

# 'Professional-to-Professional' A Methodology for Health Professionals Working Together in Conflict Areas<sup>1</sup>

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The title of my presentation implies a 'HOW' question. How do health professionals work together in conflict areas? However, given the current events in our region, before we get to the HOW, we need to think about WHY ?

Why are health professionals working together in conflict areas?

*"It is a curious and heartening fact that international cooperation in the prevention of epidemics placidly continues, however hostile or competitive other relationships may become...epidemiologists and health administrators are cooperating, consulting each other and freely interchanging views..."*

This is not a quote from the JDC-AI Quds study on Israeli-Palestinian cooperation in the health field during the last decade, rather it was written over 60 years ago by Hans Zinsser in his book Rats, Lice and History (1935).

Then as today, our commitment as health professionals to fighting disease, be it typhus fever or cancer, is 'without borders.' Our commitment to promoting healthy populations, however, calls for wider cooperation in areas other than epidemiology – areas such as environmental health, planning tertiary medical care or studies of health behaviors. All this in times of peace or relative peace. In times of active conflict, there are additional needs for cooperation, such as, coordinating the transfer of people who are injured, movement of medical teams, access to medication and medical equipment. Cooperation in health can respond to immediate needs or work toward long-term development goals.

**This presentation looks at the connections between health, cooperation and development (and not at responses geared to immediate needs) in general, how the health, cooperation, development model works in the Israeli-Palestinian context particularly in the last two years, despite the very difficult security situation, and the role of the health professional in this model.**

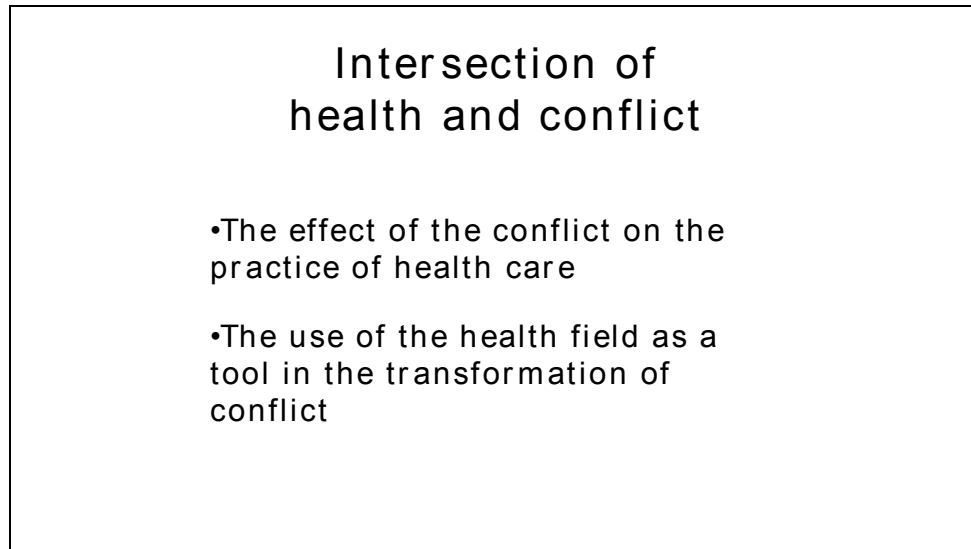
The JDC-MEP, which is a joint venture of JDC-Brookdale, JDC-Israel and the JDC-IDP, has been working at the junction of health, cooperation and development between Israel and its Arab neighbors since 1993. Our modus operandi involves both action and learning. In addition to evaluation of individual projects, we endeavor to draw overall lessons from different experiences. We have moved beyond our background as health professionals to look at broader conflict issues around the

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world, especially those related to health and conflict, and that is how we became acquainted with the WHO experience.

Cooperation or 'Health as a bridge to peace' projects, as they were coined in the 1980's derive from the intersection of the health and conflict fields. (See following slide.)



This intersection may be formulated in one of two concomitant ways: the effect of conflict on the practice of health care; and/or the use of health field as a tool in transforming conflict. (See following slide.)

Two issues to be considered in the practice of health care vis-à-vis conflict situations are the humanitarian ethos traditionally associated with health care and health care professionals, and the nature of armed conflict as a public health issue.

