

12:15:56 So, here we are. Once again, a both a leader, a nation that undermines the values and the law.

12:16:16 In fact, as you point out some of these questions or issues or debates go back even to the US Civil War. Is that right, yeah so what's so interesting.

12:16:17 It's one of the themes of the book is that the Geneva conventions are based on the principle of humanity that you should reduce unnecessary suffering to the extent you can, and the prime example of that is providing care to someone who was wounded or

12:16:32 sick, or a human being I suffering human being deserves our attention.

12:16:38 But is the very same time that you conventions were being written there was another theory out there by a man named Francis Lieber who was a brilliant intellectual and had a different different idea of what obligations are with respect to the conduct

12:16:54 of war, and while he said, moral considerations have to be taken into consideration and more. So gratuitous cruelty is prohibited.

12:17:04 You could harm people who you might not otherwise want to harm particularly civilian, if it's necessary to win a just war more quickly. So his rule what for example with respect to hospital that you protect hospitals, as far as the contingencies, and

12:17:22 this is entities of the fight will allow, but that's an incredibly open ended standard because all the combatants think it's necessary to when you're in the battle, and he actually adopted a code, signed by President Lincoln, right before the Battle of

12:17:39 Gettysburg in the Civil War. And although his thinking has been repudiated in a law that idea of winning adjust work quickly, you see that thinking appear in the conduct of event all the time, and occasionally, it's articulated, and even, for example,

12:18:01 recently by a general counsel of the Department of Defense siding leave.

12:18:07 Who cited Bieber for the notion that when you are trying to take over an urban area controlled by ISIS. It's okay to use explosive weapons that you know are going to hurt civilians, even though those kinds of weapons are generally prohibited is indiscriminate

12:18:27 in order to secure the town, more quickly.

12:18:32 Wow. You know I want to go back to the actual health care professionals and workers affected by these attacks the book is full of first hand accounts you've talked to a lot of these health care workers who have been subject to incredible attacks and stresses

12:18:50 what what do they tell you.

12:18:54 In fact that the most rewarding part of writing the book is to encounter and read and work with and talk to these health workers who are struggling in very difficult circumstances, and their persevering under terrible circumstances.

12:19:13 But what is often recognized as they're labeled heroes, they're labeled as resilient and their own suffering is not taken into account. And they actually experienced two kinds of suffering.

12:19:29 One is fear of being killed, from the violent fear for their families, what's going to happen, who's going to support their kids. If they're killed. So that's one element of your suffering, but they also suffer moral distress which I'm sure you at the

12:19:48 Center for bioethics you know a lot about which is the suffering that comes in health care when you know what needs to be done, but you can't do it.

12:19:58 And these health workers watch patients die, who they can't save and some of the most poignant and and awful examples people share with me.

12:20:10 Where things like parents begging, someone to save their kid who was hit by a shell or.

12:20:19 used for somebody somebody else and they didn't have enough generated for everybody. So they had these terrible forms of triage that were based on their resources, not based on

12:20:37 consideration, they thought were medically appropriate.

12:20:42 What What explains their bravery and do you have a sense from talking to them as it is this a case where medical ethics professionalism what explains their ability to do this under such dire circumstances.

12:20:58 It's a very complicated question, as you can imagine, they differ a lot of many people are there because they're completely devoted to their patients and sometimes often to their people.

12:21:13 They want to take risks because they want to help their people and they have a very strong sense of compassion and an obligation to do any of them are there because they have no other options in Syria, for example, most of the quote the most qualified

12:21:30 Many of them are there because they have no other options in Syria, for example, most of the quote the most qualified doctors left. When the war started, they had the means they had the resources to get out.

12:21:40 And so it was the people without those resources you are stuck. So many people are there because they don't have a lot of options. And it's such a combination of these views that it's not at all mutually exclusive is a sense of obligation and devotion,

12:21:54 but often the sense that there aren't they don't have options.

