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**Human Security**  
**for Humanitarian and Development Practitioners:**  
**The Experience of Aid Workers**  
**from New Zealand Red Cross**

A thesis presented in partial fulfilment of the requirements for the  
degree of

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in  
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This thesis has been completed as private study undertaken by the author. Except where explicitly stated and cited, the opinions conveyed in this thesis are the author's own and do not necessarily reflect the views or policy of New Zealand Red Cross (NZRC), the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), or any agency or part of the Red Cross Movement thereof.



## **Abstract**

This thesis aims to investigate the application of human security to informing and reflecting the experience of New Zealand Red Cross (NZRC) aid workers, particularly those delivering health and medical assistance in highly 'militarised' locations. It is claimed by some that the roots of human security are actually found in the nineteenth-century establishment of the Red Cross and its operational mandate since that time. Contemporary case-studies of NZRC aid worker experience of personal security will assist in elucidating this claim, particularly in reference to the organisation's record of working in situations of conflict and insecurity, and its association with military frameworks.

With its focus upon a broad range of risks to the individual or community, human security may appear as an ambiguous or dissociated framework for the application to a single organisational occupation or individual. Additionally, a broad scan of academic literature suggests that existing human security dialogue retains a focus on the recipients of humanitarian or developmental aid, as opposed to the aid workers themselves. At the core of human security, however, there may be framing elements that can adequately inform and reflect the context and experience of personal security of development and humanitarian aid workers, such as those from the Red Cross.

Red Cross aid workers, deployed through the New Zealand Red Cross, are often located in field environments that include some type of military (or informal militia) presence. The coexistence of such militarised influences within a humanitarian operation or development programme can complicate the aid worker's experience of security. This thesis investigates the basis of these experiences, and uses a human security discourse to review the frameworks application to the personal security of Red Cross aid workers themselves. This will provide an opportunity to analyse how the operational security of the Red Cross as an organisation can be further informed by a human security analysis.

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## List of Acronyms and Abbreviations

AWSD	Aid Worker Security Database
BNA	Basic Needs Approach
BTC	Basic Training Course
CAR	Central African Republic
CCPS	Concentration Camp Parcel Service
Civ-Mil	Civilian-Military
CP	Civil and Political
DRR	Disaster Risk Reduction
EOM	End of Mission
FA	First Aid
HCiD	Health Care in Danger
HD	Human Development
HDI	Human Development Index
HPI	Human Poverty Index
HPG	Humanitarian Policy Group
IASC	Inter-Agency Standing Committee
ICISS	International Commission on Intervention and State Sovereignty
ICRC	International Committee of the Red Cross
IDRL	International Disaster Response Law
ICU	Intensive Care Unit
IDP	Internally Displaced Person
IED	Improvised Explosive Device
IFI	International Financial Institutions

IFAD	International Fund for Agricultural Development
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
IMPACT	International Mobilisation and Preparation for ACTion
ISAF	International Security Assistance Force
MDGs	Millennium Development Goals
MFAT	(New Zealand) Ministry of Foreign Affairs and Trade
The Movement	The Red Cross Movement
MSF	Médecins Sans Frontières (Doctors Without Borders)
MSU	Mobile Surgical Units
MUHEC	Massey University Human Ethics Committee
NATO	North Atlantic Treaty Organisation
NGO	Non-Government Organisation
NZDF	New Zealand Defence Force
NZRC	New Zealand Red Cross
ODA	Official Development Assistance
OEF	Operation Enduring Freedom
POW	Prisoner of War
PPE	Personal Protective Equipment
PRCS	Palestinian Red Crescent Society
R2P	Responsibility to Protect (also abbreviated as RtoP)
RCNS	Red Cross National Society
RPG	Rocket-Propelled Grenade
SARC	Syrian Arab Red Crescent

SLA	Sudan Liberation Army
UDHR	Universal Declaration on Human Rights
UN	United Nations
UNDP	United Nations Development Programme
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
VAD	Voluntary Aid Detachments
WHO	World Health Organisation
WWI	World War One
WWII	World War Two



# Chapter 1 – Introduction: The Personal Security of Red Cross Aid Workers

*These [things] are essential for [personal] security in the field... self-responsibility, looking after one another, recognising stress levels of your colleagues, get to know your health delegate, plan your field trips carefully... make sure you understand well the security situation and political context.*

NZRC (2013:28)

## Introduction

It is expected that the compromise of an individual's security is an ostensible component of any crisis; whether related to an armed conflict or a natural disaster. Regardless of the severity or location of an emergency or community need, the impact of instability and insecurity upon vulnerable communities during a crisis may fundamentally remain the same. One aspect that does change an individual's experience of security or rights during a humanitarian or development operation is the role that the particular stakeholder has in relation to that crisis. Often in regard to personal security, the voices of the aid workers appear to remain invisible, particularly within development literature especially. This is possibly due to the overwhelming (visibility and) focus upon beneficiary need as a part of core development or humanitarian reckoning.

As inferred in the above quote from the 2013 New Zealand Red Cross (NZRC) annual report, the attainment of personal security for aid workers is a multifaceted and complex arrangement that requires consideration focus. This thesis aims to review the dominant and contemporary discourse on security to review their application to the security of aid workers themselves. In turn, this study will review how humanitarian and development organisations may refer to these discourses to improve security-policy and practise for their field staff.

The 2011 - 2014 crisis in Syria (which was due to the conflict between parties loyal to the Ba'ath government and those attempting to remove it from power) provides examples of contextual problems for aid workers, including issues of individual security (or the lack of it) and rights (or the want of it). To further illustrate an individual experience of insecurity and limited rights within a humanitarian context it may be



helpful to describe a video that, up until the end of December 2013, was available to observe on the video-sharing website YouTube<sup>1</sup>.

Filmed and uploaded during August 2012 by a Syrian resident, the video focuses on two humanitarian aid workers working for the International Committee of the Red Cross (ICRC). With support from the Syrian Arab Red Crescent (SARC), the two ICRC aid workers are seen visiting a local hospital in Homs, Syria to assess the need of medical assistance. Both of the ICRC workers are medical specialists experienced in working within situations of conflict. As the aid workers move about the facility, their presence is met with some hostility. From viewing the video, the environment might not immediately be described as one of complete chaos, but given that Homs remained (at the time of the filming) a locale of insurgency and military attack, the threats are real. The scene immediately imparts a sense of personal insecurity towards the expatriate ICRC aid workers, due in part to the obvious over-crowding by panicked individuals within an already stressed health service.

The Syrian people speaking directly to the camera, and voices heard speaking off screen, are clearly discouraged and angry due to their perception that the ICRC aid workers are being unproductive and impractical. In the video people are making heated statements questioning the appropriateness of local SARC staff working alongside the expatriate ICRC aid workers. Comments are also heard in the video concerning the gender of the ICRC aid workers (both are female). There is a suggestion that the fact that they are both female may have fortuitously saved them from immediate physical assault; a concerning harbinger of the violence that may potentially exist at close proximity for any humanitarian or development aid worker irrespective of gender.

