

Armed Conflict, Health and Human Rights

by Alex Deraney and Hafsteinn Hafsteinsson

Most wars nowadays are civil wars, and in many of today's conflicts civilians have become the main targets of violence. Armies count their own losses, but there is no agency whose job it is to keep a tally of civilians killed. In many cases, the conflict eventually becomes so dangerous that the international community finds itself obliged to intervene. But, the most effective interventions are not military. Wherever possible intervention should consist in preventive diplomacy and correcting the causes of conflict such as ethnic tension and poverty (Kofi Annan).

This section highlights resources with information on health concerns that arise from armed conflict. It examines human rights violations as derived from health issues and the humanitarian efforts to alleviate them. The vast majority of available literature approaches conflict-related healthcare shortfalls in terms of intervention. Literature dealing with armed conflict and health as it applies to human rights is much harder to come by, which indicates the need for additional emphasis in this area.

Human rights violations have two common forms: a state is delinquent in protecting rights or directly abuses them. Employing this kind of dichotomous framework helps us understand human rights violations in the context of unethical military action. One possible explanation for the lack of work on this topic may be that a government on the run or in a state of critical defense has a contentious level of accountability for the welfare of its people. In these cases the literature focuses on humanitarian efforts to alleviate suffering, rather than state accountability.

All told, awareness of the horrors of war puts a moral and legal obligation on the international community to react in a corrective and compassionate fashion. To this end we have isolated several topical areas as particularly instructive. The majority of available literature does not deal with violation of people's rights, but rather, the relief of the conditions that cause suffering.

Basic Documents

This category provides additional sources of information on the human rights and humanitarian aspects of health concerns during armed conflict. The [Doctrine](#) subcategory includes two handbooks that outline basic information that provide a broad overview of humanitarian operations and agencies. The [Legal Text](#) subcategory contains two works that compile and provide a summary of relevant rules and principles of International Human Rights and International Humanitarian Law. The [Journals](#) subcategory provides links to some major publications that contribute to the topic of human rights and health as they apply to armed conflict. The [Case Studies](#) subcategory provides details of humanitarian health intervention during specific armed conflicts.

Doctrine

UNHCR Handbook for the Military on Humanitarian Operations. 1995. U.N. High Commissioner for Refugees.

Though designed for military personnel, this publication is beneficial to humanitarian agencies because it lists the military support tasks that U.N. and NGO health organizations can expect from the military in the field, especially when direct medical support by military personnel is not authorized (see also [Refugees, Health and Human Rights](#)).

WHO Handbook for Emergency Field Operations. 1999. World Health Organization.

This handbook provides insight on the leveraging of hard to come by information by interviewing agencies with greater cross-line movement freedom, such as the ICRC. It also has a comprehensive list of international partners geared to ensuring provision of acceptable healthcare standards in any circumstances and provides force protection guidelines for providers.

Legal Text

de Rover, Cees. 1998. To Serve and Protect. Geneva: ICRC.

This text identifies the International Court of Justice as a legitimate source of international human rights law and international humanitarian law. Its target audience is the legal community and law enforcement officials who need to interpret legal principles in regard to health rights. It examines healthcare during armed conflict from the perspective of the ICRC charters.

Doswald-Beck, L. 1999. "Implementation of international humanitarian law in future wars." *Naval War College Review* 52(1): 24-28.

Abstract: Considers the implementation of the major principles of international humanitarian law in wars and the basic purpose of international humanitarian law...It considers factors that historically aiding implementation and difficulties and prospects in the twentieth century.

O'Neil, William G. 1999. "'A Humanitarian Practitioners Guide to International Human Rights Law.'" Occasional Paper #34. Providence, RI: Watson Institute.

This article mainly provides a summary of how human rights law pertains to health care. It emphasizes women's and children's rights to healthcare, drawing heavily from the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights as they overlap with the laws of armed conflict (see also [Refugees, Health and Human Rights](#)).

Rottensteiner, Christa. 1999. The Denial of Humanitarian Assistance as a Crime Under International Law. ICRC.

Abstract: This article seeks to clarify under which circumstances the denial of humanitarian assistance can constitute a crime under international law. Examining whether the denial of humanitarian assistance fits into the

definition of existing crimes, three core crimes of international law are considered: war crimes, crimes against humanity and genocide. The study is set in the context of the regained relevance of these crimes with respect to the work of the ad hoc Tribunals for the Former Yugoslavia (ICTY), Rwanda (ICTR), and the recent adoption of the Statute for an International Criminal Court (ICC).