12:21:59 You know, the other part of your book that I found intriguing is that we'd like to think of, or imagine attacks direct attacks bombings being a really visible example of attacks against healthcare but that's not the only kind of attack you described there

12:22:14 seems to be other forms of intimidation of interference Can you say more about those less yeah I guess less egregious acts of violence. Oh yeah, and these are the ones we, because we have so little data I mentioned the 4000 attacks we we have those are

12:22:32 acts of violence there easily not easily but they can be recorded.

12:22:36 But it's estimated that what people may die out because they can't get through a checkpoint than in bombing, because checkpoints are pervasive in every conflict and frontline soldiers they were always young, not exactly a assignment that people want.

12:22:57 And they're fearful, and so they err on the side of not letting people through. So you have babies.

12:23:05 Dying a checkpoint VPN mothers giving birth to checkpoints, and people not reaching emergency care we have no idea what exactly the numbers are even estimate the numbers.

12:23:17 But then we have other kinds of of x, and the Taliban in Afghanistan, had a very

12:23:28 complicated record with this get back to health care, they want in health care to be provided to the population, and they still do today.

12:23:36 And they allow NGOs to operate government, finance, health clinics, but the Taliban wanted to control them.

12:23:46 And they used all kinds of threats to control them. So they, they said if you don't hire the people you want. If you don't give us contracts for this service.

12:23:57 We're going to shut you down, or we're going to kidnap somebody they did kidnap people for a few days.

12:24:03 And they are shut down, were enormous.

12:24:06 In, I think was 2019 and not sure if that's the right year, 200 clinics, were were forced to close because of this intimidation. And when you and agency estimated their 45,000 hours of healthcare was lost because of the shutdown, and of course, then patients

12:24:28 are afraid to come anytime something bad happens to a clinic people don't come back for many months so these indirect effects or invisible effects are as serious as the more spectacular acts of violence.

12:24:42 It seemed like another interesting or important one is this issue of security forces entering a hospital or entering healthcare to look for accused terrorists combatants enemies or yeah that's another big, big problem.

12:25:00 It's not prohibited, or for military forces to go into a hospital to arrest someone like a, an arm, somebody from an armed group, just like in this country.

12:25:13 Please, you're not prohibited from going into hospitals and.

12:25:19 However, they tend to go in with guns blazing, you know they they have doctrines of force protection. They don't want to leave anything to chance. So they go in and fire.

12:25:30 First, and these are quite violent.

12:25:33 They many killed, and in Afghanistan to come back Afghanistan, we think of the Taliban and other insurgent groups as the perpetrators, but special forces in Afghanistan, supported by the CIA were notorious for these kinds of intrusions in which they burst

12:25:55 into a hospital killed staff and and disrupted tear and again. Once that happens, people patient completely afraid of coming back. So, this sounds like another example where the US is actually indirectly perhaps been involved with these sorts of x.

12:26:17 Yes, in some, there is some evidence that some, some circumstances, international forces, which usually men US forces were part of these raids.

12:26:33 But there has been no acknowledgement at all, that these ever happened.

12:26:39 Seems like this intimidation can affect one of those fundamental norms of humanitarianism of impartiality.

12:26:58 And the idea that health care can be under pressure to give care to one individual over another because of forces or could be even accused that by rendering aid to a combat and they're somehow aiding the cause.

12:27:04 Yeah, that, that there's a real tragic paradox. Because impartiality is not only a value, but it's a security strategy. So, a hospital or clinic wants to treat everyone, in part, to make sure that nobody thinks they're discriminating against their people.

12:27:28 So in Afghanistan again. The Ministry of Health, and all their clinics make a big point that they will treat anybody including Taliban and Taliban affiliated families to protect them from attack at the same time.

12:27:47 One side will say well you're treating my enemy so I'm going after you. So this paradox it's both a security strategy, and it puts them at risk.

12:27:57 Is there a point where healthcare becomes aiding the enemy.

12:28:04 You only that this is one of the most powerful aspects of the Geneva Conventions. It's got very strict rules about what it means a the enemy, so that the fact that you admit patients every faction is not a new enemy, nor is aiding the enemy, and the enemy,

12:28:24 having some kind of political affiliation with one side or the other, you can be a doctor or nurse and be affiliated with a political group that opposes one side of the other, but in your medical work you act appropriately according to ethics.

