# MVČK | New York: vystoupení prezidenta Mezinárodního výboru Červeného kříže P. Maurera v RB OSN

**3. květen 2016**

**--- Shrnutí ---**

Prezident MVČK v Radě bezpečnosti OSN vystoupil dne 3.5.2016 u příležitosti projednávání návrhu rezoluce RB OSN č. S/RES/2286 o ochraně civilistů za ozbrojených konfliktů, jejíž přijetí MVČK inicioval.

*

V úvodu zmiňuje svůj zážitek, kdy shlédl zcela zničenou budovu, zničenou tak, že jedině chirurgická lampa nasvědčovala, že šlo o nemocnici… Je paradoxem, že zdravotní péče není dostupná právě tehdy, kdy je jí nejvíce potřeba. V uplynulých třech letech zaznamenal MVČK v 11 zemích 2.400 útoků proti zdravotníkům, zdrav. zařízením či pacientům. V Sýrii je podle WHO zničeno na 60% zdrav. zařízení, přitom je měsíčně zraněno 25.000 lidí. V r.2015 vzrostl podle MVČK v Afghanistánu počet útoků na zdrav. péči o meziročně 50%.

Ne vždy, ale velmi často, představují tyto útoky přímé porušení mezinárodního humanitárního práva (MHP). Není náhodou, že se první z Ženevských úmluv již v r.1864 týkala zlepšení podmínek raněných a nemocných. S rozšířením bojů do zastavěných oblastí roste počet zraněných mezi civilisty. MHP chrání zdravotníky a zdrav. zařízení právě proto, že jsou v době války nepostradatelní.

Útoky na zdravotníky mají nejen přímé, ale i – mnohem hlubší - nepřímé a dlouhodobé dopady na zdrav. stav obyvatelstva. Řada lidí umírá pro nedostatek zdravotní péče – dialýzy, léků pro diabetiky atd. Úmrtnost v důsledku nedostupnosti zdrav. péče převyšuje počet mrtvých způsobených zbraněmi. Zdravotnictví je první obětí válek. Studie MVČK ukazuje, že humanitární pomoc nikdy nestačí nahradit postupný rozpad sociálních služeb. Co je potřeba, je zásadní změna chování bojujících stran. Při zvažování získané vojenské nutnosti je v rámci ochrany civilistů nutno brát v úvahu [nejen přímé, ale] i kumulativní dopady poškození infrastruktury. Není pravdou, že by zásady vedení boje zastaraly, je však třeba při jejich interpretaci přikládat větší váhu dopadům bojových akcí na civilisty a jejich ochraně.

P.Maurer ocenil přijetí rezoluce č.2286, výsledek je závažný – rezolucí RB jasně zdůraznila důležitost MHP, vyzvala státy a bojující strany, aby jednaly v souladu se svými závazky a rozvíjely opatření chránící lidské životy a předcházející útokům na zdravotníky, zdrav. zařízení a přepravní prostředky. Je třeba jednat, rezoluce musí být počátkem praktických kroků. MVČK je pragmatická instituce uznávající dilemata války, obtížné vyvažování vojenských zájmů a humanitárního imperativu, rozhodování mezi principy a pragmatismem, mezi krátkodobými a dlouhodobými zájmy, mezi rolí MVČK jako obhájce obětí a rolí protějšku stran konfliktu mírnícího dopady bojů na civilisty a civilní infrastrukturu. MVČK je zavázán k zásadovému pragmatismu: normy a odpovědnost za ně jsou jen jednou stranou mince, odsudek je v první řadě akt politický, nikoli humanitární. MVČK usiluje o změnu chování tak, aby se předcházelo porušování MHP, a tím bych ochráněn člověk. Nikoli

projevy rozhořčení, ale nabídka konstruktivního postupu jak vyjít ze současné hluboké krize zdravotnických systému v době válek. P.Maurer předložil pět doporučení: soulad vnitrostátní legislativy s MHP a zásadami zdravotnické etiky; výcvik ozbrojených sil k minimalizaci omezení zdravotní péče při respektování legitimních bezpečnostních zájmů; podpora místních poskytovatelů zdrav. péče; zvýšení právní ochrany pacientů a zdrav. pracovníků správným užíváním ochranných znaků [červeného kříže, půlměsíce, krystalu], právní ochranou zdrav. etiky a řešením zjištěných porušení; každý transfer zbraní musí být činěn s ohledem na respektování MHP, výběr cílů musí být trénován s ohledem na ochranu zdrav. zařízení a personálu.

MVČK rezoluci chápe jako důležitý politický signál a povzbuzení pro činnost. Jako neutrální a apolitický aktér si je vědom, že rezoluci, ani MHP obecně, nelze užívat jako součást veřejné argumentace obviňující protistranu z porušení norem MHP. Jednání na frontových liniích musí se souhlasem bojujících stran vytvářet prostředí, kde hlavní cíle rezoluce jsou konkretizovány a prováděny praktickými dohodami bojujících. MVČK si je vědom napětí mezi politickým jednání RB a praktickými problémy v kontextu války.