\* Humanitarian ethos of health care

The Hippocratic Oath established professional codes of practice for physicians, through which health care and health professionals are associated with universal humanitarian values, values that we might assume will be carried over to conflict situations. However, it should be noted that it was in the aftermath of conflicts, such as the Crimean War (1864) and World War II (1949), that the international community felt the need to formalize these 'basic values' in the Geneva Conventions. The Geneva conventions provide for the treatment of those wounded in war and the treatment of the civilian population during times of combat, and the protection of health care personnel involved in these activities. The international community felt the need to develop an international standard and monitoring system (through the International Committee for the Red Cross - ICRC) not dependant on individual practitioners. This notwithstanding, health professionals have initiated and developed additional organizations which reconfirm their commitment to the underlying

humanitarian ethos involved in health care and to carrying this ethos into conflict and conflict-related arenas, be it service providers such as Medecins Sans Frontieres (MSF), Medecin du Monde (MDM) Physician's for Human Rights (PHR), or advocacy groups such as International Physicians for the Prevention of Nuclear War (IPPNW). This commitment was given international recognition with the awarding of the 1999 Nobel Peace Prize to Medecins Sans Frontieres or the UNICEF prize awarded to Physicians for Human Rights.

- \* The second issue is the nature of armed conflict as a public health issue. Parallel to the rising civilian casualty rate in conflicts in the 20<sup>th</sup> century, is the disintegration of health provision systems during times of conflict, especially preventive measures such as immunizations. This combined with poor living conditions, which include malnutrition, poverty and displacement, are conducive to the rapid spread of infectious diseases. Weak and vulnerable populations – children, women, elderly, and people with disabilities – are especially at risk. Framing conflict as a major public health threat, broadens the goals of public health to include the transformation of the conflict. Thereby inviting health professionals to become involved in this transformation. (See following slide.)

## The health field as a tool in the transformation of conflicts

- Why is health a field with potential for transforming conflict?
- Where do health and health professionals fit in the multi-track approach?

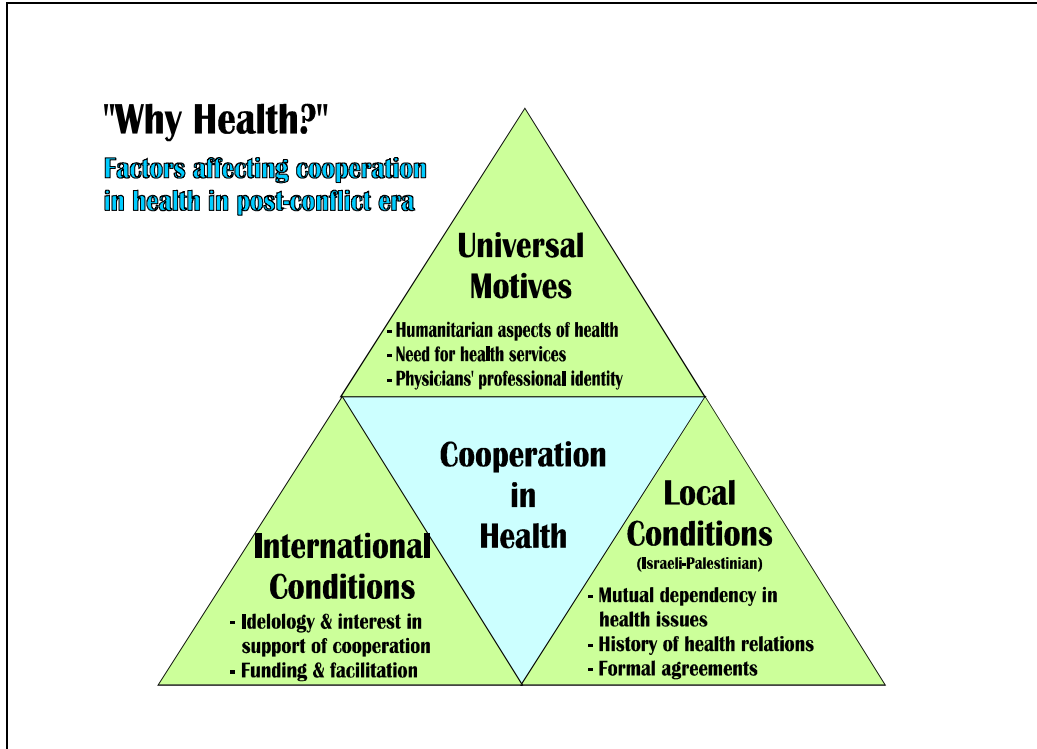
The complex, deep-rooted, and often intractable nature of current conflicts is such that they do not lend themselves to straightforward resolutions – military victories may prove short-lived and diplomatic agreements are often difficult to enforce. This has led to the development of a multi-stage, multi-track approach in an effort to transform the conflict. Multi-track diplomacy posits roles for different tracks of civil society in the resolution of conflicts (be it - business, private citizens, research/training/education, activism, religious, funding, public opinion/communication).

Two questions arise:

Why is health a field, or track, with potential for transforming conflict (or Why health)? and Where do the health field and health professionals fit in the multi-track approach?

*Why health?*

In the JDC-Al Quds study of Israeli-Palestinian cooperation in the health field, we developed the 'why health' model which outlines the factors contributing to cooperation. (See following slide.)