12:28:44 So, so all that is allowed, but that's not accepted. And that's why, in practice, we see too many cases where that is considered aiding the enemy. And we see this to me Mr where, where doctors are leading the civil disobedience movement, and they are

12:29:04 targeted because they're politically involved, they're still doing their job as doctors and nurses.

12:29:10 But you have to commit an act specifically to help the enemies, for example, that you start shooting from a hospital.

12:29:21 Not in self defense, but using the hospital for for a military purpose.

12:29:26 So the rules are very strict to avoid that kind of label.

12:29:30 Yeah, I'm thinking of one of the examples being around civil disobedience and physicians who treat protesters. I think that's an example in the book. Yeah, we, you know, in Portland, in other countries, after the George Floyd murder.

12:29:47 police attacked the medics, and they were wearing red crosses or some kind of big that show they were, they were medics, and it's happened in Turkey actually after this huge series of demonstrations about five years ago, where 1000 people around the country

12:30:05 were injured and the government wouldn't allow any kind of wouldn't provide any care to the wounded protesters volunteers came out. And so they passed a law saying it was a criminal offense to provide emergency care without permission to the government

12:30:25 which is specifically directed at people providing first aid and other emergency care to people wounded in those protests were dancing around a little bit, something that I want to make sure we put a finer point on which is the distinction between impartiality

12:30:43 and neutrality. Those two norms, can you say more about that and why it's so important to clarify in our heads the distinction between the two. Yeah, there's a lot of, there's a lot of confusion about about what this means I mentioned impartiality before,

12:30:59 which means you retreat irrespective of who the person is and what your beliefs are, what their ethnic ethnicity is or their race or their military affiliation.

12:31:12 So, your military doctor for US forces or any other has to treat a wounded enemy soldier that's impartiality neutrality is not taking a political position.

12:31:27 And that, for example like Switzerland, that you don't take a political position, the norms are very clear as is the law, they impartiality is corn, but neutrality is not because it's almost impossible for example for a Syrian doctor or a doctor or associated

12:31:45 with a military organization to be neutral. They have political beliefs. And so long as you comply with your ethical obligations, including impartiality, then you're protected, but the ideas out there that if you're politically engaged in some way, even

12:32:02 in voluntarily like with your deemed by the Syrian regime to be an enemy because you you live in a area control by the opposition that you don't want any protection.

12:32:19 One of the issues you've mentioned earlier, relates to this idea that there. We know there are tragic consequences for the individuals involved in health care, subject to attacks or intimidation and we could spend the whole time on that, but it's also

12:32:33 true that these attacks have longer term effects. Morning progress and global health and Global Health Equity more generally, can you say more about how that happens maybe give us a couple examples is sure I mean this is one of my major complaints about

12:32:48 the whole field of public health in global health, which is it does not take this into account as the focus on building resilient health system, and providing

12:33:02 anti-retroviral medication for HIV and all kinds of interventions are just give you a couple examples.

12:33:10 I'll just give you a couple examples. The smallpox has been eradicated world's which is a wonderful development. And there was a campaign, and still as a campaign to eradicate polio. The goal or eradication of polio is the year 2000, but here it is two

12:33:25 decades later, and it hasn't been eradicated. And the main reason is that in some countries, particularly Pakistan, but some others vaccinators have been subject to attack hundred more than 100 have been killed in recent years.

12:33:42 Pakistan.

12:33:42 And what that does is it end up spending vaccination campaigns, hundreds of thousands of kids may miss their dose of the, of the immunization and polio remains it's endemic in both paths, Pakistan and Afghanistan.

12:34:01 So that's one example.

12:34:03 In Yemen but water infrastructure was was destroyed by the Saudis, and it led to the biggest cholera epidemic.

12:34:15 The world's ever seen 2.2 million cases. And this is in a place where the health infrastructure was also destroyed to treatment was much less available.

