Workshop on Counterterrorism, Ethics, and Global Health Fondation Brocher Geneva, Switzerland May 21-23, 2014

Tuesday, May 20

7:30 p.m.

Dinner for those staying at Brocher

Wednesday, May 21

7:30 a.m. - 8:45 a.m.

Breakfast for those staying at Brocher

9:00 a.m. – 10:15 a.m.

Welcome, Overview, and Introductions

Lisa Eckenwiler, Associate Professor, Philosophy and Health Administration and Policy, George Mason University, and Matthew Hunt, Assistant Professor, School of Physical and Occupational Therapy and Associate Member of the Biomedical Ethics Unit, McGill University

10:15 a.m. – 12:30 p.m.

Session 1: Health Implications of Counterterrorism Policies and Operations
Introductions by Caroline Clarinval, Federal Office of Public Health and Ph.D. candidate,
University of Zurich

10:15 a.m. - 11:00 a.m.

Counterterrorism: An MSF perspective

Sophie Delaunay, Executive Director, Médecins sans Frontières-USA Counterterrorism poses insidious challenges to humanitarian organizations. Despite existing instruments and measures that claim to protect the delivery of assistance to those most in need, counterterrorism in fact contributes to the erosion of humanitarian space. Be it its chilling effect on international transactions, or the liability it poses to NGOs operating in areas under the control of Designated Terrorist Organizations, counterterrorism constitutes a grave dilemma for humanitarian actors. By obligating humanitarians to scrutinize and select partners and beneficiaries, and by engaging them in a politically-driven process of designating who is and is not an enemy, counterterrorism inherently contradicts the principles of impartiality and neutrality, which are key to accessing sensitive areas and gaining acceptance from all parties to a conflict. When applied by aid groups, counterterrorism rules create a perception that endangers aid workers and patients, and ultimately leads to security incidents and limited access to aid. Aid groups should have the freedom to resist pressure to "select" beneficiaries and to defend their space of work and ability to deliver strictly impartial aid. At the same time, NGOs have a clear moral obligation to ensure that aid reaches its intended destination and to mitigate against the risk of diversion of that aid, even without a counterterrorism framework in place. From MSF's perspective, accountability prevails over potential liability.

Criminalization of health care in the age of anti-terrorism

Len Rubenstein, Director, Program on Human Rights and Health in Conflict, Center for Public Health and Human Rights, Johns Hopkins University

In recent years, arrest and prosecution of doctors and other health workers for providing medical care to alleged terrorists has occurred throughout the world. Although not a new phenomenon, the criminalization of health care appears to have increased since the attacks of September 11, 2001. Some of the laws explicitly hold that medical support to a person deemed to be terrorists is a crime. Requirements of international humanitarian and human rights law, as well as moral principles, should preclude any prosecution of a health care provider based on the political affiliation or acts of a sick or wounded individual. In Syria, these principles have been openly flouted, but in three other states where prosecutions have been initiated against health workers, Bahrain, Turkey and the *United States, the prosecuting authorities claimed to follow international legal and moral* principles. This presentation review five rationales for these prosecutions, some explicitly stated, some implied, offered by governments for these prosecutions: medical participation in terrorism; state exercise of traditional regulatory function; breach of duty of neutrality; breach of duty of impartiality; and distinction between obligations based on whether the individual is in custody. None of these rationales withstands scrutiny, but it is important to counter claims of legitimacy and consistency with international legal and moral obligations in the most effective manner and thereby protect health workers in carrying out their duties to individuals in need of medical care.

11:00 a.m. – 11:15 a.m. *Break*

11:15 a.m. – 11:45 a.m.

Conflict, trust and development in health programs

Angus Dawson, Professor of Public Health Ethics and Head of Medicine, Ethics, Society & History, Birmingham University

This paper will begin by describing recent problems that have emerged in delivering routine vaccination programmes, particularly oral polio vaccination, around the world. One problem that has arisen is due to perceptions that aid workers are working as agents for foreign governments under the guise of counterterrorism. The paper goes on to explore the broader problems of conducting public health campaigns when organised and funded by international NGOs. My key example will be recent events in India, and I will use some examples that suggest that there is often a conflict at the heart of many development projects, about their aims and potential markers of success. Some of this conflict is due to significant disagreements about values and the place and meaning of 'development' within a wider social and political context. I will argue that those involved in health and development projects in places such as India have to begin to think far more carefully about the nature of trust and what enhances and damages it. Important threats to trust are influences from local, national and global political forces.

11:45 a.m. – 12:30 p.m. *Discussion*

12:30 p.m. – 2:00 p.m. *Lunch*

2:00 p.m. – 4:30 p.m.