As noted before, there are universal motives intrinsic to the health field including:

- humanitarian values
- need for health services
- professional identity (such as the Hippocratic oath commending physicians to treat anyone in need including an enemy).

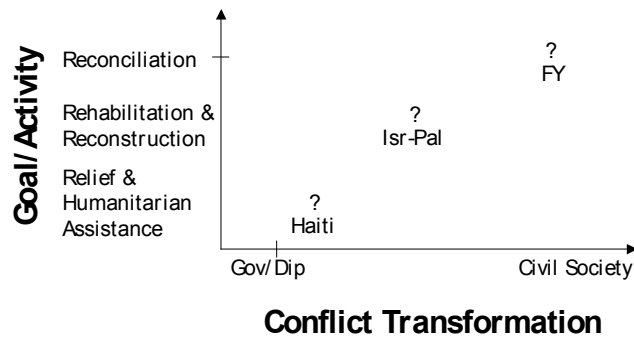
In addition, international conditions, such as the global interest in peace and cooperation and both the political and financial support given to them are important incentives to cooperation in any field including health.

Interestingly, it is the local conditions, which often are the source of the conflict, which also provide a reason for health cooperation. 'One epidemiologic family' creates mutual dependency in health issues between conflicting parties or neighbors in regional conflicts. Also in regional conflicts, there may be a history of working together among health professionals.

*Where do the health field and health professionals fit into the conflict transformation?*

In order to understand the role of health professionals, we developed a framework for analysis of cooperative or HBP projects operating in different contexts. (See following slide.)

## Classification of HBP projects by goal/ activity and by conflict transformation continuum



First, we classified them by two parameters -

The first parameter is the goal in terms of 'health or conflict' - relief, rehabilitation and/or development of health services, and reconciliation between the sides to the conflict. These categories are not exclusive and many projects move along them in a continuum. The second parameter is the 'conflict transformation' continuum, which runs from governmental/diplomatic initiatives to civil society initiatives.

This graph shows three initiatives – Haiti, Israeli-Palestinian and former Yugoslavia – through the framework for analysis we can compare and draw lessons from these seemingly different initiatives.

The framework for analysis looks at:

- the background of the project in terms of the history of the conflict and the health field
- the project characteristics – initiation, goals, components, partners and visibility; and
- the outcomes of the project in terms of health and conflict

In the JDC-Al Quds study of Israeli-Palestinian cooperation in the health field, we found that health professionals were key figures in the initiation of the projects as well as in setting the goals and carrying out the projects. Health professionals bring a combination of traits uniquely suited to working in conflict areas – what we have called the 'professional-to-professional' track. (See following slide.)

## Health professionals working together in conflict areas

- Health
  - humanitarianism, healing and care
- Professional
  - standards or care
  - motivation to continue

Their double identity – as a player in the health field and as an agent for professionalism – provide the health professional with unique qualifications for working together in conflict areas. The ‘health’ identity follows universal values of humanitarianism, healing and care. The ‘professional’ identity provides a framework for developing projects at the highest standards and the motivation needed to ensure that they reach completion in spite of the obstacles.

As we know, humanitarian (health) agendas are not necessarily compatible with political (conflict) agendas and their intersection confronts those practicing it with numerous dilemmas.

The renewed conflict between Israelis and Palestinians shows that health, cooperation and development projects are not a substitute for political processes.

However, even in these days where it appears that all is lost, we know of 20 projects in service development, service provision, training and research which are still continuing. While the official channels are closing down – such as the five health coordinating committees set up by the Israeli government and Palestinian Authority that are no longer meeting – the non-governmental sector plays an increasingly important role. It is too early to know exactly what motivates those involved in cooperation today in the midst of this crisis. We can extrapolate to a certain extent from the data on motivation from the study of Israeli-Palestinian cooperation in health, 1994-1998. In the study we learned that the main individual and organizational motives for entering into cooperation were professional development, improving the health of the population and contributing to mutual co-existence. This important finding indicates that the people that are continuing to cooperate during the most difficult times are characterized by a strong commitment to health of the population, professionalism and working together.

What enables these people to continue working even in difficult times is the continuous backing of their organizations. In addition to the important contribution of

the organizational leadership to the on-going cooperation is the technical aspect of lowering the visibility of the work – staying off the radar screens.

Based on the Israeli-Palestinian experience, we feel that the relationships and the values generated through the cooperative/HBP projects serve as important bridges, especially during periods of conflict when the political processes are at their lowest point. Even if they are not felt at this time, they serve as a foundation on which it will be possible to build wider cooperation in the future.

Sessions such as this one – “Health without Borders” or “Health Beyond Borders” – also serve this purpose by sensitizing health professionals to their important role.

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