2014

Health Policy and the Syrian Chemical Weapons Crisis

David P. Fidler
Indiana University Maurer School of Law, dfidler@indiana.edu

Health Policy and the Syrian Chemical Weapons Crisis

>>> *David P. Fidler, M.Phil., J.D.*

For health policy, armed conflicts constitute one of the most severe emergency contexts in which health, well-being, and determinants of health are threatened. The Syrian civil war has proved no different, as health experts repeatedly lament the humanitarian debacle the Syrian conflict has become. The main distinguishing feature of the Syrian civil war has been the large-scale use of chemical weapons in August 2013. This essay analyzes the chemical weapons crisis and its diplomatic resolution from a health policy perspective, with particular attention on whether the handling of this crisis created positive health policy "spillover" opportunities for more effectively addressing the broader humanitarian disaster in Syria. The essay concludes that the chemical weapons crisis did not create such opportunities but rather harshly highlights the limited influence health policy has in preventing war and responding to the humanitarian crises armed conflicts cause.

As emergencies go, armed conflicts represent one of the most, if not the most, severe emergency contexts for health. For this reason, health experts have long identified war as a determinant of population and individual health and have worked to improve the health community's role in preventing armed conflict and alleviating the health threats and suffering war causes.[1] International Humanitarian Law (IHL) recognizes the importance of health during armed conflict in rules designed to protect, in different circumstances, the health and well-being of combatants and non-combatants.[2] Similarly, prohibitions on the use of certain weapons, such as cluster munitions, reveal a health imperative in the laws of war.

However, armed conflicts, especially civil wars, continue to defy efforts to prevent them and to apply IHL effectively during conflicts. As a result, health in combat zones suffers, often in terrible ways. The civil war in Syria offers another reminder of this grim pattern—a conflict often described as a humanitarian debacle with no end in sight.[3] The combined estimates of those killed, injured, suffering depravation, and displaced in the conflict number in the millions. For many, this scale of death and suffering triggers the right of other countries to use military force to intervene under the principle of the responsibility to protect. But, to date, neither the Security Council nor any individual country has moved to intervene with military force to stop the atrocities and suffering in Syria. From a health perspective, the Syrian civil war is, tragically, déjà vu all over again.

What distinguishes the Syrian civil war from other, recent armed conflicts is the large-scale use of chemical weapons in August 2013. This episode provoked unprecedented actions leading to the ongoing chemical disarmament of Syria—an important outcome for public health because it prevents use of chemical weapons by the Syrian government during the remainder of this conflict and any future wars. Although health actors, institutions, and policies have had little, if any, impact on the Syrian conflict's overall trajectory, did they play a role in the chemical weapons crisis and its resolution? If so, does this role suggest new possibilities for health policy's ability to influence the Syrian conflict and other wars in the future?

The YouTube effect

The world became aware of chemical weapons attacks in Damascus through videos of victims disseminated online. The videos conveyed powerful images of suffering and death that triggered a global outcry. The images communicated the physiological effects of chemical weapons on people and the frustration of medical personnel trying to administer care. The videos also reinforced why states have banned the development and use of such weapons in international law. The videos put a human face on the horrors of chemical weapons, showed the health consequences of crossing the "red line" into chemical warfare, and served as testimony in favor of international intervention to prevent more atrocities.

However, the YouTube effect raised difficult questions for those advocating for an international response to the chemical weapons attack. Why should gruesome images of victims of chemical warfare generate more media, political, and health policy attention than the appalling level of death and suffering Syrians had been experiencing on a larger scale for a longer period of time from conventional warfare between rebel and government forces? Answering this question politically is more straightforward—large-scale use of chemical weapons in Syria created concerns about escalation of the civil war into a regional conflict, the impact of outside military responses to the chemical weapons attacks, the proliferation of chemical weapons within and outside Syria, and the future of the international prohibition on the development, stockpiling, and use of chemical weapons.