Towards the conclusion of the video both ICRC aid workers, along with their SARC support, are observed quietly retreating amongst the jostling crowd to the safety of their ubiquitous white Land-Cruiser vehicles. As the vehicles containing the ICRC and SARC aid workers depart the proximity of the Homs hospital, hands making the 'thumbs-down' gesture come into view, as do frantic hands waving them a dismissive farewell. The viewing of such a video provides rare documentation, caught on camera, of staff from one of the world's most respected humanitarian organisations having their own rights

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<sup>1</sup> As of 29<sup>th</sup> August 2014, the video no longer appears to be available on the YouTube website. I do retain a downloaded copy of this video, and it is available for restricted viewing by request.

restricted, with ICRC aid workers themselves being the taunted subjects of contextual operational insecurity, and their individual rights being compromised.

There are a number of aspects of security identifiable within the video that this thesis is primarily concerned with. These breaches include; the comprehension of what 'security' refers to, how 'security' is defined organisationally, the distinction by which security is understood academically, organisationally and operationally in the field, and how such security and the associated issue of rights are experienced by development and humanitarian practitioners in the field. It is also relevant to the thematic interest of this thesis that the ICRC practitioners were both health professionals, and that it had taken place within a medical facility located in the wider 'militarised' context of a conflict. The video shows the need for security applies to both the recipients of humanitarian or development assistance, such as those assessing health-care, as well as the practitioner themselves, such as expatriate medical professionals working for the Red Cross (ICRC, 2012:1).

Reports from aid organisations (such as the ICRC, and other parts of the Red Cross<sup>2</sup>), as well as research collectives that support the humanitarian and development industry (such as 'Humanitarian Outcomes'<sup>3</sup> and their Aid Worker Security Database (AWSD), as well as the 'Humanitarian Practise Network'<sup>4</sup>) attest to the necessity for security to be an essential consideration of any humanitarian or development practitioner activity. The most current (2013) Aid Worker Security Report (AWSD), ominously titled "*The New Normal: Coping with the Kidnapping Threat*", states that 272 separate aid workers were victims of violence in 2012 alone, with this figure representing 167 individual major attacks across a number of aid organisations (Stoddard, Harmer & Hughes, 2013:i). Of the current figures compiled for the 2012 calendar year, 91 aid workers were kidnapped, and 66 were killed either by explosives (especially improvised explosive devices

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<sup>2</sup> Further explanation of terminology used within the Red Cross, in particular in regards to other components of the Red Cross will be explained later on in this chapter.

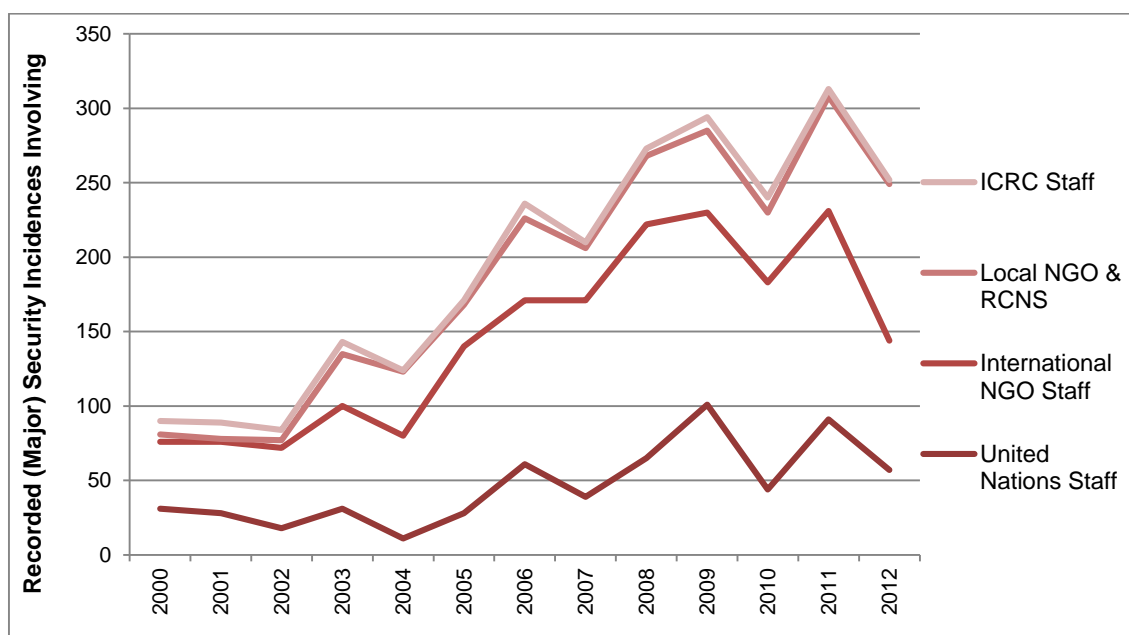
<sup>3</sup> 'Humanitarian Outcomes' is an independent team of professionals providing evidence-based analysis and policy consultations to governments and international organisations on their humanitarian response efforts – [www.humanitarianoutcomes.org](http://www.humanitarianoutcomes.org)

<sup>4</sup> 'Humanitarian Practise Network' is an independent forum for humanitarians to share and disseminate information, analysis and experience. It publishes specialist resources for practitioners and policy makers to facilitate debate.

(IEDs)), or by firearms. Stoddard, Harmer and Hughes state that twelve of the aid worker deaths reported in 2012 were the result of complex attacks, that is they were apparently targeted through a combination of small arms fire and suicide bombings (Stoddard, Harmer & Hughes, 2013:2).

Evidence of the upward trend in aid worker security incidents across the last decade is illustrated below in *Graph 1.1*. This graph is adapted from summary statistics reported in the latest AWSO report (AWSO, 2013:1). It has not been possible to clarify that there was a collective decrease in aid worker incidents in 2010, but the prominence of this decrease is accentuated by the record higher level of incidences in the following year, 2011.

**Graph 1.1 – Trends in Frequency of (Major) Aid Worker Security Incidents (2000 – 2012)**



Source: AWSO (2013:1)<sup>5</sup>

What is of note in this graph is that the highest rate of incidents occur primarily within the category of ICRC staff, and secondarily within other Red Cross National Society staff (RCNS). It appears that incidents experienced by another component of the Red

<sup>5</sup> It is not reported in the AWSO report why United Nations (UN) staff track so low, however there could be an assumption of this being due to the securitisation of peace-keeping missions, and other UN integrated missions.

Cross, the International Federations of Red Cross and Red Crescent Societies (IFRC)<sup>6</sup>, are not recorded or included as part of the AWSO statistics. The reason for this exclusion remains unclear.