V úvodu hovořil P.Maurer o zničené syrské nemocnici. To, co sdělil až na závěr je, že nyní, několik měsíců po té, zdravotníci dále v nemocnici pracují – v jejím [poškozeném] suterénu, ve skladech…

I války mají své hranice, války bez nich by byly válkami bez konce. Zdravotní péče a její poskytovatelé se nacházejí za těmito hranicemi. Dnešní rezoluce je znovupotvrzením významu válečného práva, základní humanitárního konsensu obsaženého v Ženevských úmluvách. Vyžadování jejich dodržování, a to praktickými opatřeními, je nejdůležitějším dalším krokem, který může RB učinit, aby lidskost ve válce byla realitou a ne jen ideálem.

**--- Plné znění ---**

Excellencies,

Ladies and gentlemen,

A couple of months ago, I stood in front of a four-story building.

It was really more a shell of a building, completely bombed out, burned out, ripped apart, steel cables sticking out from the load-bearing walls, rubble all around.

The only indication that this once used to be a hospital was a surgical lamp, miraculously still attached to the ceiling of the second floor.

I was in Syria, but I could just as well have been in Afghanistan, in South Sudan, or in Yemen.

It's a painful paradox that in times of greatest need, the availability of health care is at its lowest.

In a war, people are injured, malnourished, and sick. Yet, the greater the need for medical treatment, the more difficult it is to obtain such treatment, because the few places and persons that can help, come under attack.

The ICRC found that within three years, 2,400 attacks against patients, health personnel, facilities and transports occurred in 11 conflict-affected countries. That's more than two attacks per day, every day, for three years. And it is only 11 countries we were looking at.

Last year, the World Health Organization announced that 60% of health-care facilities in Syria have been damaged or destroyed, while 25,000 people are wounded every month.

In Yemen, the ERC Stephen O'Brien said, that after a year of fighting, one quarter of the country's health services had been destroyed or shut down.

In Afghanistan, in 2015, the ICRC registered a 50% increase of incidents against health staff and facilities, compared to the previous year. That means one incident every three days, without considering how many incidents go unreported.

Not always, but far too often, these incidents, attacks and destructions, constitute outright violations of international humanitarian law.

It is no coincidence that the very first Geneva Convention, in 1864, pertained to the amelioration of the condition of the wounded and sick. To be precise, the wounded and sick in armed forces in the field.

As wars and armed conflicts have evolved from open battlefields to urban areas, and from pistols to mass shelling and bombardments by air forces, the wounded and sick are no longer just those in uniform.

The wounded and sick now include Ramish, who was nine years old when he stepped on a mine in Afghanistan. They include Mathilde, who was raped by fighters, while she was harvesting her fields together with her husband in the Democratic Republic of Congo. They included the wife of Khaled, in Syria, who died during childbirth, because there was no midwife or doctor to tend to her. And they include all the nameless patients in the hospital I mentioned at the beginning.

These are just a few examples of the human beings, and their stories, that the staff and volunteers of the Red Cross Red Crescent Movement are confronted with in the field, every day, around the world.

They show the impact of war on people, but more importantly, they show that medical treatment and health care at large are crucial in times of war.

International humanitarian law therefore specifically protects medical personnel, facilities and transports, precisely because they are indispensable in times of war. Not doing so, risks multiplying the impact on health systems, which in turn risk unraveling, with an impact far beyond the region concerned, a burden on future generations.

Attacking a hospital, threatening a doctor, coercing a nurse to give preferential treatment to armed fighters, hijacking ambulances, using patients as human shields – these are not collateral damage. These are not sad realities, we have to get used to.

They are abominations to fight and trends to roll back.

The direct effects on health-care facilities, personnel and transports are grave, yet the indirect effects go even deeper.

When an MSF hospital in Yemen's Saada province was destroyed in October 2015, it meant that 200,000 people instantly lost access to vital medical care.

Five years into the war in Syria, the entire city of Rastan has one dentist left – for 120,000 people.

Today, the reality in too many war-torn countries is that if you don't die of shelling or fighting, you die because there is no dialysis equipment, no diabetes medicine, no antibiotics and no heart disease treatment.

Death rates by communicable and non-communicable diseases often surpass death rates by weapons. This, for us humanitarians is an indicator that we are not confronted with mere temporary disruptions but with system disintegration. It is not just a hospital or a doctor affected: entire health systems unravel under the attacks on health facilities and personnel.

The medical sector – alongside water, power, and education infrastructure – is often first in line to collapse under the cumulative impact of warfare, particularly in urban areas. Where a lot of people live closely together and depend on infrastructure and public services that are all intertwined, the effects of attacks and destruction are greatest.

The ICRC, in a recent study, has summarized its experience with the successive disintegration of urban services for people in today's conflicts. What we see from the study is that humanitarian assistance is always insufficient to cope with the progressive dismantling of social services over time; what is needed is a fundamental change of behavior in warfare.

The humanitarian consequences of the cumulative impact that results, when essential infrastructure – like hospitals – is annihilated, must be taken into account when balancing military necessity against the protection of civilians.

