the region, its conduct could be subject to international observation and inquiry.

The information gathered through such methods has served to inform a wide range of awareness-raising and advocacy campaigns directed at states or international insti-

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Health and Human Rights

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tutions that could spearhead a broad range of initiatives aimed at reducing tensions or effecting positive change.

## **Specification of Behavioral Standards**

The wars of the last 20 years have increasingly involved non-state actors operating outside great power control. These irregular forces carry out hostile campaigns with relatively low-technology weapons directed against civilian populations. Often these conflicts are communally or ethnically based and have persisted for years. Access to humanitarian workers is often relatively open or unregulated, and in the latter stages of these conflicts, the international community has frequently inserted some kind of armed-security force that is restricted by tight rules of engagement. Peculiar stalemates result, such as during the Sarajevo siege, where war persisted amid re-supply to pockets of impermanent civilian refuge.7 Rebel campaigns involving sexual violence (such as those documented by Physicians for Human Rights in Sierra Leone) may continue against trapped civilian populations, despite negotiated cease-fires and the deployment of an external stabilizing force.<sup>8</sup> Even with clear evidence of rampant violations, the reach of international humanitarian law (IHL) is often contested, involving at best Protocol II or Common Article 3 protections, and the applicability of international human rights law has been even less clear.9,10

Work within this ambiguous normative terrain has given rise to much effort from civil society, joined by nation states, aimed at specification and maintenance of behavioral standards. These efforts have been elaborated on in the Guiding Principles on Internal Displacement, the Ottawa Landmines Treaty, the statements of principle and commitment reflected in the Sphere Humanitarian Charter and Minimum Standards in Humanitarian Assistance, the Red Cross Code of Conduct, and in the decisions made by major NGOs to adopt a rights-based approach in their work.<sup>11</sup> This non-exhaustive list of initiatives points to an important trend within both the security and humanitarian sectors: a growing insistence on developing legal and operational ways to protect civilians in war and an expanding commitment to train external actors (humanitarian and security) to behave in a manner that promotes compliance with human rights as well as IHL norms and regulations.

#### **Mobilizing Action**

The health and human rights capacity for measurement and specification of detail, when applied to communities affected by war, has often helped to galvanize international concern about the human toll in suffering that these events inflict on ordinary human beings.<sup>12-14</sup> Media broadcasts of a war can be followed or ignored; it is harder to dismiss reports from human rights activists that detail statistical findings on deaths, injuries, rapes, mutilations, forced marches, and psychological distress. A human rights perspective can force the world to look at the damage being done to entire populations and ecosystems, and in this way can focus attention and call for accountability in the political realm where such events must ultimately be resolved.

In these settings, reference to norms and standards is often powerful. Investigations into violations of international humanitarian law and human rights have proved useful in arousing public opinion and creating pressure on international bodies to require the warring parties to change their tactics.<sup>15,16</sup> The 1999 report by Physicians for Human Rights on attacks on civilians during the war in Kosovo was preceded by several detailed reports to the press and letters to officials in the United States and Europe.<sup>17,18</sup> These reports helped to alert the international community, which in turn provided the documentation for a systematic evaluation of the behavior of Serbian military and paramilitary forces. The role of health and human rights professionals in this mix is to provide early, consistent, and accurate information and analysis about the human costs of violence, hostilities, and wars. The methods are disciplined but the presentation can be tautly passionate, so that people hearing the testimony of committed health professionals can apprehend the suffering that is being reported and be moved, emotionally as well as cognitively, to press their governments to intervene diplomatically, economically, and, if necessary, militarily.

#### **Expanding Monitoring Capacity**

Observing and reporting on the immediate impact of war on populations and individuals require a range of skills grounded in core methods of epidemiology, demography, statistics, legal analysis, and public health assessment.<sup>19</sup> Indicators in this immediate phase include numbers of deaths, births, and forced migrations, as well as key measures of population morbidity. Longer-term assessments additionally require people trained in economics, politics, forensics, and mental health. This application of skills and methods has to be adapted to yield information in settings where instability has rendered investigation hazardous and has degraded the accuracy or comprehensiveness of recordkeeping, registries, and data.