The growth in security breaches and fatalities impacting humanitarian operations and development programmes appears to be contrary and independent of any broader patterns of 'general' violence recorded at a global level. The AWSO report states that longitudinal historical studies have shown that by and large incidents of violence and armed conflicts are declining around the world (Stoddard, Harmer & Hughes, 2013:1). Researchers, such as Pinker state that since the end of the Cold War all types of armed conflict (both within states and between states) have decreased, as has the use of state-sanctioned abuses of human-rights and torture (Pinker, 2011). However in contrast to this trend, attacks against aid workers specifically have appeared to become more frequent. Certainly localised distrust of development and humanitarian practitioners has been further complicated by occurrences such as the CIA's hepatitis vaccination programme ruse in Peshawar, Pakistan used to gather intelligence to locate Osama Bin Laden. Medical humanitarian organisations, such as Médecins Sans Frontières (MSF), have referred to this CIA operation specifically as "*a dangerous abuse of medical care*" that "*could have catastrophic consequences*" on development and humanitarian practitioners (Ruahala, 2011:3).

An explanation of the increase in security incidents against aid workers since 2000 can be found in the 2009 Humanitarian Policy Group briefing (2009). This report states that the upward increase in aid worker security incidents may be attributed to an increase in the 'humanitarian footprint' which itself is due to greater funding throughout the past decade, mixed with the employment of locally engaged staff (HPG, 2009:3) in the implementation of development and humanitarian programmes. The HPG briefing also attributes the rise in aid worker security incidents to the proliferation of organisational remote management, the growing politicisation of aid, the contestation of organisational agendas (such as the aforementioned vaccination programmes in Pakistan), and the outsourcing of aid delivery in particularly dangerous environments. Stoddard, Harmer and Hughes (2013:5) suggest that the growth in security incidents may be partly explained by the willingness of humanitarian and development agencies to maintain a presence in a smaller, albeit increasingly concentrated, number of extremely insecure

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<sup>6</sup> Further explanation of the various individual components of the Red Cross will be explained in Chapter Five of this thesis.

conflicts. The AWSD report notes that in 2012 there was an absence of any mass-casualty type of incident, such as the 2010 raid upon a Non-Government Organisation (NGO) compound in Pakistan, or the 2011 suicide bombing of the UN House in Nigeria. The report suggests that this may be why the trend has marginally reversed, at least in the last recorded 12 month period (Stoddard, Harmer & Hughes, 2013:2).

In addition to the reasons for attacks upon humanitarian and development aid workers it is important to also note how each type of security incidents have either increased or decreased in frequency over the past five years. Since 2009, the means of violence against humanitarian and development aid workers that has shown the greatest rate of increase has been the use of kidnappings (Stoddard, Harmer & Hughes, 2013:3). It may be expected that kidnappings remain under-reported due to organisations wishing to undertake discreet negotiations for release. It is also somewhat consoling that only 14% of these kidnappings do eventually result in an aid worker fatality (Stoddard, Harmer & Hughes, 2013:4). Such kidnappings also often during road-travel, or when humanitarian and development aid workers are located outside their usual places of operation or residence. This threat has particular ramifications for Red Cross health-care practitioners where mobility is needed for community-based access to beneficiaries.

In the AWSD analysis, it was found that approximately 87% of all security incidents recorded involved local or national staff, with the other 13% representing the targeting of international expatriates (2013:2). However, given that expatriates (or foreign) staff represent only 4% of the global humanitarian and development work-force; the ratio of attacks against international staff suggests that this group are increasingly being specifically targeted as part of a strategic or tactical disruptive agenda (Stoddard, Harmer & Hughes, 2013:3). This evidence is important to the research aims of this thesis, and its interest in the development and humanitarian personnel of the Red Cross.

## **Specific Context of New Zealand Red Cross Aid Workers**

In the security analysis provided by the AWSD and the HPG, expatriate and locally engaged development and humanitarian personnel working for the Red Cross figure significantly in the reported security incidences. The research focus of this thesis is

primarily on aid workers that work for the Red Cross, and particularly the personnel that are deployed internationally to work for NZRC. In overlaying NZRC aid worker secondments to the ICRC and the IFRC within the same calendar year covered by the Stoddard, Harmer and Hughes (2013:3) research, it becomes apparent that the NZRC has, until at least recently, continued to place aid workers in the five most violent countries (Afghanistan, Syria, South Sudan, Somalia and Pakistan); locations that record the largest number of major attacks against aid workers (AWSO, 2013:2). These five countries collectively account for nearly 75% of reported security incidents in 2012. The placement of aid workers in such complex and dangerous humanitarian and development contexts reinforces the critical nature of security considerations, even for smaller contributors of aid worker personnel such as the NZRC.

The dangerous field conditions that NZRC humanitarian and development aid workers continue to face in the field are specifically highlighted in memorandums and annual reports issued by the Red Cross (particularly the ICRC). In the interim report '*Violent Incidents Affecting Health Care*' (ICRC, 2013:1,i), ICRC confirm that in 2012 there were at least 921 recorded direct attacks on health-care facilities and personnel, as well as on recipients of health-care services. In their 2012 annual report, the president of the ICRC, Peter Maurer rather understatedly comments that "*2012 was the most difficult year for the ICRC in security terms since 2003 and 2005*" (ICRC, 2013, ii). Drawing again on the topical example of the Syrian conflict, Maurer states that "*there were a number of members of the Syrian Arab Red Crescent [SARC] who lost their lives last year... these incidents and others prompted the ICRC and its partners to review arrangements in some countries [and] adjustments had to be made in key activities*" (ICRC, 2013). Additionally, two killings of ICRC personnel elicited a significant amount of international media attention during 2012, as did the kidnapping of seven Red Cross aid workers within Syria in 2013 (ICRC, 2013,i:1).

The ICRC annual report also demonstrates that the significant challenges faced by the organisation due to the worsening security context were also experienced by other components of the Red Cross, such as the IFRC and its locally-engaged volunteers. The IFRC (the component of the Red Cross that generally deals more with natural disasters, community development and capacity building) has a permanent presence in around 70 countries globally, and contributes to operations in an additional 30 countries. A report from the IFRC Security Unit (IFRC, 2013:2) reiterates that security has continued to decrease in high risk areas such as Yemen, Haiti, the Korean Peninsula, Nigeria, and Democratic Republic of Congo. The IFRC report elaborates that the high

levels of contextual insecurity that humanitarian and development aid workers face are also partly a consequence of social responses to unemployment, rising commodity prices, election results, and the perceived authoritarianism of governments, and on-going political turmoil in general.

