



Rethinking the history of Violence, Health and Care in Wartime, c. 1860-2000s

Conference Summary

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RETHINKING THE HISTORY OF VIOLENCE, HEALTH AND CARE IN WARTIME

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INTRODUCTION

In May 2021, we commemorated the 5th anniversary of the adoption of the Resolution 2286 by the UN Security Council on the Protection of civilians in armed conflict. It is thus a particularly apposite time to reflect on how historians have approached the issues of violence, health and care in wartime and how historical approaches might be relevant in contemporary debates about attacks on healthcare. As practitioners, lawyers and public health specialists have called for more research on the issue, many, academics and policymakers alike, have searched for historical precedents to better understand current debates about the definition(s) and impacts of attacks on healthcare. In this context, the Researching the Impact of Attacks against Healthcare (RIAH) and AHRC-funded ‘Colonial and Transnational Intimacies’ projects jointly co-organized a one day workshop aimed at stimulating discussion between historians of wartime medicine, international humanitarian laws, caregiving and humanitarianism. The workshop brought together an interdisciplinary range of scholars and humanitarian activists from Britain, France, the United States, Italy, Ireland and Switzerland. The aims of this workshop were to stimulate dialogue between hitherto distinct historiographies, consider how historical studies can be of use for today’s on-going debates around improving data collection and bolstering political support, and providing a new road map of research for a better understanding of the ways in which the concept of ‘attacks against healthcare’ shifted over time. Bringing together 32 participants, the workshop generated a forum for debate around the usefulness and limitations of the concepts of medical neutrality and impartiality, the gendering of victimhood/heroic medical narratives, and the history of what counted as an attack.

KEYNOTE LECTURE – JESSICA MEYER

Dr Jessica Meyer (University of Leeds) opened the day with a thought-provoking keynote lecture, entitled ‘Nursing Under Fire: Nurses and Nursing Orderlies in First World War Combat zones’. She examined the strategies that male and female nurses developed to maintain psychological resilience during the First World War. Considering their unique position in relation to the army, she underlined the centrality of violence in their lived experiences and their reluctance to talk about their own sufferings in their wartime and post-war writings. Her keynote was followed by a rich discussion on the tensions between legal norms and medical staff’s self-understanding of their role in wartime.

FIRST PANEL: WARTIME VIOLENCE AND THE POLITICS OF NEUTRALITY ON THE GROUND

The following panel considered wartime violence and the contestation of medical neutrality on the ground during the South African War (1899-1902) and First World War. Dr Lia Brazil (University of Oxford) explored the question of the instrumentalizations of the laws of war in the South African War. She demonstrated that British actors used the Red Cross insignia and Geneva Conventions to regulate the conflict, advancing a radically different understanding of ‘neutrality’ than the Boer’s camp. Prof Ana Carden Coyne (University of Manchester) built up on this theme, arguing that neutrality was again an instrument of state power during the First World War. Through an examination of violence against hospital ships, she traced the ways in which the Allies mobilized gender concepts to construct these violent events (the nurses being represented as ‘brave’ as men) and inscribe them in a broader rhetoric of ‘civilisation under threat’. The panel was followed by a discussion on the ways in which the British were not abiding by their own standards in both conflicts and the manner in which actors on the ground often confused ‘Hague rules’ and Geneva conventions. Xavier Crombé (Médecins Sans Frontières) noted that the first Geneva Convention (1864) could be interpreted as unfulfilled ‘promise of a gentlemen’s agreement’ and Ana Carden-Coyne asked how far it could also be seen as a ‘marker of British identity’. It was concluded that the legal and cultural concept of ‘medical neutrality’, which was formally removed from the Geneva Convention of 1906, were both profoundly ambiguous but also deeply prevalent in the literature of wartime violence against health and care.

SECOND PANEL: NEUTRALITY UNDER FIRE AND THE MATERIALITY OF ATTACKS

The second panel built up on these themes, considering the contradictions between medical staff’s non-combatant status and the realities of combat in war at sea or guerilla warfare during the Second World War. Dr Frances Houghton (University of Manchester) provided a fascinating overview of the tensions between naval ship’s doctors’ protected status and their role in assisting cyphering duties as the war progressed. She concluded by asking how historians should identify transgressions and violations of medical spaces when the boundaries

between non-combatant and combatant were so unclear and mutable. Dr Roderick Bailey (University of Oxford) offered fresh insights into German and their allies targeting of Partisan healthcare in Yugoslavia, demonstrating how this Nazi strategy aimed not only at the immediate death of medical staff and patients but also at exhausting the resources and morale of guerilla fighters. The panel ended with an engaging discussion on the ways in which these violent events were remembered and commemorated in post-Tito Yugoslavia and in successor countries.