12:34:26 And that, that I have a little is a chart I found which shows that in Yemen, the cholera

12:34:36 incident with was really off the chart. It was like 10 or 20 or 30 times larger than they were whenever was in second place so you see these effects and then of course, is the health care system, where when you lose 70% of your doctors and nurses in Libya

12:34:55 and Syria in, in, in so many other countries.

12:35:00 You're losing capacity that last for long periods of time and there are some studies showing that years after the war, and that these health indicators, the main terrible.

12:35:12 So if that's the case, then why has it taken so long, if it even is on the agenda of the major global and international public health agencies what Why is it taking so long to see this.

12:35:26 Well I think you're two reasons. One, it wasn't tracked I think I mentioned it during the last decade that we're starting to track this and raise awareness of what's going on.

12:35:36 And second, it raises political issues for government.

12:35:40 It has to do with what your relationships are with your allies. It has to do with not wanting to take responsibility for their behavior when you sell them weapon.

12:35:50 It has to do with counterterrorism policy, which is not consistent with with these rules. and we've had a complete includes diamond and accountability accountability, as in all areas of human rights is so central to any effort to change behavior.

12:36:13 But both domestically.

12:36:17 People are not court martialled for their behavior.

12:36:20 They're not held accountable by their military organizations as they could be.

12:36:27 Globally, the structure of international institutions including the Security Council. They had made it almost impossible to send cases to the International Criminal Court.

12:36:36 So we've had these political failures and resistance. And it actually goes beyond that, that in 2016 for the first time that Security Council passed a resolution saying, This is terrible, stop attacking healthcare, here's what we agreed needs to be done,

12:36:54 we have to reform our laws, we have to change by military practices. We have to promote accountability, we have to be active as a global community. That was five years ago, and there's been no implementation, because it's just not insufficient political

12:37:10 pressure on the government to do, even with the acknowledged should be done.

12:37:18 We have just a few minutes before we're going to turn it over to the audience for questions whether, in person or online but just to ask you a couple, maybe a couple other questions, you know, the last part of the book interrogate so to speed the logics

12:37:33 of these attacks.

12:37:35 And it's a little disturbing maybe to try to understand why these attacks occur or what their logics are but why did you feel it was important to address that to get into the logics.

12:37:46 Well I think we talked about this, it's kind of a blob violence against healthcare it's one big blob. But the more I looked at it I thought we needed to understand what the reasoning or the rationales are for different types of violence so we can have

12:38:04 better intervention and target, as it were, I interventions appropriate to the circumstances so I developed a framework that tried to distinguish between for example strategic attacks like happening Syria.

12:38:25 Problems of tactical violations, which are in some ways easier to deal with, which involve involving your shooting from a hospital because the convenient geographical location.

12:38:34 I've already talked about the problem of denying care to enemies. That's a discrete issue we dress. And there there are others, including February take precautions.

12:38:45 And it seems to me the strategies may vary in addressing the different kinds of logic and and I have to say this, this framework was not based on social science evidence because we don't have it yet.

12:38:57 And I one of the reasons I wrote the book was to try to put it out there and let people look at the data just like the data on what is driving a tax on civilians.

12:39:11 To see if this is correct, and if so, help figure out what to do about it. So in other words by understand the logic it's almost like diagnosing the problems that you can develop a better strategy for preventing it.

12:39:26 Yes, absolutely.

12:39:27 You know, as our conversation is going along and as I read the book I, I was trying to figure out if I was optimistic or pessimistic, you know, on the one hand here these norms that you've told us have been around for 150 years, and yet they're continually

12:39:43 regularly violated.

12:39:47 On the other hand, you've at least hinted that maybe there are signs of hope for the future, which is it, where do we go from here.

12:39:55 Yeah, that, that is the hard question. And the book I have to acknowledge is fairly grim in many points are reading about these conflicts there about 12 conflicts I address.

12:40:09 It's really both what gives me hope is that there have been changes in, not just the norms of the law, but the norms of practice, I mentioned before that strategic farming is much less common today.

12:40:27 And that has been a product.

12:40:31 Both of popular value changes, mostly after as a result of the Vietnam War. Where, where the anti war movement, lead in largest respect to finally controlling indiscriminate attacks, so that a source of optimism.