Journals

- American Medical Association. <http://www.ama-assn.org/>
- Army Medical Department. <http://www.armymedicine.army.mil/default2.htm>
- Human Rights Watch. <http://www.hrw.org/>
- International Committee of the Red Cross. <http://www.icrc.org/>
- Relief Web. <http://www.reliefweb.int/w/rwb.nsf>
- The Lancet. <http://www.thelancet.com/>
- United States Army. <http://www.army.mil/>

Case Studies

Hansen, Greg and Robert Seely. 1996. War and Humanitarian Action in Chechnya. Providence, RI: Watson Institute.

This book highlights an example of impediments to the implementation of healthcare relief in the case study of Chechnya. It identifies the primary challenges of implementation as funding theft, bias in distribution and government imposed access limitations. At the same time, it assesses capacities and vulnerabilities of local area conditions and recommends means of overcoming these obstacles.

Minear, Larry and Phillippe Guillot. 1996. Soldiers to the Rescue: Humanitarian Lessons from Rwanda. Paris: Organization for Economic Co-operation and Development.

The author uses the case study of Rwanda to describe how the militaries of several countries greatly augmented the humanitarian efforts that took place there. He also looks at this study as a model for future military/humanitarian organization cooperation. He takes a critical look at the military's lack of support in terms of direct action to prevent hostilities. The book furthermore details how US, French and other troops provided greatly needed medical and health-related relief to the indigenous people, well beyond the practical scope of the capabilities of the organizations supporting that effort.

Wali, S. 1999. "The Impact of Political Conflict on Women: The Case of Afghanistan." *American Journal of Public Health* 89(10): 1474-7.

In a short and introductory way, this paper addresses health issues, gender and human rights in conflict situations. It focuses especially on the political and institutional influence on women's

rights in Afghanistan and what has to be done to meet today's challenges. It additionally discusses the importance of knowing the causes of humanitarian disasters and political circumstances in the Afghanistan.

Humanitarian Intervention for Healthcare Relief in Armed Conflict

The humanitarian healthcare provider who intends to offer relief during armed conflict needs to understand the operating environment. This category is broken down into four subcategories to foster this basic understanding:

Analysis: Sources that identify key trends in humanitarian policy; examine the role and healthcare contributions of several NGOs; and outlines some obstacles to providing healthcare outside of impediments caused by war.

Management: This subcategory focuses on lessons learned by humanitarian providers who have operated in environments in conflict. These resources offer insight into the challenging physical and psychological conditions of the healthcare recipient, and the limitations in security and information access imposed by the combat environment. They address procedure modification and the leveraging of unconventional assets to facilitate support.

Coordination: Features two sources that highlight the necessity of proper coordination and how to coordinate for support in the conflict environment. It identifies humanitarian key players and models and mechanisms that facilitate the coordination process.

Civil-Military Cooperation: The humanitarian practitioner who provides support during armed conflict will encounter some form of military influence. This subcategory highlights the positive and negative aspects of working with the military when providing support from a civilian and military perspective.

Analysis of Health Support in Conflict

Humanitarian Action and the Global War on Terror: A Review of Trends and Issues . 2003. ODI - Humanitarian Policy Group.

This document focuses specifically on the U.S.-led "War on Terrorism," and expounds on how international humanitarian law impacts the armed conflicts associated with this war. Among the issues considered are how government agencies like USAID compete or cooperate with NGOs in the provision of healthcare, how health care is funded, and the war's effects on women's health.

Power, Livelihoods and Conflict: Case Studies in Political Economy Analysis for Humanitarian Action. 2003. ODI-Humanitarian Policy Group.

Abstract: This study aims to identify and test analytical and methodological tools that humanitarian agencies can use to understand the complex and difficult environments in which they work, as well as identify key themes arising from political economy analysis with direct or indirect implications for humanitarian aid interventions. The

research looked at four country case studies; the Democratic Republic of Congo, Senegal, Sierra Leone and Afghanistan. The paper is part of an effort exploring how improved political analysis might strengthen relief interventions by examining how political analysis can be used to inform emergency programming that aims to reduce mortality, morbidity and preserve dignity.