Within the Red Cross, the nature and reporting of attacks against health-care facilities, resources and personnel in particular is an area of increased and targeted focus. The IFRC report suggests that a lack of clear data about all security incidents indicates that a more systematic approach to recording targeted attacks against Red Cross aid workers needs to be established (IFRC, 2013:1). Partly as a response to this, the ICRC has developed an awareness programme to promote a wider understanding of the need for security requirements as part of the delivery of health and medical services, and the need to strengthen protective measures for health-care providers, infrastructure and patients (ICRC, 2013:1). This programme, titled 'Health Care in Danger' (HCiD), is a 3-year project running from 2012 – 2015 led by the Red Cross. The aim of the HCiD project is to highlight the lack of security and rights that all health-care aid workers (including those working within the Red Cross from the NZRC) must sometimes endure. The research aims of this thesis and the HCiD project share a significant overlap of concern with the personal security of health-based aid workers, and the provision of health-services to development and humanitarian beneficiaries.

## **Rational and Aim of the Thesis**

This thesis is interested in the exclusiveness and limitations of the human security discourse, and particularly whether it is helpful to operational security discussions within humanitarian and development organisations. Human security is concerned with existential threats to the individual, and justifies and prioritises various types of response to ideas of 'safety' (Owen, 2014:31). This thesis aims to investigate the application of human security to the experience of personal security of New Zealand Red Cross (NZRC) aid workers, and the utility of the framework within the Red Cross as an organisation.

Addressing all matters of 'security', the human security discourse seeks to place the individual as the unit of analysis. In 1994 the UNDP described human security as a concept that supersedes national interests, and prioritises personal and social aspects of security (UNDP, 1994:24). Human security allows a move away from binary concepts

of physical safety or threat, so security can be viewed as a complex relationship between the scope of attention (be it individual or community), the site of threat, and the basis for insecurity (Paris, 2001:91). Given the research interest in all security aspects that might impact upon individual experience, human security has an additional level of relevance. This is because human security represents an expansion away from simple binary interpretations of threat versus vulnerability (Paris, 2001:90),

Despite its advocacy for the individual and its extension of what demarcates a security interest, human security unfortunately can simultaneously lead to multiple meanings, ambiguity and some confusion. Shaw states that human security has become problematic in the 21<sup>st</sup> Century as deliberations regarding its indefinability have proliferated (Shaw, 2006:468). A literature review of human security, as explained in *Chapter Four*, would suggest that the discourse is predominantly applied to the situation of the humanitarian or development beneficiary as vulnerable *recipients* in need of security or aid, and can be limited in its descriptive power of the development or humanitarian aid worker *practitioner* experience.

Security can be defined a multitude of ways. Under human security, in all its ambiguity, security can include the privileging of ecological, economic, habitat, food, cultural or health concerns in practise (Shaw, 2006:468). Security is conventionally considered in terms of direct threats to physical or personal safety, whether conceptualised at a national, community or domiciliary level. This thesis acknowledges the multitude of security definitions within the broader discourse. By placing human security at the core of this research, it offers an opportunity to explore and challenge its organisational utility as a mechanisms for considering individual security of aid workers themselves in the development programmes and humanitarian operations of the Red Cross.

This thesis will focus on the field context of health-professionals who are located in environments complicated by the presence of civilian-military dynamics. The secure provision of health services to individuals or communities is a mutual concern shared by both the human security and the Red Cross (UNDP, 1994:24). Human security also allows for considerations across differing organisational mandates (such as those between civilian and military actors), and the political complexity within any single development or humanitarian operational environment (such as those concurrently occupied by Red Cross and military players). The inclusive thematic predominance within this thesis, upon health-related activities within the proximity of military agency in spaces of conflict or complex emergency, aims towards a greater level of nuance within



the discussion around the development/security nexus. The topical focus upon civilian-military engagement and health-professionals also places the thesis aim within the interest of Development Studies, while reflecting the security awareness of the Red Cross, both in its contemporary and historical awareness.

The Red Cross is a neutral and impartial organisation and has worked in close proximity with the military historically. This places the organisation in a unique position to reflect on the evolution of security thinking in conflict and complex emergencies. Owen suggests human security has its foundations in the ideology of the Red Cross (2014:31); this infers a direct relevance of human security with historical developments in the Red Cross since its establishment in the 19<sup>th</sup> Century. As such, this thesis will also include a historical overview of the Red Cross relationship with issues of security since its formation. This historical reflection will go some way to illustrate the dynamic nature of security considerations, and the contemporary relevance of human security, as it is understood and experienced by Red Cross personnel today. In this way, the query may be posed as to whether human security actually represents anything *new* in how it may inform or reflect the Red Cross organisation and practitioners.

To guide this research the following two questions will inform the central premise of this thesis:

**First Research Question:**

*How is the human security discourse represented in the way that the Red Cross considers operational security within its humanitarian operations and development programmes?*

**Second Research Question:**

*By analysing the experience of security by Red Cross humanitarian and development health-based aid workers, how can human security considerations further contribute to the operational policies of the Red Cross?*

## Focus of Analysis and Use of Red Cross Terminology

United Nations Under-Secretary-General for Safety and Security, Gregory Starr suggests that “*all security is local*” (Stoddard, Harmer & Hughes, 2013:1). For the purpose of this study human security is considered to be influenced by local conditions as well as organisational factors. This thesis maintains a dual level of investigation that focuses on a macro-level/ broader overview of an organisational (Red Cross) perspective, and also a micro-level analysis that considers the local context of security for specific locations and individuals. This duality will allow for an elucidation of the features of human security considerations in respect of aid workers themselves, but for the Red Cross generally.

The terminology and abbreviations used within the Red Cross are adopted in this thesis to make it more reflective and relevant to the organisation’s operational security practise. However, while wishing to place this research within a Red Cross way of thinking, the preferred use of the term with the Red Cross of the term ‘The Movement’ (or the ‘Red Cross Movement’) to refer to all components of Red Cross internationally is considered potentially distracting for the reader. Therefore the thesis will retain the use the term ‘Red Cross’ instead, to refer to all components of the organisation, including RCNS that are in essence actually Red *Crescent* entities.

The term ‘delegate’ is used in this research to better place and relate the research to a Red Cross way of thinking. The term delegate is used within the Red Cross to refer to what the public might commonly otherwise refer to as an aid worker. Within the Red Cross, delegates are defined as “*International staff responsible for representing the organization and guiding and implementing its activities in the field*” (IFRC, 2010:64). This definition can be traced to the original 1894 Diplomatic Conference where the idea of the Red Cross was first mooted (personal conversation with Andrew McKie, October 2012), and the delegation of authority to field-based roles under the Geneva Conventions and Additional Protocols<sup>7</sup>. To some degree, the term delegate also delineates and reflects the unique status of the Red Cross to governments by referencing

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<sup>7</sup> The first individuals to historically work under the banner of the Red Cross as a ‘delegate’ were Charles van de Velde and Louise Appia during the Danish/ Prussian Battle of Dybbol that took place the same year that the Geneva Conventions were established (Moorehead, 1998:64). As will be stated later in this chapter, it would be another century before a delegate was deployed under the auspices of the New Zealand Red Cross.

its auxiliary status under the Geneva Conventions. The use of the term delegate will be adopted in this research so as to further locate this research within the world of the Red Cross, and make notable the distinction of Red Cross aid workers from those of other international organisations, or NGOs.

