

Can children be protected from the effects of war?

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The 1989 Convention on the Rights of the Child is one of the most important steps that the United Nations has taken to address the needs of children throughout the world. It reflects a growing concern about the adverse conditions that children are being increasingly exposed to and recognises the threat that these conditions constitute for the future of society as a whole. Article 6 of the convention refers to the inherent right of all children to life.

Improving the health of children has been the focus of international effort for many years and progress has been made. But, as we approach the end of a century which has been endowed with advances in medical science and technology, article 6 stands out as an unmet challenge.

In the past 10 years over one and a half million children have died in war zones. Another four million have been permanently disabled. Some estimates place the number of people, a large proportion of them children, who have been forced from their homes at over 50 million. Over one million children have been orphaned and countless millions have been so badly traumatised that they are psychologically scarred for life. The rights of families to remain outside zones of armed conflict have been ignored. Wars continue to increase in barbarity and duration, utilising new and more powerful weapons designed to deliver maximum injury, suffering, and death.

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The current tensions and conflicts in central Africa are again raising the spectre of gratuitous child death and permanent injury. The recent murder of 300 displaced mothers and children in Burundi may be the tip of a looming iceberg. There are 24 wars raging at present. Most are specifically targeting civilian populations. Most are in poor countries and regions where public health and the lives of children are already fragile.

There is a growing body of evidence that when children who have been abused grow up they also have a tendency to become abusers. The same may well be true of children

growing up under the shadow of war. Children who grow up while experiencing war and human devastation as normal may be condemned to repeat the same acts that they themselves have been cruelly threatened by or suffered.

The prevention of wars must remain the overriding aim of the international community but the prevention or ending of wars is not the role of the health sector as such. On the other hand, defending the health and welfare of vulnerable groups clearly is. There are no easy ways to achieve this, but we suggest two measures based on the concept that child protection in war can be built on the same principles as the protection of children against any type of abuse. The first should be the denunciation as a war crime of any military aggression directed against civilians. Health workers have the social and political standing required to do this and to be listened to.

International mechanisms to deal with war crimes are gradually being established. They can be effective, however, only if supported morally, financially, and politically. The presence of a functioning international legal framework that can move rapidly to any war zone, efficiently gather evidence, and expose the perpetrators of war crimes could dissuade others from engineering or committing future atrocities. This will be more effective than the development of war crimes tribunals after wars have ended.

Secondly, there should be a global reaction force capable of responding rapidly to protect children threatened by armed conflict. In the same way as health and social workers and child protection workers within the police force are being asked to respond quickly and proactively to cases of child abuse, so an international force should be set up to prevent or mitigate large scale war driven atrocities against children. Such a force could move quickly to establish internationally visible, militarily, and legally protected zones wherein children and their families will be safe.¹ This step recognises the already accepted fact that the physical protection of children from abuse may, regrettably, sometimes require forceful action. In this context, however, a military force would not enter the war on one or other side but would remain politically neutral and committed only to protecting children and their families. Recent events in Bosnia have shown how fragile so called safe areas can be when there are insufficient military resources

to protect them, so the international community must be prepared to provide the political, human, and technological resources needed to sustain effective protection.

One of the preconditions for safe areas to be effective would be the clearance of all structures, military or administrative, which could make them targets of aggression. Only the multinational protection force would have the mandate to bear arms within safe areas and even this would be undertaken as discreetly as possible in the presence of children.

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Management of safe areas will not be easy, but the existing skills in the military and humanitarian agencies should be able to overcome most problems. Safe areas would be staffed by national and international personnel, including teachers, health care workers, and psychologists, able to provide in a culturally appropriate way for the needs of children and their families. Unlike the present situation where such workers are at risk and have to be withdrawn just when they are most needed, adequately protected safe areas would permit them to work efficiently and without interruption.

The international community has a unique opportunity to move the debate and action forward in direct support of children. Peace is not something which, in the presence of active conflict, comes easily. On the other hand, the protection of children and their families may be accepted by all sides, and in doing so provide the basis on which a more lasting peace can gradually be built.—DAVID SOUTHALL is a professor of paediatrics in Stoke on Trent and trustee of Child Advocacy International and MANUEL CARBALLO is coordinator of the International Centre for Migration and Health in Geneva

¹ Southall D, McMaster P, McMaster H, Plunkett M. Strategies to protect children from the effects of war. *International Child Health* 1995;6:111-116.