12:40:52 What is not so

12:41:10 optimistic, is that it's been the inaction in the face of what people know, and the resistance to taking even simple steps, like, developing rules for soldiers about how you operate and check for your hospital, and the political failures to take these

12:41:19 seriously, and always blaming the other guy for for the violation. So, and the most distressing thing is the lack of a strong constituency in that where were we following the most short when you think about journalists, for example, there's been such

12:41:43 a lot of solidarity with journalists among your peers. I think that helped lead the Nobel Peace Prize this year.

12:41:51 And we don't have that we don't have medical groups, speaking up for their colleagues around the world who are at risk. And I think that's what needs to change.

12:42:02 and maybe that leads me to my final question before we turn it over to the audience and their questions is that many of us will never see the places you've seen, maybe even never know someone who was victim of an attack or an intimidation so what what

12:42:19 is it that people like us, should be doing, you know here watching this conversation listening in the room. What would you tell people to do.

12:42:30 Well first I think if you open your eyes you see it's happening, either in code and we haven't talked about.

12:42:37 But, you know, all the intimidation threats against public health officials in cases frontline medical staff have been in the paper and we can see on a much smaller scale than in a war.

12:42:48 What that does and how to moralize.

12:42:51 People are and what a serious problem it is not only for for the individuals who are victims but for the whole effort to deal with coding. So what is just to see that and understand that this is happening somewhere else.



12:43:08 And the second thing that it goes back to solidarity I think that we want a need, as a communities that do have some understanding about this just to become more active.

12:43:20 Whether it means

12:43:22 demanding that Congress act on this and there's been some movement on that to require Defense Department to change its rules. So there's things can be done here.

12:43:33 And also just to know that people in the end Mar, or Syria or the Central African Republic.

12:43:42 We care about them, that makes a difference, all the suffering that they experience can be alleviated, even if the violence can't be prevented by them knowing that damn support.

12:43:54 Yeah, great. So I'll turn it over for questions now from the audience either in person or online if you're online watching you can of course put the questions in the chat and I'll rely on the liotta relay the questions into us but let me open it up and

12:44:07 see if the audience has any questions.

12:44:11 Okay, so I can start with one online.

12:44:15 And actually, before I do that I would like to thank the tattered cover who is our partner in producing this event. So if you're interested in purchasing Professor proven science book you can do so at our online bookstore page with tattered cover, and

12:44:28 that link is in the chat. And for our first question this comes from Darren states, he's a student at CU and shoots.

12:44:37 And he says, I'm a former former Army medic who deployed to Syria in 2018. So this subject is very important to me. You mentioned that if no one knows what's going on, new data that no one cares and nothing improves.

12:44:51 Is there a resource, a Syrian doctor can contact.

12:44:59 Scroll down.

12:45:00 Is there a resource is Siri cut doctor can contact or us if their hospital is being bombed, for example, or is it their best course to document with pictures and video and post to social media.

12:45:13 It's a great question. I think the answer is both. That there are a couple of characteristics of the war in Syria.

12:45:21 I can't say they're encouraging because 10 years of war has not stopped the depredations in the end, and the attacks. But on the one aspect of the war is that people in Syria have done more than in any other conflict to document, what's happening through

12:45:41 social media through videos that are posted on YouTube, and so many other ways. And that has been an incredibly important way to ensure that at least some people know what's going on.

12:45:56 Second thing I talk about solidarity is that there is a large expatriate community of Syrian doctors in this country as well as in Europe, and they have done an enormous amount to both mobilize resources for humanitarian aid and engage in advocacy to

12:46:18 try to raise the visibility of the conflict and what's happening to health care there.

12:46:27 And they've done a wonderful job. The problem is, they're kind of alone, you have to get beyond the, the, the Syrian groups to really have a major impact impact but I think what we need to do is join in common cause with those groups who are on the front

12:46:46 line

12:46:49 is as you're thinking, the next question is one of the things about the book that seems so important it's, it seems easy to compartmentalize and say well this is a problem of Syria, or not and not think about really the broader extent of this problem

12:47:03 and that it's happened as you said at the beginning and basically every armed conflict, we know it's not just a problem for Syria.