## **Chapter Outline**

A summary of the chapter outline, by which the main research questions and thesis argument will be progressed, will be as follows:

*Chapter One* has introduced the research, and began by describing the contemporary security environment that health-based aid workers deployed by the NZRC are increasingly encountering in the field. The predominant academic and policy framework of human security has been introduced, as a mechanism by which the personal security and field experiences of NZRC delegates might be understood, particularly those employed in highly militarised field operations and working on health-related programmes. This chapter contains an explicit identification of the central research questions.

The methodology for this thesis is presented in *Chapter Two*. This chapter will cover the position of myself as a NZRC staff member involved in delegate deployments and operational security considerations. The qualitative and phenomenological aspects of knowledge management will be explained, as well as the techniques for data gathering, and associated ethical considerations. This chapter will clarify how the case-studies of actual security incidents experienced by NZRC delegates in the field were chosen. This chapter will also explain how the thematic aspects of the case-studies, i.e. civilian – military coordination, and health-related activities and personnel, influenced the methodology selected.

*Chapter Three* covers the historical experience of insecurity, and the need for personal security, for the various components of the Red Cross from an international perspective, as well as a domestic perspective within New Zealand. The characteristics and principles of the Red Cross will be reviewed to illustrate the organisation's nuanced take on operational security. This will provide some background as to why personal security, and the requirement for physical safety for its delegates is so relevant, yet in many way quite contrary to its operational imperatives.

The critical engagement of the Red Cross with military actors will also be examined, particularly in the experience of NZRC delegates. By assessing the characterisation of the Red Cross with some military interests (both historically and currently), the implications of military proximity for civilian Red Cross field-based staff can also be considered. This association parallels in some ways human security interests with multi-agency approaches. Chapter Three will conclude with a more recent historical record of security considerations that NZRC delegates have faced, and will highlight shifts in Red Cross operational security thinking in response to various contemporary events (such as 9/11<sup>8</sup> and 7/7<sup>9</sup>). Chapter Three will also clarify the relevance of the Red Cross as a provider of 'development' programmes, as opposed to its usual placement within a 'humanitarian' paradigm; as a provider of emergency response, relief and recovery operations.

*Chapter Four* provides an overview of the human security theoretical framework that will inform this research. This chapter will begin with a broad definition of the human security framework, before narrowing its focus on to the core aspects that link it to either a development paradigm (and the work of the IFRC) or a humanitarian paradigm (and the work of the ICRC). The chapter will also identify the relevance of within the human security discourse upon conceptual links with: the role of military actors and an inter-agency approach, the provision of health-services, and the role of personal security and physical safety. These common themes and concepts can then be tested for their relevance to Red Cross operational security and NZRC delegate experience, by tracking their occurrence throughout the NZRC case-studies in the subsequent chapter.

Case-studies from the archive of the NZRC will be reported upon within *Chapter Five*. These case-studies, from NZRC delegates working directly or in support of health activities, will demonstrate how real-life examples of security and individual rights might reflect narratives found within human security discourse. The operational definitions by which field-based security may be understood and managed will also be identified. The case-studies of delegates deployed by the NZRC will also provide an opportunity to explore how aspects of the human security discourse, such as military or an inter-agency approach, may or may not impact upon experience of personal security. The

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<sup>8</sup> Coordinated terrorist attacks in New York City, Washington and Pennsylvania in 2001.

<sup>9</sup> Coordinated suicide bombings in central London in 2005.

way that human security might further contribute to the operational policies of the Red Cross can then be identified.

Based on the identified characteristics pertaining to the Red Cross; human security concepts; and the operational definitions identified in the case-studies; Chapter Six will discuss the findings. It will begin by looking at the ways that the human security discourse is already represented in the development programmes and humanitarian operations of the Red Cross, as well as how it might influence Red Cross operational security. The chapter will then at ways that human security might be able to further contribute to operational security by addressing any identifiable gaps in policy and practise, so as to positively influence the attainment of personal security for NZRC delegates. Chapter Six will conclude with an exploration of the limitations of a human security discourse in regards to the particular characteristics of the Red Cross strategically and operationally.

In Chapter Seven, the findings for each of the research questions will be presented. This chapter will begin to reconfirming the overall aim of the thesis, and how this particular aim was conceived and carried out, including in terms of research methodologies. The findings will consider issues of shared interests between the Red Cross and the human security discourse (both in a historical sense initially, but more significantly in terms of contemporary operations). In response to the research questions, a number of potential issues will be considered; shared areas of interest (between Red Cross and the human security discourse), representations of human security in current operations, assessment of operational security variation across the Red Cross, the prioritisation of individual rights, 'strategic securitisation' issues, and the potential assistance that context-specific and comprehensive approaches to security may provide. The chapter will conclude with some comment of the relevance of Red Cross to the development paradigm and Development Studies, and the relevance of human security to the ongoing work of the Red Cross.

## **Chapter 2 – Methodology: Critical Theory in Human Security Research**

*One area which has received less attention in the decade and a half since human security emerged as a field of inquiry and policy application is that of methods and methodology.*

Martin and Kostovicova (2014:297)

## **Introduction**

According to Martin and Kostovicova, the suitability of research methodologies for human security analysis in particular has not been provided a relative level of consideration in associated literature (2014:297). In attempting to find a suitable methodology for exploring matters of human security, it appears that methods of inquiry have generally borrowed from the established conventions of qualitative and quantitative research. Martin and Kostovicova state that human security has paid little attention to methodological implications and imperatives in its redirection away from state or national perspectives of the individual (Martin and Kostovicova, 2014:297). These authors suggest that human security's methodology may involve "*the use of old tools to tackle new problems*". They also state that human security research involves the prioritisation of questions about "*what?*" and "*who?*" which must recognise individual subjective interpretations within conventional ideas of security (Martin and Kostovicova, 2014:305).

This focus of this thesis is the intersection of Red Cross organisational terminology and interests in security, and relevant academic concerns. In particular the research employed here is related to the experience and understanding of security, through the experience of health professionals within these organisations. It also includes an investigation of the history and objectives of the Red Cross in regards to security concerns, through a desk-based study. This chapter will explain how the methodology used in this thesis acknowledges the particular subtleties of organisations such as the Red Cross and military bodies, and why the use of a critical theorist approach is linked to the fundamentally critical nature of human security (Newman, 2014:232). In addition to the implementation of critical theory, the chapter will explain the natural fit of such a qualitative methodology to human security considerations. The importance of a phenomenological aspect due to the predominance of health-based factors within the research will also be explained.

In terms of the research and researcher context, this chapter will explore the critical ethical considerations that have informed the methodological decision making. My professional position as a staff member of the NZRC and the coordinator of the aid worker participants within this research will also be explained. Due to my position and professional relationship with the participants of this study, potential conflicts of interest will also be acknowledged in this chapter. This declaration will be followed with an explanation of how such risks were partly mitigated by the planning that informed the chosen research methodological process. The chapter will conclude with the organisational and participant approval process that was undertaken, the criteria for selection of case-studies, the collection and management of information, and the usage of either primary or secondary sources of data.