From a health policy perspective, the heightened attention given to the chemical weapons incident has a complex, somewhat conflicted texture. First, the use of chemical weapons represented a dramatic moment in which a terrible situation for health confronted even more awful possibilities, as evidenced by the YouTube-exposed calamities for individuals, communities, and health services caused by the chemical attacks. Highlighting these attacks connected to long-standing health concerns about damage chemical weapons used in armed conflict would cause for combatants and non-combatants—concerns reflected in health advocates' support for the ban on the development and use of chemical weapons. Political and health interests converged on the importance of emphasizing the horrors of chemical warfare. The videos graphically revealed something the health community desperately wanted to prevent going forward, which created strong incentives to force people to glimpse an abyss from which escape might be impossible.

Second, this prevention objective did not necessarily translate into health community support for outside military intervention to deter further use of chemical weapons and/or to punish the suspected perpetrators. Debate about the benefits and costs of military strikes against the Syrian regime included warnings that such attacks could make the Syrian conflict worse for civilians trapped in the war zone—a scenario portending a deepening of the humanitarian crisis the "international community" was already failing to address. The political blowback from military strikes

against Syria would make more effective humanitarian assistance impossible to create and sustain. In this sense, ubiquitous use of the videos created or stoked incentives for military intervention, creating the danger that the situation would fall into a different abyss for health protection. Here, political incentives to use military force diverged from health interests in addressing the chemical attacks without making the existing humanitarian disaster worse.

Third, highlighting the tragedies of chemical warfare created opportunities to draw attention to the suffering of civilians in the Syrian conflict—suffering that had not, prior to the chemical attacks, produced adequate international attention or effective responses. The question was not why chemical attacks should receive more attention but rather how could these attacks help re-frame international attitudes about the humanitarian catastrophe the Syrian conflict was causing. Preventing more chemical attacks locked into the larger health policy objective of preventing, protecting against, and responding to harm to individual and populations health in the overall conflict. In other words, the strategic motivation for health was to create sufficient "spillover" from the outrage about the chemical attacks by using this incident to generate more action on relieving the suffering of victims of the Syrian civil war and moving the conflict towards some political resolution. Whether the impact of the chemical weapons crisis could shift the political interests of protagonists towards stronger humanitarian assistance and resolution of the conflict was the main health policy question emerging from the initial global reaction to the attacks.

Breaking good: The agreement on Syrian chemical disarmament

The chain of events after the world learned of the chemical attacks appeared to be breaking badly for health interests. Russia and China blocked Security Council responses to the use of chemical weapons, and certain countries, led by the United States and Britain, threatened limited military action against the Syrian government without authorization from the Security Council. These developments sparked a heated global debate about national and international legal justifications and authorities for military attacks, but, from a health perspective, this trajectory—characterized by great power squabbling—promised very adverse consequences.

Limited military action would not change (and was designed not to change) the course of the Syrian civil war, leaving this conflict churning as destructively as before. However, as many warned, military intervention could make the conflict worse by sparking escalation internally (e.g., by the Syrian regime against the rebels) and externally (e.g., by greater involvement by outside forces) in a context already constituting a humanitarian disaster. Sitting in the midst of the worsening maelstrom would be Syria's chemical weapons, the security of which the chemical attacks revealed as a grave concern. As domestic support in Britain and the United States for military action against Syria weakened, the prospect of no meaningful response to the chemical weapons incident looked possible, leaving even this health atrocity potentially unaddressed.

The rather unexpected development of a diplomatic strategy to disarm Syria of its chemical weapons without resort to military force prevented this health policy nightmare. The United States and Russia designed a framework under which Syria agreed to join the Chemical Weapons Convention (CWC), which prohibits development and use of chemical weapons, and to undertake a rapid, internationally verified process of chemical disarmament.[4] This stunning turn of events, and the unprecedented agreements produced, flowed from strong alignment of strategic U.S. and Russian interests in removing chemical weapons from Syria. President Obama's "red line" demonstrated that the core U.S. interest in the Syrian conflict was to keep Syria's chemical weapons off the battlefield. Syria's chemical weapons had also long worried Russia—Syria's most important foreign supporter—creating, perhaps, an unspoken "red line" for Russia in this context. Whether by accident or intent, the United States and Russia managed to turn alignment of their strategic interests into peaceful, internationally monitored Syrian chemical disarmament.