Gellert, G. A. 1995. "Humanitarian responses to mass violence perpetrated against vulnerable populations." *British medical Journal* 311: 995-1001.

This multidisciplinary review links three areas of legitimate inquiry for practitioners of medicine and public health. The first is occurrences of mass violence or genocide perpetrated against vulnerable populations, with a focus on the failure of national and international mechanisms to prevent or predict such violence. The second is evolving concepts of national sovereignty and an emerging framework in which the imperative to assist vulnerable populations supersedes a state's right to self-determination. The last is how medical, public health, and other systems of surveillance and rapid assessment of mass violence can accelerate public awareness and facilitate structured, consistent political decision making to prevent mass violence and to provide international humanitarian assistance.

Hussain, Anwar and Marion Herens. 1997. Child Nutrition and Food Security During Armed Conflict. Food and Agriculture Organization.

Though mainly dealing with nutritionally-related health, examines shortfalls in healthcare during armed conflict by looking at break-downs in the family support structure and war-related destruction. Looks at deficiencies in local health staff that occur due to competing obligations to support the conflict in that country (see also [Nutrition](#) and [Children](#)).

Lachman, P.; X. Poblete; P.O. Ebigbo; S. Nyandiya-Bundy; R.P. Bundy; B. Killian; and J. Doek. 2002. "Challenges facing child protection." *Child Abuse and Neglect* 26: 587-617.

This article could be a good source for those who want to learn more about the consequences of post-dramatic stress on children resulting from war. However, about two third of the article is dedicated to three specific constraints on child protection; poverty, HIV/AIDS infection and war. Major descriptors are: poverty, violence and war. Minor are: Africa epidemiology, child, child advocacy economics, commerce, developing countries, HIV, human, Nigeria, Public health, world health. Human rights are addressed indirectly.

Levy, B. S. and V.W. Sidel. 1997. War and Public Health. Oxford University Press.

War limits and often totally eliminates human rights. This book is a good source of the effects of war on human health and gives insight on how human rights are repeatedly broken in armed conflict.

Murray, Christopher J.; Gary King; Alan D. Leopez; Niels Tomijima; and Etienne Krug. 2002. "Armed Conflict as a Public Health Problem. *British Medical Journal* 324(9): 346-349.

This article examines humanitarian violations of non-combatants during armed conflict from a professional medical perspective; In particular, it identifies conflict-related sickness and death as a major contributor to the global burden of disease. Additionally, it highlights subsidiary health

risks of armed conflict, such as population displacement, information break-down, diminished health services and the heightened risk of the spread of disease.

Weiss, Thomas G. 1995. United Nations and Civil Wars. Boulder: Lynne Rienner.

The argumentative thrust of this text is that the military has made a difference in improving delivery of health supplies, thereby lowering death rates. It examines the possibility that less would be more in light of the ratio of military to humanitarian expenditures. Similarly, it shows how the damage of sanctions outweighs the humanitarian support provided.

Management of Health Support in Armed Conflict

[Collateral Damage: The Health and Environmental Costs of War on Iraq](#). 2002. Medact

In this study, Medact examines how armed conflict in Iraq has degraded the health of Iraqis. They find that limited access to clean water and sanitation, as well as poverty, malnutrition, and disruption of public services including health services have resulted in the continued negative impact on the health of the Iraqi people.

Working with the Media in Conflicts and Other Emergencies. 2000. Department of International Development.

This text explores the use of media to promote health during armed conflict. It looks at how broadcast media can inform the public of available health services and local health hazards, as well as the use of international media institutions to gather international support. Throughout, emphasis is placed on promoting responsible local reporting.

Barsalou, Judy. 2001. Training to Help Traumatized Populations. U.S. Institute of Peace.

This project mainly addresses Post-Traumatic Stress Disorder and other mental health problems and stemming from the effects of the experience of conflict. It examines different causes of PTSD, resulting effects, and required treatments. Finally, it expounds on required training and historical lessons learned.

Hanscom, K. L. 2001. "Treating survivors of war trauma and torture." *The American Psychologist* 56 (11): 1032-9.

Abstract: Psychologists are the principal source of assistance for individuals and groups that have survived torture and war trauma. This article proposes a model for the treatment of survivors of torture and war trauma. This model has been designed to be useful to mental health professionals and to lay people in communities on the front line in treatment. ...The model is presented through examples of its use in the training of mental health counselors in the United States and Guatemala...