## **Qualitative Methodologies and Interpretation**

Issues of security incidents or rights violations are usually recorded statistically as ‘hard data’. This research will approach these theoretical structures more as a revelatory and qualitative process, rather than a quantitative one. Authors such as Luttrell (2010:2) state that qualitative research “*highlight[s] the meaning people make... and [offers] interpretations for how and why*”. At its core this research is an understanding of how humanitarian and development practitioners view and describe incidents that they have experienced. This requires an awareness that each individual may have a different view of the same type of incident, that there are numerous and relative realities, and thus there can be no broad claims of a correct reading or universal truth. This is linked to a social-constructivist ontology (Greene, 2010:67), that in turn is associated with a philosophical rejection of any possibility for a particular set of “*universal social laws and empirical generalisations*” (Greene, 2010:69). This renders a qualitative methodology as well placed to ask questions that require an understanding and acceptance of a variety of responses.

Before considering potential constraints it is important to reiterate a number of factors that shape the structure of this research. These include the inclusion of historical analysis, and the use of archival documentation. Importantly, there is a significant level of historical information that provides a foundation by which to appreciate the fundamental and dynamic relationship that the Red Cross has always had with issues of security in its mandate, programmes and operations. Aspects of the global historical narrative of the Red Cross are generally public knowledge. Much of the information

relating to its work within New Zealand was garnered from NZRC archives. In terms of the historical research component within the thesis, it was considered that there was no necessity for any additional methodology, other than NZRC organisational approval, outside the qualitative approaches employed elsewhere during the research process.

This research also draws upon real incidents that are recorded in End of Mission (EOM) reports that contain personal reflection on field-conditions, as well as case-notes on individually experienced 'critical incidences'. The related documentation is kept in the archives of the NZRC. Due to the detail and availability of this resource, there was minimal need for informal or semi-structured interviews, and field-based research was considered of limited additional value. However, in the search for additional meaning or clarification around certain incidents some informal discussions were undertaken with relevant aid workers, to provide further insight into these individual experiences.

The relatively simplified mode by which this research was undertaken meant that there were few challenges. However, as with any qualitative methodologies, there were two potential limitations. The first challenge is the close association of qualitative methodologies with the practise of the primary collection of field-based data (Greene, 2010:68). In the course of this enquiry secondary sources of data have also been used. The second challenge is to consider whether there is any place for 'multiple socially-constructed realities' within such an organisation like the Red Cross. The idea of multiple realities could be challenging due to the organisational requirement for a singular 'appropriate' response to any one situation according to rules of personal conduct. This also applies to the lack of permission for *personal* interpretation, within the prescribed and *public* face of an institution.

Despite the fact that this thesis is positioned at an organisation level, the focus of this study upon health-professionals in a humanitarian and development setting makes a qualitative methodology entirely apt. The suitability of qualitative methodologies is supported by Holloway and Wheeler who state that work within the health professions contain core aspects of commitment and patience, interpretation and trust, give and take, flexibility and receptiveness, and "[that] *these traits mirror those of qualitative inquiry*" (Holloway & Wheeler, 2010:12). Holloway and Wheeler state that a qualitative methodology can cover the entire methodology process from collecting specific data through to revelation of any perspectives at a policy and organisational level.



The application of a qualitative methodology pitched concurrently at both an individual and organisational level is also shared by researchers such as Kuper, Lingard and Levinson (2008), Neuman (2006), and Sandelowski and Barroso (2004:1368), who support the view that qualitative methodologies are quite suitably equipped to provide 'evidenced-based' information that can inform and describe individual experience against the level of organisational policy and understanding. Thus the strength of a qualitative approach is recognised due to its relevance in not just understanding the social reality of an individual's experience, but also in its potential application in describing the shared sense of social representativeness that can be expected to exist in an organisation such as the Red Cross.

## **Phenomenology, Subjectivity and Thematic Aspects**

A phenomenological approach within the methodology allows the researcher to incorporate participant perceptions from an experience or 'phenomena' into the analysis. This approach was applied within the research by acknowledging and making explicit potential subjective interpretation and bias, both from myself and the research participants. The phenomenological aspect within the qualitative methodology allowed me as the researcher to acknowledge my own relationship to the participant, and my prior understanding as I sought to interpret another person's lived experience through the case-studies (Polit and Hungler, 1991:13). The application of a phenomenological aspect within the research methodology was also well suited to the qualitative nature of the enquiry (Crotty, 1998:132). Authors such as Lester, also state that the phenomenological approach is useful in challenging normative assumptions that may exist towards the perceptions of an individual, from within reverential and presumptuous structural frameworks of an organisation (Lester, 1999:1).

A phenomenological approach is also especially useful when those being researched have a technical specialisation in a field outside of the researcher's core knowledge area, such as with health-related professionals. The work of Polit and Hungler (1991), and Holloway and Wheeler (1996) explains that the value of ensuring the product of the phenomenological approach in a medical setting, and the associated need for subjective traits of dignity and humanity, were still ultimately grounded in academic theoretical frameworks. The Polit and Hungler (1991:407) discussion on presenting case-studies as short evocative accounts also proved critical. This is because the idiosyncratic and cultural elements of any situational retelling of trauma can become personally acute. This

is particularly in the case of sharing experiences of personal security, such as those by NZRC delegates within a medical or health-related setting.

## **Critical Theory, Defence and Security Studies and Organisations**

Prior to reviewing the research context further, I will consider how methodologies commonly used within the discipline of Defence and Security Studies might contribute to the information gathering process of this thesis. The reason for this is that the presence of the military as a component of the selected Red Cross aid worker case study, and its association with the organisation, can in some way be considered the third dynamic in the research equation.

In his thesis, Bennett argues for a critical theorist approach as a guiding methodology when exploring military relationships, and it was interesting to explore how this methodology might assist here. As defined by Murray and Overton (2003:21), a critical theorist approach seeks to “*uncover non-explicit processes and relations*”. Clegg, Hardy and Lawrence reinforce the value of a critical theory approach to understanding organisational relationships in particular. They state that workplace reality tends to marginalise the experience of individuals, while masking ambiguity and certain relationships (Clegg, Hardy and Lawrence, 2006:264). In linking critical theory to the study of human security frameworks, institutional ‘realities’ and normative frameworks can be challenged (Newman, 2014:232). As such, critical theory is helpful in questioning policy assumptions, and prevailing organisational or operational structures, such as those that determine security frameworks.

