Mitigating Armed Conflict Casualties in Children

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Mitigating Armed Conflict Casualties in Children

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Abbreviations: UN, United Nations; US, United States; ISIS, Islamic State of Iraq, and Syria; UK, United Kingdom; ISSOP, International Society for Social Pediatrics and Child Health.
The 2019 annual UN Report on Children and Armed Conflict identified 10,173 child casualties and 4,019 children killed in armed conflicts the preceding year.¹ Most of these children were victims of "internationalized" conflicts, defined as internal conflicts where one or more third party governments are involved with combat personnel.² Five such protracted conflicts involve the US and allied armies (Afghanistan, Syria, Yemen, Somalia, Mali). These account for 69% of total reported child casualties and 64% of children killed. We present examples of how children continue to be harmed in armed conflicts, as well as practical suggestions for how pediatricians can help reduce the impact of armed conflicts on children.

Children are inadvertently harmed in conflicts. However, many civilians, including children, are injured, or killed due to policies and compromises made by military operation planners. For example, ISIS used civilians as human shields in urban areas. To expedite the operation to eliminate ISIS in Iraq and Syria while limiting US ground troops, US government policy makers increased the "non-combatant casualty value", the number of civilians allowed to be killed per air strike.³ By 2018 at least 1139 civilians, including children, were killed in that operation over a 4 year period, many died as buildings collapsed from airstrikes, undoubtedly an underestimation as onsite investigations were not conducted.³

Indiscriminate use of arms, lack of accountability and deliberate targeting of civilian populated areas increase risks to children. In 2015, among 1953 casualties in children reported by the UN in Yemen, 60% were due to airstrikes¹ with armament manufactured by the US, UK, and other allies. Yet the US government curtailed training in precision targeting for coalition pilots flying over Yemen.⁴ Subsequently, a school bus with over 40 children was bombed.⁴ In 2019, 12% of the 1447 child casualties in Yemen were from airstrikes.¹ In 2019 Syrian and Russian forces targeted civilian populations, with air attacks on medical and other civilian facilities over an area the size of Luxembourg in Idlib, terrorizing civilians.¹ Among the 1454 child casualties in Syria, 35% were from airstrikes.¹ In addition, according to the UN, non-state actors in Yemen and Syria, working with outside states, restricted access to humanitarian care and demanded payments from fleeing civilians, among other human right abuses.¹

Political barriers, and a lack of adequate medical care and evacuation resources result in further harm. A review of pediatric combat trauma care observed that over 80% of children died at the scene of the attack or during transportation to a health facility.⁵ Children are more likely to incur head trauma compared to adults, and often suffer from complex injuries (face, eyes, trunk, vasculature, extremities, burns)—requiring prolonged admissions, repeated surgeries, intensive and expert multidisciplinary care in secure, well-equipped medical facilities.⁵ Recent studies were conducted in countries neighboring conflict zones, such as Turkey, or in military trauma units.⁵

In contrast, non-military data on combat trauma care from inside conflict areas is limited. In 2019, 12% of the 1447 child casualties in Yemen were from airstrikes.¹ In 2019 Syrian and Russian forces targeted civilian populations, with air attacks on medical and other civilian facilities over an area the size of Luxembourg in Idlib, terrorizing civilians.¹ Among the 1454 child casualties in Syria, 35% were from airstrikes.¹
difficult to collect, information related to access to quality tertiary and quaternary care inside and/or across borders is necessary to optimize the care of these children.

As the world’s largest purveyor of arms, since year 2002 the US has exported between $15 and $75 billion in arms per year—representing up to 4 to 5% of its total annual exports. Economic interests often drive these sales. Though the US government is legally required to prevent arms sales to states that use them indiscriminately, an analysis found no correlation between the size of arms sales and human rights abuses or bloody civil wars committed by purchasing states. A fraction of military expenditures in Yemen could cover its emergency humanitarian needs, yet these remain unmet.

Role of pediatricians
Pediatricians and related child health organizations have critical roles to play in advocating for and implementing policies and practices that prevent and mitigate harm to children involved in armed conflict. Some of these were outlined in an AAP Policy Statement and Technical Report on the Effects of Armed Conflict on Children, and in the International Society for Social Pediatrics and Child Health (ISSOP) Beirut Declaration on the Prohibition of Harm to Children in Armed Conflict. These can be summarized as follows.

Cura in bello (care during conflicts)
Improved and accountable healthcare of the injured:

- **Medical care.** Pediatricians, surgeons, emergency medicine and pediatric intensive care subspecialists, should consult private and public sector entities to support the implementation of prompt rescue and evacuation protocols for injured children, and access to safe medical centers capable of caring for them across age and injury spectra. Existing regional referral centers of excellence should be equipped and supported to ensure state of the art care of injured children. If such facilities are unavailable, these should be established with local partners.

- **Reporting of medical treatment and outcomes.** Pediatricians with proper expertise should help develop ethical, innovative, and rigorous reporting methods for governmental and international organizations, including the UN, to document childhood injuries, care provided, and outcomes.

- **Deter airstrikes.** Pediatricians should advocate that UN Security Council permanent members place monitors inside all medical facilities serving civilians and children, especially in “internationalized” armed conflicts, to deter airstrikes.

Mitigation of harm during armed conflicts:

- **Safe environments.** Pediatricians should advocate that children in armed conflicts have access to necessities for optimal development, including shelter, sanitation, food, water, schooling, and jobs for parents, as well as primary health care, treatment for chronic illnesses, and mental health support.

- **Casualty reporting.** US and allied nations pediatricians should advocate for enforceable and accurate casualty counts of all civilian victims in all countries where US and allied nations’ armaments are sold or used. Reports should include
number of children and women injured or killed, as National Defense Authorization Act requirements to improve policies that ensure their protection.

**Cure ante bellum** (cure before armed conflicts)

- **Deconfliction strategies.** Pediatricians should advocate for policies that prevent armed conflicts, and when armed conflicts occur, that military operations prioritize the protection of children.
- **Corporate responsibility.** Protection of children against harm in armed conflicts should be the priority of corporate governance of institutions linked directly or indirectly to arms procurement. Child health professionals should ensure personal investments, and those of organizations in which they are members and institutions who contribute to their pension funds, are ethical and socially responsible—as related to investment in the arms industry.
- **Collaborate and advocate.** Pediatricians should engage, learn from, and collaborate across health care disciplines as well as with educators, international humanitarian law experts, government and non-governmental organizations, corporate leaders, and the military. Advocacy should focus on feasible evidence-based goals that maximize benefit, equity, prudence, feasibility, and transparency.

**Individual actions**

- Actions by individuals can include: provide appropriate health care to children of displaced/refugee families in their practices; become familiar with the evolving nature of armed conflicts, international humanitarian law and government policies that may lead to civilian injuries; join groups or organizations that work in conflict mitigation; write to government representatives; examine personal investments.

We hope pediatricians and concerned parties will join and work together to reduce harm to children impacted by armed conflict.

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