

# Identifying Contemporary Civil Wars'

gency contraception amidst rising reports of sexual violence, not least from Bucha, faced challenges elsewhere in Ukraine.<sup>5</sup> In the meantime, millions of refugees forced to flee Ukraine sought access to health care in the neighboring countries.<sup>6</sup>

Russia's war in Ukraine is an interstate war, a rare event in the landscape of contemporary armed conflict, which has been dominated by intrastate or civil wars since World War II.<sup>7</sup> However, its impact on humanitarian health care provision bears a resemblance to the challenges posed by wars in which "armed combat [takes place] within the boundaries of a recognized sovereign entity between parties subject to a common authority at the outset of the hostilities"<sup>8</sup> but where "other states have [increasingly] intervene[d] militarily on one or both sides."<sup>9</sup> In these contexts, researchers have identified attacks on medical facilities and personnel, impediments to health care reaching patients, and displacement of patients and health care providers as among the challenges also evident in Russia's war in Ukraine.<sup>10</sup> These common challenges manifest differently across specific armed conflict contexts, and change over time.<sup>11</sup> Researchers have also identified similarities in justifications used by perpetrators of violations of IHL— including those related to health care— across inter- and intrastate wars, such as blame-shifting, denial of facts, misinformation, and colonial representations of the enemy, which Russian explanations of the attack on Mariupol's hospital exemplify.<sup>12</sup> Elements of the analytical framework that this essay advances to better understand the effects of contemporary civil wars on humanitarian activities in general, and health care provision in particular, can thus be applicable beyond internal armed conflicts.

How do we make sense of the contemporary violent contexts in which humanitarian actors operate? human



the state emerge from within the regime and rely on intra-regime networks.<sup>24</sup> These groups are not necessarily weaker vis-à-vis the state and do not initially depend on the population to recruit fighters, but their preexisting military capacity means that the wars they initiate are shorter and bloodier and attract humanitarian action early on in the fighting. The First Liberian Civil War is an example.

Regardless of these distinct origins, in order to sustain their opposition to the state, insurgents ultimately need to generate support from civilians and develop concrete organizational forms to work toward their goals.<sup>25</sup> This approach involves the establishment of leadership structures and institutions that can govern behaviors within the organization, thereby socializing members through training, disciplinary practices, and political education.<sup>26</sup> While these efforts are aimed, in part, at fostering cohesion, internal politics and external influence can nonetheless produce divisions within insurgent organizations, leading to fragmentation and infighting between factions competing for leadership and influence.<sup>27</sup> These 2.73930 -d [-

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Yet governments engage not only in violent relationships with nonstate armed groups, but also in nonviolent conflict and even forms of cooperation.<sup>39</sup> In fact, relationships between states and nonstate armed groups can be placed on a continuum of “armed orders” that ranges from “total war,” characterized by military interactions, to containment, cooperation, and alliance over mutually beneficial

tion and facilitate government control over the contested or insurgent-controlled areas, as in the case of Afghanistan.<sup>48</sup> Forms of retaliation range from intentionally targeting humanitarian personnel and civilians receiving assistance, to predation and looting of medical supplies and facilities, to seeking to extend control into the areas where humanitarian assistance is concentrated.

**C**ivilian populations are at the core of this contestation. It is widely accepted that armed actors require civilian supports.





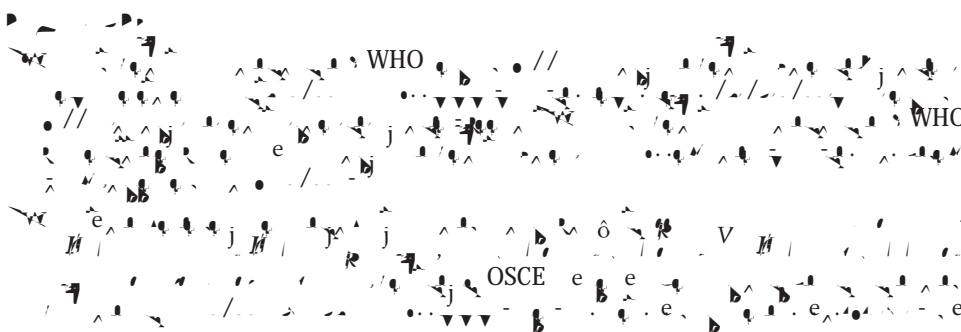
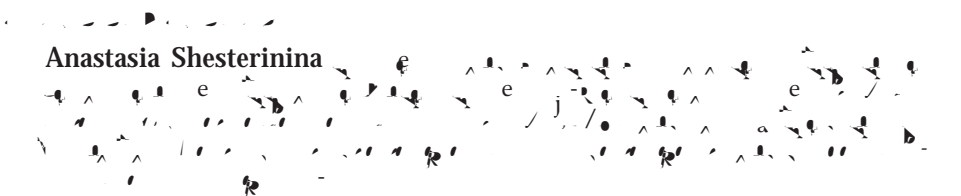
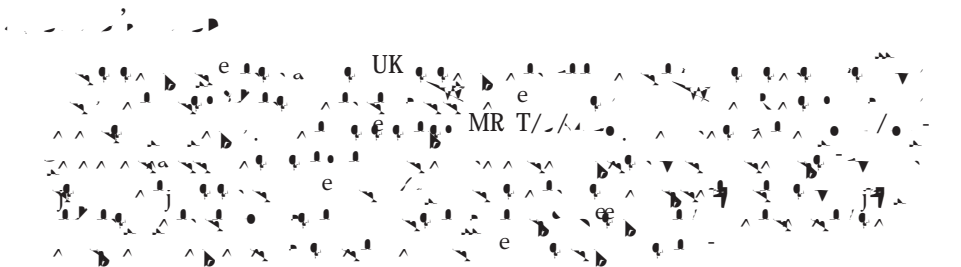
stricted access to the populations in need, and other challenges that exist in contexts of civil war.<sup>60</sup>