In applying critical theory in his research, Bennett (2009) applied Judd, Smith and Kidder’s (1991:42) tripartite model of critical theory (concept, characteristics, and operational definitions) to his subject matter; the military, official development assistance (ODA), and development practice (Bennett, 2009:18). It is possible that such a critical theory template can also inform the research here. In regards to this study on human security and the Red Cross, the *concepts* are elicited from within the human-security framework and discourse; the *operational definitions* are stipulated by Red Cross security management and the field context (including military actors); and, the *variables*,

or rather the organisational *characteristics*<sup>10</sup>, are provided by the typology of the Red Cross historically, and the subjective experience of the Red Cross aid workers themselves. This tripartite model was utilised to organise the research structure due to its value in revealing relationships between organisational policy and theoretical security aspects within a human security understanding.

## **Ethical Concerns and Position of the Author**

I have undertaken this research project mindful of my professional position, with desire to maintain safeguards not just for my professional role but also for the research participants. Authors such as O'Leary state that all researchers must proactively and knowingly deal with issues of ethics and power with the aim to protect the well-being of those being researched (O'Leary, 2010:29). In what many may consider as a highly politicised organisation, in spite of its adherence to the principles of neutrality and impartiality like much of the humanitarian and development industry, the Red Cross is especially mindful of issues of vulnerability and power. It is especially important within any research to maintain a level of self-consciousness, and reflexivity in terms of navigating any ethical considerations. Furthermore, this is also critical for maintaining the quality and "*integrity of the knowledge produced*" (O'Leary, 2010:28). Referring again to Lester and the use of a phenomenological approach within the research methodology, it is apparent that this strategy also allows the researcher to be "*visible in the 'frame' of the research as an interested and subjective actor rather than a detached and impartial observer*" (Lester, 1999:1).

As a staff member of the NZRC, I hold the position of 'International Operations Coordinator' within the 'International Operations and Emergencies' Team. I am directly involved in the coordination of the organisation's aid worker programme, as well as the recruitment and eventual secondment of aid workers to the ICRC and the IFRC. This involves decisions about aid worker appraisals, professional development, and the management of decisions related to security practise. As such, there is a potential for bias towards considerations that have an operational orientation.

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<sup>10</sup> The term 'characteristics' will be used instead of 'variables' in the application of Judd, Smith and Kidder's (1991:42) tripartite model of critical theory as it more appropriately reflects institutionalised aspects of organisational mandate and culture.

Consideration was made for other potential conflicts of interest during the research planning process of this thesis. However, identified conflicts were deemed minimal enough to be adequately managed through existing NZRC organisational policies and practice. This research is being undertaken in accordance with the HR and policy framework of that organisation, and executive management of the NZRC have approved this research. Furthermore, no cultural or gender concerns have been identified. Case-studies that may include a gender or cultural component to them were dealt with sensitively, with additional oversight, and in consultation with the impacted aid worker as part of the on-going consent process. This ensured that all participants were fully aware of the way that information relating to their personal historical records (from within the NZRC archives) would be managed, and it allowed them to explicitly consent accordingly. (The relevant information sheet and consent forms are included in the appendices as; *Appendix 1 - Information Sheet for Research Participants*, and *Appendix 2 - Consent Form for Research Participants*).

There was also consideration given to the potential impact to the organisation should media or other interest in the research arise. The Communications Manager at the NZRC was consulted, and it was not assessed that there was any significant likelihood of reputational risk to the NZRC, or the delegates that were involved in this study. It was decided that any potential harm to other components of the Red Cross, such as to the IFRC or the ICRC, could be mitigated through the communications framework that already exists as part of the NZRC's on-going engagement with the wider Red Cross.

During the course of planning this research, all ethical concerns were considered to ensure that the selection and management of the case-studies used would not cause any detriment or future harm to the involved delegates and NZRC. This ethical regard is especially important for maintaining research relationships where a prior professional working relationship already exists with those being researched (Etherington, 2007: 603). In this way the aforementioned reflexive aspect of the research methodology is helpful in maintaining a level of ownership, transparency and reciprocity as the researcher/subject relationship within the process evolved. All aspects of the research process was checked against the Massey University Human Ethics Committee processes, and in line with the MUHEC handbook; 'Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants' (2010). After further consultation with research supervisory staff in the Massey University Development Studies department, the research was judged to be of low-risk, and registered by MUHEC.

## Sample Selection and Data Analysis

There was an element of focused sampling that took place in deciding on which Red Cross delegates, and their corresponding case-studies of security incidents, to include in the research. Overton and van Diermen (2014:47) describe this type of sampling as the researcher making an assessment as to who will be included in the study sample. In terms of the data-collection in this instance, inclusion criteria was broadly influenced by my own prior knowledge of particular field-based incidences that had occurred. More specifically, these incidences were reflected upon in terms of their likelihood for manifestation of the primary theoretical construct, i.e. human security framework, being considered here. The criteria used to determine whether a case study or security incident was suitable to the research questions or relevant to the aims of the thesis are included in the appendices as *Appendix 3 - Incident Questions for Determining Case Study Inclusion*.

Authors such as Bowen (2009:32), and Overton and van Diermen (2014:43) espouse the value and legitimacy of document analysis as a source of secondary data in a qualitative research process. Due to the extensive information on file it was anticipated that follow up consultation with the NZRC delegate (i.e. to be questioned as a primary source of information), for the purpose of clarifying questions about the incident that they experienced, would not be needed. Data collection would thus be directed towards analysis of secondary data already on file that each of the above individuals had already provided to NZRC as part of the mission reporting process, in addition to complementary information on file as part of operational requirements and case-file administration. Approval to use any one particular case study was provided by the NZRC delegate involved and reconfirmed at the time of writing up thesis. Explicit permission from the participant was confirmed through the use of the aforementioned *Consent Form for Research Participants*. This included the use of photographic images, which were sourced from the NZRC archive and collection. In a few instances, tertiary data sources such as online and printed media, and news reporting were also used.

*Table 2.1* provides a record of the individuals and incidences referred to in the research. For the purpose of maintaining participant confidentiality, pseudonyms are used for case study individual identities, and operational details such as the identification of locations, are recorded broadly.

**Table 2.1 - Utilised NZRC Delegate Case-studies**

Pseudonym	Gender	Delegate Role	Country of incident	Year
Dean	Male	First Aid	Papua New Guinea	2012
Glenn	Male	Security	Central African Rep.	2013
Alison	Female	Community Health	Libya	2011
Chris	Male	Community Health	Yemen	2009
Nicholas	Male	Community Health	Northern Caucasus	1999
Erin	Female	Community Health	Sudan	2010
Nicola	Female	Hospital Support	Chechnya	1996
Becky	Female	Community Health	Afghanistan	2012
Birgit	Female	Ward Nurse	Afghanistan	2012
Jo	Female	Hospital Support	South Sudan	2014

## Conclusion

There were several factors that influenced methodology deliberations, and assisted in establishing the chosen methodology for this research. The persuasive factors included: the thematic nature of the subject (particularly the health components, and the relevance of Defence and Security Studies in regards to civilian - military coordination considerations), organisational realities (particularly the theoretical location of the research at the intersection between organisational policy and academic theory), the use of subjective and secondary data, and the need for the analysis to elicit otherwise implicit relationships (particularly between security understanding and operational reality). The three key research mechanisms considered appropriate to meeting the research requirements were: an over-arching qualitative methodology especially in regards to the case-studies, a phenomenological approach to the positional and experience of the researcher and the participants, and the application of a tri-partite structure as informed by critical theory.