It is not true that the guiding principles of the conduct of hostilities in warfare are wrong or outdated: they rather need to be interpreted differently in today's environment. Much more weight has to be given to the impact on civilians and their protection in order to counter the decade-long trend, through which civilians bear the brunt of armed conflict or even become the very objective of attacks.

Beyond the immediate, when attacks and destruction of health infrastructures occur, efforts to reduce child mortality, improve maternal health, and the fight against diseases such as polio are wiped out in a matter of seconds. Rebuilding what has been destroyed will take years, if not decades. International humanitarian law and humanitarian action play a critical role as guarantors for developmental progress. If they are violated, this function unravels, and health-care services are particularly vulnerable.

I want to commend this Council for passing resolution S/2016/380 today. I know from my own experience as the Swiss representative to the UN, that every word – every comma actually – has been carefully weighed and negotiated.

And the result is strong: in clear language, you underline the importance of international humanitarian law, you call on States and all parties to armed conflict to comply with their obligations and develop effective measures to protect people's lives by preventing and addressing violence against medical personnel, facilities and transports, and humanitarian personnel exclusively engaged in medical duties.

This resolution marks a momentous step in the international community's efforts to draw attention to a problem that we otherwise risk getting used to through the sheer frequency of its occurrence.

We have not yet been desensitized by these attacks, because we are still outraged after every attack.

But after outrage must come action, not complacency.

So while this resolution is an important step, it must not mark the end of a political process, but the beginning of a practical effort.

I ask you to build on the momentum of this resolution.

States, and non-State armed groups, must respect their obligations under IHL.

You all know the ICRC as an inherently pragmatic institution. We recognize the dilemmas that exist in times of war, and we recognize the difficult balance between military necessity and humanitarian imperative, between principles and pragmatism, between short and long-term concerns, between our role as advocates for victims and as interlocutors of parties to conflicts to mitigate the effects of warfare on civilians and civilian infrastructures.

We are committed to principled pragmatism: norms and accountability for such norms are only one side of the medal; condemnations are first and foremost political, not humanitarian

acts. As humanitarians, we engage, to change behaviors, to prevent violations of IHL, and thereby protect people.

As you know, we engage with everyone, who can make a difference, and the first in line are medical practitioners themselves.

Therefore, together with the World Medical Association, the International Committee of Military Medicine, the International Council of Nurses the International Pharmaceutical Federation, the International Federation of Medical Student's Associations and the World Confederation for Physical Therapy, we drew up Ethical principles of health care in times of armed conflict and other emergencies.

These organizations represent 30 million health-care professionals from the civilian and military realms, who now have a practical tool to guide them in their daily work.

Actually, several members of this Council already know first-hand how we work, because we have built, jointly, a constructive relationship of deep operational engagement, and feedback, dialogue and corrective measures with regard to the conduct of hostilities.

I am here today, not to cry outrage, but to offer the ICRC's help and constructive engagement to move out of the deep contemporary crisis of health systems in armed conflicts.

I would like to propose to you five work streams to ensure that the resolution you adopted today is not only text, but also a spirit that is respected, in the midst of war:

1. Align domestic legislation, and encourage other States to follow suit, in line with obligations under international law and with ethical principles of the medical sector;
2. Train military personnel to minimize disruptions to health-care services, while safeguarding legitimate security concerns;
3. Support local health-care organizations to maintain minimum service, through tailor-made solutions;
4. Improve the legal protection for patients and health-care workers, by ensuring the proper use of protective emblems, enhancing legal protection for medical ethics, and addressing violations;
5. Ensure that every weapons transfer is done with an assurance to respect IHL, and targeted trainings that focus on the protection of medical personnel and facilities.

As an organisation working on the frontlines of conflicts, we take the resolution you adopted as a critically important political signal and as an encouragement to bear fruit on the ground. As a neutral, impartial and independent humanitarian actor, we are aware that ours cannot be the task to use the resolution, or IHL in general, as part of a public argument indicting counterparts for violations of norms.

Frontline negotiations will need skilled negotiators seeking the consent of parties in order to create an environment, in which the key objectives of this resolution can be concretized and implemented through practical agreements amongst belligerents. We need to be cognisant of the tension between the political guidance the Council is offering today on such an important issue and the practical challenges in contexts of war which frame the work of humanitarian actors on the ground. This is an additional reason, if need be, that a regular exchange between this Council and frontline organizations like MSF and the ICRC are of critical importance.

I told you about the destroyed hospital I saw in Syria a few months ago. What I didn't tell you is that since its destruction, doctors, nurses and volunteers continue to work in the basement of the hospital.

Once a space to stock materials, it has been transformed into a micro-version of a hospital. In one former storage room, premature babies lie in a few, generator-powered incubators

that weren't demolished by shelling. The hospital may be all but destroyed, but humanity still lives on.

Humanity in war is what we demand. Even wars have limits, because wars without limits are wars without ends. Health-care personnel and facilities are the outer frontier of these limits. Today, with this resolution, you reaffirmed the relevance of the laws of war, the basic humanitarian consensus enshrined in the Geneva Conventions.

To demand they are respected, through practical measures, is the most decisive next step this Council can take, to ensure humanity in war is a reality, and not just an ideal.

Thank you.