CONCLUDING THOUGHTS ON THE FIRST TWO PANELS: HISTORICAL ANTECEDENTS TO UNDERSTANDING CONTEMPORARY ATTACKS ON HEALTHCARE

Dr Duncan McLean (Senior Researcher with Médecins Sans Frontières in Geneva) concluded the morning session by considering how these historical cases could inform current debates. He reflected in particular on the issue of the criminalisation of medical staff and patients on the battlefield, which is an ongoing topic today in counter-terrorism legislation. He also highlighted the importance of racial constructs in both the development of the normative framework around violence against health and care and the ways in which violent events were depicted in the public sphere (the Geneva Conventions being used as part of broader efforts of dehumanizing the enemy).

THIRD PANEL: BEYOND GENEVAN HUMANITARIANISM? REVISITING THE HISTORY OF MEDICAL NEUTRALITY

In the third Panel, Prof Leonard Rubenstein (Johns Hopkins) presented a rich reflection on the persistent influence of the Lieber Code in historical and contemporary justifications of violence against health and care. Summarizing key arguments of his forthcoming book (*Perilous Medicine. The Struggle to Protect Health care from the Violence of War*), he traced how political and military leaders evaded their obligations using the concept of military necessity and offered a powerful criticism of counter-terrorism measures. Turning her attention to the perspectives of medics themselves, Dr Linsey Robb (University of Northumbria) considered the difficulties that British pacifists involved in medical work encountered when working closely with the Allied Armies during the Second World War. Her paper was followed by a presentation of changing representations of volunteer doctors in two documentary films, *Heart of Spain* (1937) and *Witness to War – Dr Charlie Clements* (1984). Through a comparative analysis of these films, Xavier Crombé proposed a stimulating study of the tensions and debates around medical neutrality. In the end, panelists debated the usefulness of this notion. The consensus was that there could not be neutrality in its ‘diplomatic’ sense – in other words, in the ways some of the creators of the 1864 Geneva Convention understood it. The debate is ongoing about whether the term – in all its complexity and polysemy – remains a useful analytical devise.

FOURTH PANEL: DOCUMENTING ATTACKS IN HISTORICAL AND CONTEMPORARY PERSPECTIVES

The final panel reintroduced the issue of mental health into the study of violence against healthcare. Dr Yolana Pringle (University of Roehampton) examined how psychiatrists documented the effects of violence on mental health through an examination of the WHO African Mental Health action group. Considering in particular the situation in Uganda, she argued that the mental hospital offered a safe space after the military coup and subsequent conflict where villagers sought refuge in the night. Cultural fears of the mentally ill explained why soldiers did not attack these spaces. Dr Benoit Pouget (Sciences Po, Aix) explored the history of French military medical assistance in former colonial territories in the 1970s, highlighting the tensions between public health and the defense of France's external interests. At the individual level, he considers the impossible political, moral and ethical positions of these French doctors, having to obey their military commanders while maintaining their non-combatant status in armed conflicts. Moving on to a much more recent case-study, Dr Melanie Sauter (European University Institute) unearthed why attacks against Ebola responses were perpetrated by ordinary civilians in the Democratic Republic of Congo (2018-2020). She argued that distrust in medical staff resulted from the centralization of the response and politicization of the issue during the presidential election. The panel ended on a discussion on the demographics of perpetrators and the difficulties of distinguishing civilian and armed group members.

CONCLUDING ROUNDTABLE: NEW DIRECTIONS IN THE HISTORY OF VIOLENCE, HEALTH AND CARE IN WARTIME

In the concluding roundtable, Prof Neve Gordon (Queen Mary), Dr Róisín Read (University of Manchester), Dr Xavier Crombé, Prof Bertrand Taithe (University of Manchester) and Dr Laure Humbert (University of Manchester) reflected on the key findings of the day, as well as the limitations of the workshop. Neve Gordon commented on the absence of meaningful engagement with critical race studies and the lack of consideration of the political economy of these violent events. Provocatively, he argued that the law tells us that we need to protect the medical field, but at the same time includes a whole series of exceptions that allow militaries to attack medical staff and sites. He triggered fierce debate amongst the audience by claiming 'the law is not going to resolve it. The law is not going to save us'. Róisín Read contended that 'people should stop using the word unprecedented' when examining today's attacks against healthcare. She also noted that it is not possible to talk about violence, health, or care without talking about gender, race, or class. She asked: can a lack of professionalism lead to attacks? What counts as an attack, which fall under IHL and which do not? She also noted that sexual violence is completely absent from the literature on attacks on health. Building on his current work on the history of medical neutrality, Xavier Crombé considered how looking at precedents can help us better understand how in practice the law has required operational actors to be much more pragmatic. He also commented on the ways in which the role of IHL remains a heated debate within MSF. Laure Humbert highlighted the importance of gender and race in her own research on the impacts of violence of the personnel attending the

wounded in the international Hadfield Spears Hospital. She then picked up on some of the questions of the day, including that of ‘who is considered as a medic’ and how it is complicated by the realities of war and guerrilla warfare. Robin Coupland (former medical adviser in the International Committee of the Red Cross) and Louis Lillywhite (retired surgeon-general of the UK armed forces) concluded the day by providing fascinating insights into their experiences in the field, in particular the difficulties of maintaining impartiality in the context of insurgencies.

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