These interests, and their convergence, had little, in anything, to do with health concerns. Neither the U.S.-Russia framework agreement nor the Security Council resolution instructing Syria to disarm[5] mention health as an objective or include provisions for assistance to victims of the chemical attacks. The strategy addressed the key threats to international peace and security related to the chemical attacks—Syria's possession of chemical weapons and the threat of military force by the United States and other countries. The Security Council resolution does call for input from the Director-General of the World Health Organization to the UN Secretary-General, where appropriate, on the UN's role in the elimination of Syria's chemical weapons. But, this limited role relates to health risks that chemical disarmament might create and development of practical ways to eliminate or minimize such operational risks.

However, the resolution clearly produces benefits important to health policy. If successfully completed, chemical disarmament of Syria eliminates health risks chemical weapons might pose in the Syrian conflict, and it prevents Syrian chemical arms from proliferating within the country and reduces the likelihood of chemical proliferation by other countries. In short, the world will not have to endure more disturbing images from Syria or the region showing the consequences of chemical warfare. Further, bringing Syria into the CWC strengthens the ban on the development and use of chemical weapons, and this development might encourage other holdouts from the CWC, such as Angola, Egypt, Israel, and Myanmar, to join the treaty. In addition, the agreements avoided military attacks on Syria, which had the potential to deepen and expand the health crisis fueled by the Syrian civil war. From a health perspective, and against expectations given the prevailing geopolitical divisiveness about Syria, great power management of the Syrian chemical weapons crisis has generated positive outcomes.

No chemical weapons crisis "spillover" for health

As of this writing, the process of disarming Syria of its chemical weapons was proceeding as planned, with the milestone of the destruction of Syria's ability to make chemical weapons reported in late October 2013.[6] Although destroying Syria's stockpiles of chemical weapons poses more difficult challenges, political commitment to the strategy appears firm on the part of the main players, including the Syrian government.

However, the crafting and implementation of Syrian chemical disarmament has not created positive "spillover" effect for health concerns about the death, suffering, deprivation, and displacement the Syrian civil war has caused. Following its binding decision on Syrian chemical disarmament, the Security Council unanimously issued in early October 2013 a non-binding statement indicating the Council was "appalled at the unacceptable and escalating level of violence and the death of more than 100,000 people in Syria" and urged all parties to facilitate "immediate humanitarian assistance to the affected people of Syria, including by promptly facilitating safe and unhindered humanitarian access to populations in need of assistance[.]"[7]

However, in late October 2013, Valerie Amos, UN under-secretary general for humanitarian affairs, told the Security Council that its non-binding statement had no impact on the deteriorating humanitarian situation in Syria:

I regret to report that, despite the Council's grave alarm at the significant and rapid deterioration of the humanitarian situation, and its call for urgent increased humanitarian action, fighting continues to intensify across the country and its impact on civilians continues to grow each day. Ongoing assessments reveal a substantial increase in needs and in internal displacement. As winter begins to fall across the country for a third year

since this conflict began, millions live in makeshift shelters, exposed to the elements and unprotected from the cold. . . . Diseases, including those easily preventable by basic hygiene and vaccination, are spreading at an alarming rate. Just last week we received reports of polio cases in Deir-ez-Zor . . . , which . . . mark the first polio outbreak in Syria in 14 years. In Aleppo and other cities, leishmaniasis is rife, disfiguring and scarring children's faces for the rest of their lives. There are also worrying reports of rapidly increasing malnutrition. People suffering from chronic illnesses, such as cancer and diabetes, lack access to treatment, and they also are dying. Silently.[8]

Amos noted that both the Syrian government and rebel forces continue to impede delivery of humanitarian assistance and that the UN appeal for relief work in Syria and neighboring countries had only reached 54% of needed funding—facts that suggested the failure to address the humanitarian crisis was systemic rather than the fault of a few actors. She argued that "we immediately need more humanitarian action to reach the ordinary men, women and children who, through no fault of their own, are caught up in this conflict. No one is taking their obligations under international humanitarian law and human rights seriously."