Jensen, S. B. 1996. "Mental health under war conditions during the 1991-1995 war in the former Yugoslavia." *World Health Statistics Quarterly* 49: 213-217.

This article outlines international efforts to include psychosocial and mental health interventions as part of the emergency assistance program under war conditions. Special emphasis is placed on the development of the new WHO Regional Model on Mental Health.

MacFarlane, Neil S. 2000. "Humanitarian Action: The Conflict Connection." *Occasional Papers #43*. Providence, RI: Watson Institute.

Macrae, Joanna. 1995. "Dilemmas of Post-Conflict Transition: Lessons from the Health Sector." *ODI - Humanitarian Practice Network*.

This paper explains proximal causes for healthcare shortfalls during and after conflict. It highlights damage done to rebuilding efforts in healthcare, when deficiencies are addressed in the same approach as the repair of war-damaged infrastructure. The political, bureaucratic and operational dilemmas faced by health planners are also discussed.

Maynard, Kimberly A. 1999. *Healing Communities in Conflict: International Assistance in Complex Emergencies*. Washington DC: Columbia University Press.

Maynard places an emphasis on healing the damaged relationships between individuals and groups. One section is devoted to the implications of violent conflict and its psychological repercussions and the efforts and results of NGO response. Work examines the health fallouts of communal warfare and the challenges of healthcare rehabilitation and the rebuilding process.

Narayan, Greeta. 2002. *Children Affected by Armed Conflict: Programming Framework*. Canadian International Development Agency.

Abstract: This framework examines current thinking on the issue of children affected by armed conflict. Arguing that children need different interventions than adults, it provides a starting point for considering appropriate interventions in these situations. Providing guidance in program development for U.N. agencies, humanitarian agencies and field workers working with children affected by armed conflict, the document can also be used as a reference point or programming aid to plan, implement, monitor and evaluate programming for children affected by armed conflict.

This report examines health issues facing children involved in armed conflict, and proposes ways to approach their dilemma. It is intended to be a reference for the planning and implementation of efforts to ameliorate the effects of war on children's health (see also [Children](#)).

Spiegel, Paul B. 2004. *HIV/AIDS Among Conflict-Affected and Displaced Populations: Dispelling Myth and Taking Action*. U.N. High Commissioner for Refugees.

Spiegel addresses efforts to combat AIDS/HIV in small states engulfed in armed conflict. Recommendations include field testing of proposed guidelines and the inclusion of conflict-affected populations in national AIDS/HIV strategic plans (see also [Refugees](#)).

Waldman, R. and G. Martone 1999. "Public Health and Complex Emergencies: New Issues, New Conditions." *American Journal of Public Health* 89(10): 1483-6.

This paper gives insight into what lessons emerged from the recent history of humanitarian crisis and health interventions. It argues that humanitarian interventions have changed significantly

and that the performance of public health workers in armed conflict and complex emergencies will not be optimal until they adapt to new conditions. The article discusses how nongovernmental organizations must recognize that demographic shifts in morbidity are the consequence of widespread human rights abuses.

General Coordination for Health Support in Conflict

Calvi-Pariseti, Piero; and Donato Kiniger-Passigli. 2004. Coordination in Crisis Response and Reconstruction. International Labor Organization.

Abstract: This document provides a review of the coordination mechanisms and fora existing within the U.N. system and beyond in the face of emergencies and disasters. The report describes the importance of coordination in international response, what it is intended for, what exactly is coordination in this particular environment, as well as provides overviews of the actors who participate in the process and actual coordination mechanisms. Aiming to be of value to ILO staff in dealing some of the crisis response coordination challenges, the report highlights the critical reasons, modalities and other aspects of coordination relevant to the ILO and other agencies involved in tackling the adverse consequences of major crises on vulnerable groups.

Donini, Antonio. 1996. *The Policies of Mercy; U.N. Coordination in Afghanistan, Mozambique and Rwanda*. Watson Institute.

Abstract: This study analyses the strengths and weaknesses of the coordination effort of the international community in three major crises: Afghanistan, Mozambique and Rwanda. While focusing primarily on the approaches taken by the UN, including both the political-military and the humanitarian-development sides of the organization, the interactions between the U.N. and NGOs are also explored. The study is based on a review of recent literature on the countries and of U.N. documentation pertaining to the three coordination entities; interviews at headquarters and in the field with U.N. agency, donor, NGO, and government representatives; as well as field trips by the author to each of the countries.