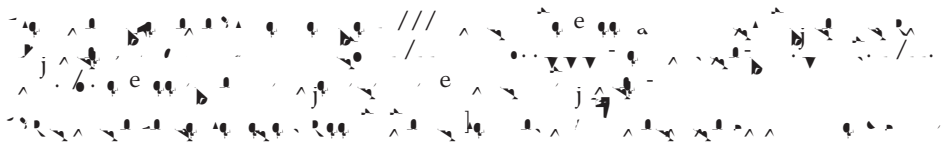
But these efforts can come into tension with political projects of host states and donors, as exemplified by counterterrorism legislation that complicates engagement with armed groups listed as “terrorist organizations.”<sup>61</sup> Politicized funding and aid allocations, poor coordination among humanitarian actors, and misalignment between their different priorities and the needs of the populations can result in insufficiently tailored, short-term responses.<sup>62</sup> These responses can also unintentionally increase civilian insecurity, particularly when they do not account for conflict interactions involving armed actors. Political scientists Erin Baines and Emily Paddon, for example, have shown how relocation of civilians to “protected villages” in Uganda limited access to local networks and knowledge central to civilian self-protection strategies, deepened civilian dependence on state protection, and endangered those who moved to the camps as loyal to the state in the eyes of insurgents.<sup>63</sup> Increasing civilian insecurity can also stem from the interaction of humanitarian strategies with the politics of local actors involved in health care provision. As political scientist Sarah Parkinson and anthropologist Orkideh Behrouzan have found, the procedures of refugee registration and insurance contracting that humanitarians established to facilitate care for Syrian and Palestinian refugees in Lebanon hindered access to health care and exposed refugees to structural violence in the exclusionary Lebanese health system.<sup>64</sup> Addressing such unintended consequences of humanitarian activities requires a locally informed— and critical— understanding of the contexts humanitarians operate in.

**T**his discussion has demonstrated that humanitarian actors are involved in complex systems of relationships where nonstate, state, civilian, and external activities, including those of humanitarians, shape health care provision in interaction with one another. Because of its universal and vital quality, health care is strategically important for armed actors whose members and the communities in which they are embedded require such services and whose internal and external legitimacy in part depends on their decisions around health care. Yet health care provision is uniquely drawn into various conflictual and cooperative relationships between nonstate, state, civilian, and external actors, which means that in some circumstances, these actors can consciously obstruct, refuse, and manipulate health care provision. Moreover, their decisions can change as they navigate a complex set of conflict relationships.

These contingent constellations of identities, interests, and activities are context-specific and result in what anthropologist Lisa Dorith Kool and her coauthors have referred to as “humanitarian micro-spaces . . . fluid, dynamic and evolving so fast that practitioners can hardly keep up.”<sup>65</sup> By mapping not merely the different actors and their interests at any given time in a conflict but also the evolving re-

relationships that they establish with one another in the course of conflict, humanitarian health providers can better understand and operate within such “micro-spaces.” While the systems of relationships I discuss here have long been a part of civil wars, the proliferation of actors and their activities in contemporary civil wars makes these social systems increasingly complex. To adapt to changing conflict realities, humanitarian actors involved in health care provision must come to terms with this complexity. The framework for analyzing systems of relationships developed in this essay can contribute to this goal, and to the underlying shift in mindset to viewing civil war as a social process that is necessary to make sense of contemporary conflict environments.





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