To date, military institutions of major nation states have developed war-monitoring capacities, but their focus has not been on assessing the welfare of civilian populations. As a result, civil-society organizations have been launching capacities with this civilian focus. For example, in the late 1980s, Physicians for Human Rights began sending conflict-monitoring teams to selected areas; in 1993, Human Rights Watch established the Arms Project and has since led extensive investigations into areas of conflict and unrest; and in 1995, Amnesty International expanded its mandate to cover consequences of armed conflict.<sup>20</sup> More recently, humanitarian organizations have begun identifying key areas of human rights concern and have conducted their own inquiries or brought in human rights groups to evaluate specific situations.

Recent examples of such studies include the reports of Human Rights Watch on the latter phase of the Taliban war against the Northern Alliance, detailing massacres of civilian populations in the assault on Mazar-I-Sharif, and the findings of Physicians for Human Rights on mistreatment of prisoners captured during the U.S.-led war in Afghanistan.<sup>21,22</sup>

These efforts, from their relatively small funding and operational base, cannot do more than report occasionally on intermittent instances of ongoing conflict or war. Yet even a cursory scan of the Web sites for these nongovernmental groups reveals that their findings and reports have furnished the evidentiary base for much human rights and humanitarian advocacy in settings of war and conflict over the last 15 years.

## **Informing Strategies for Mitigation and Prevention**

Mitigation and prevention strategies are crafted at several levels of international engagement and at different phases of a crisis or conflict: efforts to specify and maintain standards of international law and human rights in the midst of war; post-conflict judicial or truth processes; postconflict cease-fires and stabilizing international security forces; pre- or post-conflict efforts to resolve communal tensions and promote human rights education. Health and human rights concerns figure significantly in the content and implementation of these various strategies.

Restraint on violence in war is possible if warring parties limit their attacks on civilians and civilian assets. This has been the guiding principle of the International Committee of the Red Cross, which has recently been joined in its work by a number of NGOs engaged in humanitarian and human rights action during war. Although the tactics and perspectives of these groups differ, they combine to instill a capacity for witnessing and applying political pressure that may have helped prevent even greater excesses of violence, particularly in countries or regions where the offending parties were still susceptible to international influence.

In immediate post-war or post-oppression settings, such as Bosnia, Rwanda, and South Africa, processes that allow ordinary people to see that perpetrators are exposed and at best punished appear to help alleviate pent-up demand for revenge and reprisal.<sup>23,24</sup> These processes, ranging from local initiatives to the two ad-hoc International Criminal Tribunals, will yield outcomes that must be measured far into the future. Those who consider the task of accountability to be crucial to building a sustainable peace (many of whom are in the human rights community) must negotiate in these unstable crisis settings with those who fear that documentation and evidentiary protection will increase social friction.<sup>25</sup> The disagreement, however, is about the timing of when to start the process, not whether it will ultimately prove worthwhile.

Examples of other post-conflict strategies are those that are more security-based, such as UN efforts in Mozambique, Cambodia, Kosovo, Afghanistan, and Angola. These varied initiatives have all been introduced during that volatile transition phase when societies might otherwise have slid back into war, and all, in addition to a heavy security component, have included efforts to reinstate and abide by international legal and human rights norms.

Smaller scale attempts at conflict resolution and human rights education have been carried out by myriad local and external NGOs in many pre- and post-conflict settings. But a conflict prevented or forestalled is a conflict that has not yet occurred. Therefore the impact of these activities is empirically difficult to assess.

#### What Lies Ahead

Despite the influence documented in reports from the field, it is evident that delivering knowledge about the human costs of mass violence to those in positions of determining political authority is, in itself, insufficient. Suffering elsewhere does not drive policy in the West. Until the connection can be made that suffering elsewhere eventually threatens regional stability or public adherence to domestic agendas, political leaders, particularly those in the United States, will remain reluctant to commit resources to prevent, mitigate, or intervene in these conflicts.

Key actors in the health and human rights community have chosen to join this debate at the level of Western public consciousness and focused media, legislative, and institutional advocacy. During certain bursts of time, when calamities are new and vivid, reports of what is happening can arouse popular sentiments of compassion and generosity, drive news stories, kindle debates in powerful arenas, and effect incremental change.