12:47:11 Yeah, and this year in 2021. We had some conflicts blow up one grade copia how system is basically destroyed, another war in Gaza. Where, where once again there has helped us to system has been compromised and was already.

12:47:31 We other wars in this decade.

12:47:35 And in Myanmar, where the entire Kobe response is collapsed.

12:47:47 Because of the occupation of hospitals interference with healthcare and the songs on doctors.

12:47:50 Other questions.

12:47:56 Ask us questions if others don't have them, your conversation about what prompts people to stay is really reminiscent of plague doctors in the, you know, during the Middle Ages, and a number of them wrote articles they call them plague track states that

12:48:15 explained why they stuck around when many others would have left and they were exactly the reasons that you articulated things like, Look, my family and my community are here of course I'm going to stay or, I don't have the resources to leave.

12:48:31 Or, there were people who said I feel like I am relatively safe because I know how to prevent myself from getting the plague.

12:48:39 I put on, you know my beat mask and I put on my doctors robe and that will protect me from from the plague.

12:48:47 So there was a sense in which people were sort of in denial about the level of danger, which I think also arose in London, during the bombings in World War Two, were sort of famously the Nazis thought that they would degrade the populations, sense of

12:49:02 safety and desire to continue the war and instead it had exactly the opposite effect. People in London felt like well, only a few people are dying from these things it's not me.

12:49:12 So, so it actually raised the level of commitment to to the war, and I just wondered, you know do those other sorts of denial and and optimism. Do they also play some role in in health professionals being willing to continue on into these extremely difficult

12:49:33 circumstances. And the reason this all came to mind, of course, is because of coven where we are seeing something similar play out.

12:49:43 I agree totally and it is. There's also the sense that they are making a contribution that there are a lot of people who are hurting, and they are doing something and they do their part.

12:49:58 And you know on that subject and they just going back to the question of optimism pessimism.

12:50:04 We do see some really strong examples of leadership in places you wouldn't expect I talk about the Ministry of Health in Central African Republic, which had a series of wars over a decade and most recent started 2015 and it has the second lowest ranking

12:50:22 in the UN Development.

12:50:26 He such incredibly poor country. It's been elected for decades. It was pressed by the French.

12:50:35 So it's got a terrible history, but the Minister of Health is really committed to help his people and he supports his health workers. He has occasionally put his own life on the line toward protection you devote energy he actually reaches out to arm groups

12:50:53 and criticizes them sometimes and and takes his own government to task when their forces breach the rules, and it's a real example of leadership. And this is also a way for the health workers on the front line to feel that they have some support

12:51:15 their questions.

12:51:16 Yeah, so another online question this comes from Bill Silver's he's a retired healthcare professional and he is a donor who started our endowment for Holocaust and saying contemporary bioethics program.

12:51:28 So first, he has a comment which is thank you for keeping your positivity and preserve perseverance in the face of these near insurmountable conflicts, and then his question is regarding the relationship between physicians for human rights, the world

12:51:42 Medical Association and the World Health Organization. Yes. Is there an international network of other NGOs, like, physicians for human rights bill thanks question it glad that you with us I remember meeting you a couple of years ago when I came back

12:52:00 here.

12:52:00 One of the things that has happened is there have been efforts to organize health groups. So, I'm always involved in starting a group called the safeguarding helping conflict coalition, which consists of about 40 NGOs, and some academic centers, from

12:52:19 humanitarian groups to human rights groups. And what we do is, aside from reporting every year on a tech. We lobby at World Health Organization, to increase their engagement in this issue with some success and we also lobby there UN agencies, and the

12:52:39 Their UN agencies, and the International Committee of the Red Cross has its own initiative called healthcare in danger which

12:52:47 has a what they call community concern, which is a number of international associations of groups like the international Pharmacists Association and the National Council of nurses and the world Medical Association, and to create a voice in the same kind

12:53:06 of efforts to get these issues on the agenda. And I have to say that these efforts have had success at one level that is putting it on the Global Agenda who and elsewhere, where we've had less success is at the at the national level where things really

12:53:27 happen.