The confirmed appearance of polio in Syria created a new "crisis within a crisis" as health advocates called for "vaccination ceasefires" in order to vaccinate people against the polio virus. Save the Children, a leading voice in the call for polio vaccination ceasefires in Syria, connected the effective chemical disarmament effort with the polio emergency by arguing "if chemical weapons inspectors can be allowed access across Syria with notebooks, surely aid workers can be allowed in with vaccines."[9] Reading between the lines with a broader health lens, arranging access for chemical disarmament purposes should also mean that space for humanitarian relief efforts should be greater than it is.

Such calls, and the linkage with the chemical disarmament effort, privilege polio as a health problem over the myriad of health threats rampant within Syria because of the armed conflict, in the same way the threat of chemical weapons became a priority health issue in the Syrian civil war. As previous experiences with vaccination ceasefires in other conflicts demonstrate, such efforts rarely change the military or political dynamics of war, leaving the larger humanitarian tragedies of continued conflict unaddressed. Such ceasefires target specific infectious disease threats but do little, directly or indirectly, for systemic problems war creates for health policy. In the same way, chemical disarmament in Syria functions as a threat-specific effort not affecting the broader determinants of the horrific health outcomes related to the civil war.

Conclusion

These observations do not mean that health emphasis of the damage caused by chemical weapons, support for Syrian chemical disarmament, and advocacy for polio vaccination ceasefires are misguided or illegitimate. Rather, they highlight the severe limitations health policy confronts in the emergency context of armed conflict, including brutal civil wars of concern to the great powers. Sometimes, as seen with the strategy crafted for Syria's chemical disarmament, strategic political interests align in ways that produce positive outcomes for health. Sometimes—as with the civil war's continued devastation of health, well-being, and the determinants of health—the violent struggle for power marginalizes health, leaving health experts and advocates to make increasingly desperate appeals for more effective humanitarian action or grasp at actions of more limited scope, such as ceasefires for vaccinating against a single disease.

In its formulation of the principle of the responsibility to protect, the International Commission on Intervention and State Sovereignty identified three responsibilities within the principle—the responsibility to prevent, react, and rebuild.[10] The Syrian conflict, including its chemical weapons emergency, reveals, again, that health policy has little influence in conflict prevention and the politics of reacting to humanitarian problems war creates. Whether a political solution to the Syrian conflict will emerge is not, at present, clear, but, if it does, health policy will face, again, a bleak landscape as health experts help shoulder the burden of the responsibility to rebuild in the post-conflict period.

David P. Fidler is the James Louis Calamaras Professor of Law at the Indiana University Maurer School of Law and is an Associate Fellow at the Chatham House Centre on Global Health Security. He is one of the world's leading experts on global health and international relations and international law.

1. Levy BS, Sidel VW, editors. War and public health, 2d ed. Oxford: Oxford University Press; 2008.

2. Fidler, DP. International law and infectious diseases. Oxford: Clarendon Press; 1999.

3. Humanitarian crisis: Syria's nightmare. The Guardian. 2013 Sept 3; Main Sect, p 36.

4. Framework for elimination of Syrian chemical weapons, 2013 Sept 14. Available from: http://www.state.gov/r/pa/prs/ps/2013/09/214247.htm.

5. Security Council. Resolution 2118 (2013), S/RES/2118 (2013), 2013 Sept 27.

6. Morris L, Birnbaum M. Syria has destroyed chemical weapons facilities, international inspectors say. Washington Post. 2013 Oct 31. Available from: http://www.washingtonpost.com/world/syria-has-destroyed-chemical-weapons-facilities-international-inspectors-say/2013/10/31/dc1ff6b8-4214-11e3-b028-de922d7a3f47_story.html.

7. Security Council. Statement by the President of the Security Council, S/PRST/2013/15, 2013 Oct 2.

8. Amos V. Security Council Briefing on Syria, 2013 Oct 25. Available from: https://docs.unocha.org/sites/dms/Documents/25%20Oct%2013%20Valerie%20Amos%20Statement%20to%20Security%20Council%20on%20Syria.pdf.

9. Black I. Syria: UN and health organizations call for ceasefire to deal with polio threat. The Guardian. 2013 Oct 29. Available from: http://www.theguardian.com/world/2013/oct/29/syria-ceasefire-polio-vaccination.

10. International Commission on Intervention and State Sovereignty. The responsibility to protect. Ottawa: International Development Research Centre; 2001.