What has yet to transpire are campaigns of sustained public education that can bring about a lasting transformation in Western public understanding of the burdens and misfortunes people in other parts of the world are struggling to overcome. An educated popular constituency could insist that its governments engage in proactive, generative, and preventive strategies of social, political, and economic development throughout the world. A possible example of this approach is the mounting civil-society campaign on the global HIV/AIDS epidemic, intended to impel first-world governments to design and implement a response commensurate with the need.

Public education campaigns to prevent or mitigate conflict might focus on two evolving understandings of what sustains these current wars: specific economic incentives and transmitted psychological enmities. Both these understandings can find their roots in analyses and reports from the health and human rights communities.

The economic drivers of war and conflict are twofold: the presence of a rapacious apolitical element in the leadership of many warring parties and a criminally financed trade in small arms.<sup>26-28</sup> Local people are forced into a cycle of violent behavior through the political and economic coercion of the conditions their leaders have created. The obvious policy implications are to block all avenues for trade in illicit goods (drugs) or illicitly obtained raw materials (gold, diamonds, oil) and impose effective embargoes on the flow of weapons to conflict zones. A coalition of human rights, humanitarian, and development NGOs has begun to make this case with significant political visibility.<sup>29</sup>

The psychological drivers are identified in studies suggesting that people who have suffered severe human rights abuses in war may harbor strong feelings of hatred, grievance, and revenge.<sup>30</sup> It may be that the longer and more brutal a conflict, the harder it is for people to leave the past behind and to turn to reconstruction and recovery. The policy implication here is that the international community should move more quickly to prevent or extinguish conflicts when they emerge, rather than to allow them to continue unabated for decades or generations. This argument has just been opened, but at the important high level of the UN Secretary-General. Three major policy declarations, issued in the last three years, suggest that political authorities are beginning to agree with the human rights community—that to protect civilians *in* war it may well be necessary to protect them *from* war.<sup>31-33</sup>

The influence of human rights reporting on the human costs of conflict can thus be seen in several incremental expansions in understanding and practice at many levels of state and NGO involvement. Although reciprocal, discernible decrements in human suffering are difficult to find, it is equally difficult to say what might have taken place, in any given instance, had there not been people whose mission it was to watch, document, report, and speak out. Perhaps something larger and better will come of it, or perhaps at best this work will simply continue to appear to be worthwhile.

#### References

1. J. Macrae and A. Zwi (eds.), War and Hunger (London: Zed Books, 1994).

**2.** P. Uvin, *Aiding Violence: The Development Enterprise in Rwanda* (West Hartford, CT: Kumarian Press, 1998).

**3.** F. Stewart, "Root Causes of Violent Conflict in Developing Countries," *British Medical Journal* 324 (2002): 342–345.

**4.** M. Kaldor, *New and Old Wars: Organized Violence in a Global Era* (Stanford: Stanford University Press, 1999).

**5.** R. H. Shultz Jr., "State Disintegration and Ethnic Conflict: A Framework for Analysis," in: W. J. Olson (special ed.), *Small Wars: The Annals of the American Academy of Political and Social Science* 541 (1995): 75–88.

**6.** Asia Watch and Physicians for Human Rights, *The Human Rights Crisis in Kashmir: A Pattern of Impunity* (New York: HRW, 1993).

7. F. Jean, "Bosnia," in: *Populations in Danger* (London: Médecins sans Frontières, 1995): pp. 70–82.

**8.** Physicians for Human Rights, *War-Related Sexual Violence in Sierra Leone* (Boston: PHR, 2002).

9. R. Gutman and D. Rieff, Crimes of War (New York: Norton, 1999).

**10.** M. Sassoli and A.M. Bouvier, "The law of Non-international Armed Conflicts," in: *How Does Law Protect in War! Cases, Documents and Teaching Materials in Contemporary Practice in International Humanitarian Law* (Geneva: International Committee of the Red Cross, 1999), pp. 201–217.