Session 1 cont'd: Health Implications of Counterterrorism Policies and Operations

2:00 p.m. – 3:00 p.m.

Classifying the psychological impact of drones in conflict: An act of psychological torture?

Ayesha Ahmad, Lecturer in Ethics and Law, University College London Very little attention has been paid to the psychological impact on civilian populations of the use of drones during counter-terrorism operations. Employing drones within mandates linked to 'Just War' principles reinforces a common assumption that drones are ethically neutral, or, that their use is justified. In this presentation, we will examine these implications, and argue that drone use in these contexts amounts to a form of psychological torture. Psychological torture contravenes International Humanitarian Law. In making this argument we discuss links between psychological torture and the psychiatric diagnosis of Post-Traumatic Stress Disorder.

National security and "Health in All Policies": Making connections, taking responsibility Lisa Eckenwiler, Associate Professor of Philosophy and Health Administration and Policy, George Mason University

I explore the integration of the "Health in All Policies" (HiAP) framework into national security policy. Articulations of the framework fail to cite national security as a key policy sector and are also strikingly statist. Drawing on relational theories of global justice, I argue that responsible national security policies and decisions, including those pertaining to counterterrorism, should identify and assess possible harms to the health of compatriots and non-compatriots that may be generated in their wake. I will go on to suggest that these responsibilities are not best grounded in a universal right to health, but rather, in an enriched understanding of ourselves as ecological subjects. I conclude by claiming that this is only a partial strategy; the institutions and processes aimed at greater global governance of health should explicitly address the health implications of governments' security policies.

3:00 p.m. – **3:15 p.m.** *Break*

3:15 p.m. – 4:30 p.m. *Discussion*

7:00 p.m. Dinner

Thursday, May 22

7:30 a.m. – 8:45 a.m.

Breakfast for those staying at Brocher

9:00 a.m. – 9:15 a.m. Welcome

9:15 a.m. – 12:30 p.m.

Session 2: Moral Experience, Agency, and Responsibilities

Introductions by Nina Wild, Senior Teaching and Research Associate at the Institute of Biomedical Ethics, University of Zurich

9:15 a.m. – 10:00 a.m.

Ethical challenges for Canadian military health care professionals deployed in Afghanistan

Matthew Hunt, Assistant Professor, School of Physical and Occupational Therapy and Associate Member, Biomedical Ethics Unit, McGill University
Initiated in the months following the September 11, 2001 attacks, military intervention by NATO and allied forces in Afghanistan has been a focal point of the global war on terror. In this presentation, I will draw upon empirical research with Canadian military health care professionals to examine their experiences of ethical uncertainty and struggle during deployment in Afghanistan. In particular, I will examine three situations in which clinicians confront ethical complexity within the broader context of the war on terror: care for detainees, medical rules of engagement, and involvement in medical outreach to local communities.

Health aid organizations, responsibilities, and moral distress

Chiara Lepora, Programme Manager for the Middle East, Médecins sans Frontières

10:00 a.m. – 10:45 a.m. *Discussion*

10:45 a.m. – 11:00 a.m. *Break*

11:00 a.m. – 11:45 a.m.

Ethics in counter-terrorism policy, decision-making, and operations

Lawrence Korb, Senior Fellow, Center for American Progress and former United States Assistant Secretary of Defense

I will focus on three issues. First, what are the criteria that a nation must use in deciding which individuals or groups it can brand as terrorists? Second, how does one determine whether that person or group is a threat to the country or its interests? Third, what criteria does a nation use in deciding what action to take to deal with an individual or group that can legitimately be called a terrorist that threatens its national security interests, i.e. diplomatic or military actions, including capture or killing?

Rethinking role responsibility: Counterterrorism, institutional ethics, and human rights Jonathan H. Marks, Associate Professor, Bioethics, Humanities, Law, and Philosophy, and Director of the Bioethics Program, Pennsylvania State University

Public officials and government employees with defense, intelligence, and national security portfolios often possess a particular perception of the ethical obligations arising from their roles: their job is to save the lives of fellow nationals from potential terror threats. In order to discharge their responsibilities, it may sometimes necessary to have "dirty hands." Failure, after all, is a successful attack. These perceptions are often reinforced by institutional structures and cultures. In this presentation, I will offer another account of role responsibility for public officials and government employees with counterterrorism functions. This account recognizes and emphasizes the international legal obligations of states under human rights law (defined broadly to include international humanitarian law) and the concomitant obligations—ethical as well as legal—of public officials and government employees. I contend that it is important to recognize the obligations of these personnel to do what they can to ensure that their states do not violate these fundamental norms of international law. I also contend that there is another important kind of failure—at both individual and institutional levels when such personnel promote or permit rather prevent human rights violations. The institutional implications of this account are especially important, and I conclude by addressing the need for training and mentorship in ethics and human rights, the development of counter-narratives that challenge systemic biases, and other kinds of intervention that might address institutional cultures (for example, incentives as well as protections for whistleblowing and other forms of ethical dissent).