Civil-Military Healthcare Cooperation in Armed Conflict

Enlisting the Armed Forces to Protect Reproductive Health and Rights: Lessons Learned from Nine Countries. 2003. U.N. Population Fund.

Focuses on U.N. urgings for international provision of healthcare and training within the armed services, as well as the care of servicemen and women and their families who have contracted HIV through the performance of their duties. It covers the international call to the protection of reproductive health in areas of armed conflict.

Iraq: Humanitarian - Military Relations. 2003. Oxfam.

Provides clear guidance on the Armed Services' Fourth Geneva Convention requirements to provide medical supplies and maintenance of hygiene and public health to occupied countries during armed conflict. This analysis is not geared towards any specific theater of operation.

Taking it to the Next Level: Civil-Military Cooperation in Complex Emergencies. 2000. U.S. Institute of Peace.

Specifically explores the role of military civil affairs units that act as a liaisons to and supporters of civilian healthcare providers. Though this paper does not focus on war or armed conflict, it facilitates inter-agency familiarization in order to ease coordination during times of conflict.

Collins, Cindy; and Thomas G. Weiss. 1997. "An Overview and Assessment of 1989-1996 Peace Operations." Occasional Papers # 28. Providence: Watson Institute.

This study surveys 2,200 items in the English-language literature about the growth industry of peacekeeping and peace-enforcement in the first part of the post-Cold War era. The major reviews cover root causes of conflicts, strategic decisions to intervene, and tactical and operational decisions regarding implementation. The literature surveyed covers U.N. and UN-approved operations as well as the main case studies. Lengthy endnotes contain references to key publications from the period. This Occasional Paper, financed separately by the Ford Foundation, is pertinent to H&W Project issues but not part of the Project's publications per se.

Hinson, David R. 1998. U.S. Military Interaction with Humanitarian Assistance Organizations During Small-Scale Contingencies. Maxwell AFB, AL: Air Command and Staff College.

Offers a military perspective on the working relationship between the military and civilian humanitarian agencies in low-intensity conflict. Points out areas of friction caused by erroneous expectations and misunderstandings about the role and goals of both parties.

Studer, Meinrad. 2001. The ICRC and Civil-Military Conflict Relations in Armed Conflict. Geneva: ICRC.

With armed forces and humanitarian organizations increasingly called upon to work together, this article puts analyses the main options available to the ICRC at strategic and operational levels. In addition, it offers an outline of the ICRC's position with respect to relations and cooperation between the ICRC and military missions. The article focuses on multinational military involvement in situations associated with armed conflict, and does not deal with the military's involvement in providing humanitarian aid in natural or technological disasters or the involvement of domestic armed forces for humanitarian purposes.

Weiss, Thomas G. 1999. Military-Civilian Interactions: Intervening in Humanitarian Crisis. Lanham, Maryland: Rowman and Littlefield.

This work examines the coming together of military forces and civilian agencies to overcome human suffering in Iraq, Somalia, Bosnia, Rwanda and Haiti. It takes a critical look at the many forms that "military-civilian humanitarianism" has taken in the past and present, indicating that the provision of military support may have done more harm than good. The author establishes a framework for analyzing the costs versus the benefits of engaging in these types of operations, and advocates taking the least-worst option after involving the victims in the decision process. Though health support is not the focus of this book, the text touches on military interaction with medical care-giving NGOs, such as the ICRC and Doctors without Borders.

Human Rights and Health in Armed Conflict

The distinction between humanitarian assistance and human rights is often blurred. Since it is International Humanitarian Law that governs the protection of people in wartime, only a relatively small separate body of work deals with the human rights implications of health in conflict. Victims of war are often referred to as victims of human rights violations when in actual fact the problem in question falls under the jurisdiction of international humanitarian law. When the literature examines the negative health impacts of war on people, the authors often address this in terms of human rights.