**11.** Guiding Principles on Internal Displacement, available at www.relief web.int/ocha\_ol/pub/idp\_gp/idp.html; Ottawa Landmines Treaty, available at www.icrc.org/ihl.nsf/52d68d14de6160e0c12563da005fdb1b/d111fff4b9c8 5b0f41256585003caec3?OpenDocument; Sphere Humanitarian Charter and Minimum Standards in Humanitarian Assistance, available at www.sphere-project.org/handbook/hc.htm; Red Cross Code of Conduct, available at

www.icrc.org/Web/eng/siteeng0.nsf/21a2bdb1bdc4b816c1256b0c003677be/6b4cf9130a834daac1256b660059acb7?OpenDocument.

**12.** Physicians for Human Rights, *Winds of Death: Iraq's Use of Poison Gas Against its Kurdish Population* (Boston: PHR, 1989).

**13.** Physicians for Human Rights, *No Mercy in Mogadishu: The Human Cost of the Conflict and the Struggle for Relief* (Boston: PHR, 1992).

**14.** Human Rights Watch, Humanity Denied: Systematic Violations of Women's Rights in Afghanistan (New York: HRW, 2001).

**15.** Physicians for Human Rights, *The Casualties of Conflict: Medical Care and Human Rights in the West Bank and Gaza Strip* (Boston: PHR, 1988).

**16.** Human Rights Watch, *The Fall of Srebrenica and the Failure of UN Peacekeeping* (New York: HRW, 1995).

17. Physicians for Human Rights, *War Crimes in Kosovo* (Boston: PHR, 1999).

**18.** Details on press statements and letters between 1998 and 1999 are available at www.phrusa.org.

**19.** H. J. Geiger and R. M. Cook-Deagan, "The Role of Physicians in Conflicts and Humanitarian Crises: Case Studies from the Field Missions of Physicians for Human Rights," *JAMA* 270 (1993): 616.

**20.** J. Leaning, J. Fine, and R. Garfield, "Conflict Monitoring," in: I. Taipale I et al. (eds.), *War or Health? A Reader* (London: Zed Books, 2002), pp. 510–519.

**21.** Human Rights Watch, *The Massacre in Mazar-I-Sharif* (New York: HRW, 1998).

**22.** Physicians for Human Rights, *Report on Conditions at Shebarghan Prison, Northern Afghanistan* (Boston: PHR, 28 Jan. 2002).

**23.** A. R. Chapman and L. S. Rubenstein (eds.), *Human Rights and Health: The Legacy of Apartheid* (New York: American Association for the Advancement of Science and Physicians for Human Rights, 1998).

**24.** M. Minow, *Between Vengeance and Forgiveness: Facing History After Genocide and Mass Violence* (Boston: Beacon Press, 1998).

**25.** Physicians for Human Rights, "Physicians for Human Rights Calls for End to Stalling of Investigation into Afghan Mass Graves/Urges UN Security Council to Authorize Commission of Inquiry" [press release] 18 August 2002.

**26.** P. Collier and A. Hoeffler, *Greed and Grievance in Civil War* (Washington, DC: World Bank, 2000).

27. International Committee of the Red Cross, "War, Money, and Survival," *Forum Series* (Geneva: ICRC, 2000).

**28.** R. Muggah and E. Berman, *Humanitarianism Under Threat: The Humanitarian Impacts of Small Arms and Light Weapons* (Geneva: UN Reference Group on Small Arms, 2001).

**29.** For information on campaigns against blood diamonds, go to http://dev.oxfamamerica.org/advocacy/art826.html (Oxfam International) and www.phrusa.org/campaigns/sierra\_leone/conflict\_diamonds.html (Physicians for Human Rights).

**30.** E. Babbitt, "Ethnic Conflict and the Pivotal States," in: R. Chase et al. (eds.), *The Pivotal States* (New York: Norton, 1999).

**31.** Report of the Secretary-General to the Security Council on the Protection of Civilians in Armed Conflict, UN Doc. S/1999/957 (8 Sept. 1999).

32. See note 31, UN Doc. S/2001/331 (30 March 2001).

33. See note 31, UN Doc. S/2001/574 (7 June 2001).