11:45 a.m. – 12:30 p.m. *Discussion*

12:30 p.m. – 2:00 p.m. *Lunch*

2:00 p.m. – 3:45 p.m.

Session 3: Roundtable: Ethics and Humanitarian/Military Relations

Moderator: Robert Goodin, Distinguished Professor of Philosophy, Australian National University, and Professor of Government, University of Essex

2:00 p.m. – 3:00 p.m. *Roundtable*

Jean-Marc Biquet, Reflection Unit on Humanitarian Stakes and Practices, Médecins sans Frontières

Daniel Messelken, Postdoctoral Researcher, Center for Ethics, University of Zurich, and Scientific Coordinator, ICMM Reference Center on International Humanitarian Law and Ethics Jamie Williamson, Legal Advisor, Advisory Services on International Humanitarian Law, International Committee of the Red Cross

3:00 p.m. – 3:45 p.m. *Discussion*

3:45 p.m. – 4:00 p.m. *Break*

4:00 p.m. - 5:30 p.m.

Session 4: Conceptualizing Security

Introduction by Lisa Eckenwiler, Associate Professor of Philosophy and Health Administration and Policy, George Mason University

4:00 p.m. – 4:30 p.m.

National security, health security, and human security in the context of the War on Terror Ryoa Chung, Associate Professor of Philosophy, University of Montréal

This presentation will explore the relation between the notions of health and security. The notion of health security has gained more and more importance in international discussions as well as in the language of national security within Western countries. Following Stephan Elbe's work (Security and Global Health, 2010), I wish to discuss the following three aspects of what the notion of health security involves. First, health security seems to designate considerations of national security in face of threats of global pandemics that cross increasingly porous national borders. Second, this notion can also refer to measures of national protection against the threats of bioterrorism. However, the notion of health security has also been tied to less nationalist self-interests in order to encompass important features of human security. Advocates of global health have indeed argued that the promotion of health security should be defined in less narrow terms than the threats of pandemics, armed conflict or bioterrorism in order to include considerations of individual health and the need to access to health care across the world, especially in poor countries. Elbe's interesting claim consists in saying that the notion of health security introduces the medicalization of national and international security. In light of his fascinating thesis, I wish to develop the following two questions: should Sara Davies (Global Politics of Health, 2010) be right in affirming that health plays a crucial role in the context of post-conflict reconstruction in order to guarantee stable outcomes (peace, stability and justice) in transitional contexts, then does it follow that the medicalization of national and international security is the most coherent approach we should promote? Or should we adopt a critical distance toward this notion of health security in order to rehabilitate the political and ethical dimensions implied in the concept of a universal human right to basic health stemming from a theory of global *justice?* The pros and cons of both approaches will be examined in this presentation.

4:30 p.m. – 5:30 p.m. *Discussion*

7:00 p.m. *Dinner*

Friday, May 23

7:30 a.m. – 8:45 a.m.

Breakfast for those staying at Brocher

9:00 a.m. – 9:15 a.m.

Welcome

9:15 a.m. – 11:15 a.m.

Session 5: Roundtable: Ethical Engagement among Actors: The Right Lens? Best Mechanisms?

9:15 a.m. – 10:15 a.m.

Roundtable

Moderator: Philippe Calain, Senior Researcher, Médecins sans Frontières

Caroline Abu Sada, Head of Research Unit on Humanitarian Stakes and Practices,

Médecins sans Frontières

Cord von Einem, European Civil-Military Centre of Excellence

Lawrence Korb, Senior Fellow, Center for American Progress, and former United States

Assistant Secretary of Defense

Ingrid Macdonald, Director of Humanitarian Policy, Norwegian Refugee Council (tentative)

10:15 a.m. - 11:15 a.m.

Discussion

Moderators: Lisa Eckenwiler and Matthew Hunt

11:15 a.m. – 11:30 a.m.

Break

11:30 a.m. – 12:30 p.m.

Session 6: Next steps and Wrap-up

Lisa Eckenwiler and Matthew Hunt

12:30 p.m. – 2:00 p.m.

Lunch

Farewells and departures