One grey area is the question of who is responsible when basic human rights are violated in a country that becomes occupied. The human rights community feels that the country of the occupying force is responsible for protecting the human rights of the occupied people; because that country's defeated governing body can no longer be held accountable. In non-international armed conflicts, internationally recognized human rights apply more clearly to the government in control. Regardless of who is in charge, human rights standards supplement humanitarian laws governing the treatment, conditions of detention and rights regarding a fair trial of persons affected by war. Therefore, the works presented below illustrate the broad spectrum of perspectives on health and armed conflict from a human rights perspective. This includes cases involving indigenous people, soldiers and health workers during armed conflict, conflict that stems from human rights violations; actual damage assessment in a current international conflict; and protection of human rights over simply providing humanitarian support; in addition to one specific example of the movement to ban weapons that create long-term health impacts.

Brentlinger, P. E. 1996. "Health sector response to security threats during the civil war in El Salvador." *British medical Journal* 313: 1470-4.

Abstract: ...Human right abuses that adversely affect health workers and health sector adaptations to a hostile wartime environment are not described in reports of human rights advocacy organizations...The Salvadorian experience may serve as a helpful case study for medical personnel working in wars elsewhere and give insight into tactics agencies engaged in health work use in order to continue to providing services during civil war...

Frohardt, Mark; Diane Paul; and Larry Minear. 1999. Protecting Human Rights: The Challenge to Humanitarian Organizations. Providence , RI : Watson Institute.

Frohardt, Paul, and Minear focus on the importance of protecting human rights during humanitarian operations, in addition to delivering emergency relief. In particular, they are also concerned with the status of the human right to health armed conflict and complex emergencies. The study gives examples of the requirement to protect the victims of human rights violations, prior to the administering of care (see also [Refugees, Health and Human Rights](#)).

Hubert, Don. 2000. "The Landmine Ban: A Case Study in Human Advocacy." Occasional Papers # 42. Providence: Watson Institute.

Discusses the restriction of weapons that cause long-lasting suffering, in terms of health and environmental effects. The author focuses on the procedures undertaken to ban these types of

weapons, with an emphasis on landmines. This work examines three dimensions of human advocacy essential to improving health in, and after, armed conflict through the ban on unfairly destructive weapons.

McIntyre, Angela; Emmanuel Kwesi Aning; and Prosper Nii Nortey. 2002. "Politics, War and Youth Culture In Sierra Leone ." *African Security Review* 11 (3): 7-15.

This article addresses how society fails to offer youth protection from the adult consequences of immediate involvement in economy and politics. It therefore, discusses to some extent child rights abuse and its consequences to their health. Furthermore, this article considers the social incentives for recruitment and the origins of the war in Sierra Leone (see also [Children](#)).

McIntyre, Angela. 2003. "Rights, Root Causes and Recruitment: The youth factor in Africa's armed conflict." *African Security Review* 12 (2): 91-99.

This essay gives some insight into the rights of children internationally and how without rights, guidance and political voice, they have become the target of political and military predation. It discusses recruitment process and how bad governance, neglect and exclusion of young people leads to forced recruitment as systematic destruction of social fabrics and infrastructure of facilities does. The essay therefore discusses implicitly how the inadequacy of health service motivates children to recruit (see also [Children](#)).

Neugebauer, R. 1999. "Research on Violence in Developing Countries: Benefits and Perils." *American Journal of Public Health* 89 (10): 1473-75.

Abstract: Editorial. Discusses some benefits and moral dilemmas associated with research on public mental health and on human rights among imperiled populations. Examples of low intensity warfare; Effects of human rights violations on the physical health and well-being of the afflicted population; possible benefits and dangers of investigating population-based studies of the mental health of traumatized people.

Sidel, V. W.; and B. S. Levy 2003. "War, Terrorism, and Public Health." *Journal of Law, Medicine & Ethics* 31: 516-523.

Abstract: War and terrorism have profound effects on health, on health services, on ethics, and on law. This paper explores elements of these impacts and suggests what health workers, policy-makers, and the people they serve can do to help prevent war and terrorism and, if they cannot be prevented, to minimize their health consequences. It further explores use of rape as a weapon in many wars and the destruction of infrastructure that supports social well-being and health during many wars.

Taipale, I. (ed.). 2002. War or Health. Dhaka: University Press Ltd.

Abstract: This book is an attempt to lend voice to people of the world who are in danger of human rights abuses. It provided an overview of many different consequences of wars and conflicts. It has a strong medical ethos but it is also written for anyone interested in complicated issues of war and peace. It is an encyclopedia of peaceful information about war-its history, its weaponry, its destructiveness, its consequences for civilians and the environment and current hopes for its eventual abolition.