12:53:28 And where things have to happen, where we have to have a kind of legal reforms military forms, kind of ability.

12:53:37 And that's where we need to go and we've, we've not reached that point yet. What would you say if I could press you a bit more is the single most important reform necessary at the US, maybe it's not one but two force you to just say one at the US national

12:53:54 level.

12:53:56 You won't force me to say.

12:53:59 One is of give you to.

12:54:03 One is to repeal our counterterrorism laws that Diem healthcare to be a criminal offense.

12:54:10 And number two is to take the steps to adopt operational doctrine and rules of engagement and training on a more routine military operations that deal with health institutions bike checkpoints and, and, and hospital searches, it's a very easy thing to

12:54:30 do.

12:54:32 It's even politically easy, the counterterrorism change is more politically difficult. Now add a third actually to get serious. For one, draw that on this obligation of ensuring respect and take some responsibility for all the acts of the, of the government

12:54:54 to which we supply armed and military assistance.

12:55:00 Like, you asked for want to give you.

12:55:03 Other questions.

12:55:11 So this one is from Laura Vargas cu entries faculty member she thanks you for the great conversation.

12:55:18 She comments that she says how pervasive violence in Mexico affects healthcare system, health care services, specifically from the perspective of health care professionals.

12:55:29 And in her research professionals are well aware of the perils of working in unsafe environments and are also knowledgeable of the corruption and impunity, that allow this, these kinds of violence and threats to happen.

12:55:43 May professionals feel a sense of commitment. Despite the enormous adversity, and many told her during her fieldwork. But this time, this was the first time anyone asked them about these experiences.

12:55:56 Can you talk a bit about the mental health toll this takes on health professionals, and how the countries that are officially not at war, but live in warlike conditions like Mexico, deal with a deep challenges to the health workforce and systems posed

12:56:12 by this violence.

12:56:15 Well, Laura thanks for that question and thanks to the work you do.

12:56:18 The situation in Maryland for health, Mexico, for a healthier it's really terrible when you look at the map we have an interactive map of violence overstock, and Mexico along with indeed.

12:56:33 They count for two of them together with more than half of the incidents that have been documented and toys a question whether Mexico counts as a country, more of a little, you know, is the gang violence in the political violence inflicted by state forces

12:57:03 so enormous, and the suffering of the health community as a result, and the vulnerability of help community and health community. It takes a toll. And I had mentioned this before but I mentioned is that a project that Matt and I worked on Syria.

12:57:11 We were looking at the ethical issues that arise rose in Syria from the violence.

12:57:18 And one thing we didn't anticipate in this in the interviews, was the respondents the health workers that we've talked to always talked about the mental health whole there without using these words his diagnosis the anxiety the depression.

12:57:40 The sleeplessness, the need to use sleeping pills and and stimulants to keep them going.

12:57:48 It was so dramatic. And yet, when we talk about support for that. It was not the all the donors that provide money to pay health workers and provide supplies, none of it.

12:58:06 When the psychological well being of the medical staffs. And that's still true. And I'm sure that's true in Mexico, do they sub, sub, they're subject to psychological trauma endlessly without support, and that needs to be addressed it needs to be addressed

12:58:27 domestically. By ministries of health and Parliament's that that should be part of the, of the program in countries where there is that kind of violence, and not your, your statement about how no one had ever asked him before.

12:58:43 That's kind of what I meant by support and solidarity. People need to be recognized and they need to know that someone cares about cares about what they're going through.

12:58:55 And because the cost of not of knowing that no one does care is makes the harm, even greater. So I think there are ways that we have to address this, and re raised the stakes for the whole healthcare system.

12:59:16 The time for one last question.

12:59:26 So I just wanted to ask you talked a lot about direct attacks and my first realization of this about almost 20 years ago when I was reading the Bloomberg report about indirect attacks on Water and Power civilians and hospitals, I racket.