Although commonly associated with primary data collection (Greene, 2010:68), in this instance, the qualitative methodology is crucial in regards to respecting subject interpretation and meaning, such as that which is garnered from the experiences of security within the NZRC delegate case-studies (a source of secondary data). A number of researchers also support the application of qualitative methodologies when a dual focus is required, such as Holloway and Wheeler (2010) and Greene (2010). Such as the distinction within this research between the individual and the organisation (i.e. the

Red Cross) or any broader research scope (i.e. the wider development or humanitarian environment). The inclusion of a phenomenological approach in this research reflects the health-based of the research context, the existential understanding of experience by the NZRC delegate, and recognises my professional positional within the Red Cross. The close association of the phenomenological approach within health-related studies is also helpful here, due to that methodology's innate association with health-related research.

The use of critical theory was appropriate as a methodology that might be more relevant to the thematic presence of military interests, and the reference to Defence and Security Studies within the research. The relevance to the research aims of this thesis, and the potential to use it to guide the research structure is further supported by its critical value in investigating organisations (Clegg, Hardy & Lawrence, 2006:264), such as the Red Cross. As the history of the Red Cross (in relation to security developments) is discussed in the next chapter, critical theory provides a structure within which the organisational *characteristics* within the history of the Red Cross can be considered in relation to its *operational definitions* in the field, and the *concepts* of human security. Such a theoretical construction was utilised by Bennett (2009:13), and will be emulated here to guide this research. Using such a critical theory structure, alongside a qualitative and phenomenological methodology, will guide the research in exploring individual perceptions within prevalent power structures, allow for challenges to fundamental ideas, and make explicit any concealed security relationships.

## Chapter 3 – Historical Security and its Characterisation in the Red Cross

*Arguably, [human security's] roots are much deeper, and can be traced back to the nineteenth-century work of the International Committee of the Red Cross (ICRC) and 'the notion that people should be protected from violent threats and, when they are harmed or injured, that the international community has an obligation to assist them'.*

Krause (2014:77)

### Introduction

When looking at how the contemporary experience of humanitarian and development practitioners reflects the prevailing human security and rights-based discourse, it is important to review how such concepts may already be inherent within Red Cross historical concerns. Human security as a concept was first articulated in the 1994 UNDP report, but what delineates the human security paradigm may have already been entrenched in the historical mandate of the Red Cross according to Krause (2014:77). The correlation between human security and mandates such as those of the Red Cross are also identified and acknowledged by Hampson (2002:17).

These proposed historical roots of human security might even be extended back further to pre-nineteenth century practices. The contribution of such individuals as European diplomats Gustav Moynier and Henry Dunant is well documented (and 'mythologised') in traditional accounts of the Red Cross' foundation. There is less acknowledgement of similar ideas that already existed prior to the conceptualisation of the Red Cross 'brand'. This infers that a historical overview of security understanding in response to individual need is critical to the understanding of human security, and its exclusive relationship to the Red Cross today.

As well as considerations of field-based insecurity, the historical narrative of the Red Cross significantly intersects with chronological accounts of military developments. The accepted presence of military factors within more traditional notions of security, as well their role in implementing conventional ideas of 'national security', and the simultaneous existence of military actors alongside civilian agencies in accordance with the complexity human security framing and response, might be considered somewhat routine to a Red



Cross way of thinking and operating. It may also hardly seem necessary to articulate further the role that the Red Cross undertakes in the provision of health-care and medical services within humanitarian operations and development programmes. However, the Red Cross mandate as a provider of these services is so deeply established and guided by the Geneva Conventions and historical aspects of military conduct in general, that it is important to also explore this here. Krause stated that human security thinking has its roots in the nineteenth century practise of the Red Cross. Human security might, thus, also be informed specifically by the Red Cross' historical framework for the provision of health-care within an integrated civilian and military environment.

From New Zealand, the international deployment of personnel to support the field operations of both the IFRC and the ICRC is undertaken through the NZRC Delegate Programme. This programme serves as a mechanism by which members of the New Zealand public may offer their patronage and technical expertise to the development programmes and humanitarian operations of the Red Cross.

The historical overview below will also cover the evolution of this programme, to further locate the potential reflection of human security, within the experience of its members. The exposure to military during NZRC training to be a delegate in many ways reinforces a level of 'normalcy' about the relationship that the Red Cross can hold traditionally with many military players. As such, this historical overview will also examine NZRC programmatic unanimity with military bodies domestically at an organisational and operational level as an inherent part of NZRC health-based delegate experience. The growing significance of medical personnel as a category of those deployed by the NZRC, and their growing exposure to the impacts of insecurity, since the programme's first inception over fifty years ago, will also be explored in this chapter.

As the expectation of individual security has changed historically, so too has the organisation's response to addressing it. The relationship between Red Cross organisational developments and security understanding within conflict (as well as peace-time development), may parallel the same synergetic relationships that gave rise to human security as noted above. This chapter explores not only how the history of the Red Cross informs the contemporary experience of NZRC delegates, but also evaluates Krause's assertion that the history of the Red Cross embodies the origins of human security thinking today.

## **Global History of Security and the Red Cross**

## Ideas of Security Prior to the Red Cross

Just as there has been an accepted idea that human security began with the UNDP 1994 report, there also seems to be common accord that the Red Cross' 'innovation' of securing medical personnel within conflict began with the diplomatic conference hosted by the Swiss Government in 1864 (ICRC, 2004). This conference is often 'mythologized' as the first articulation of the Geneva Conventions, and what has become known as the Red Cross (or rather the 'Red Cross Movement'<sup>11</sup>). A more extensive review of literature, however, provides a compelling challenge to the assumption that such ideas were the sole concern of institutional thinking of Europe in the 1860s. The earliest symbolic association of relief from suffering amidst conflict dates back to the Greek gods of medicine, Aesculapius and his herald wand, the Caduceus (Strains, 1947: 138). More recently, the insignia used by the Order of St. John<sup>12</sup>, dating back to the Crusades (Strains, 1947: 139), is perhaps the oldest symbol still in use relating to medical assistance during a conflict.

Anthropologically, the way that conflict had been practiced by a range of cultures also illustrates broader cultural proprietorship of what is otherwise generally considered a Eurocentric domain (Wright, 1983: 257). An example of this can be found in the Pacific, where cultural precepts for protecting civilian considerations in conflict, such as the adornment with white feathers, served as a historical precursor to the same considerations advocated by the Red Cross today (ICRC, 2009a: 5).

However, the first substantially recorded codification of medical security within 'modern' military conflict appears to be from Sir John Pringle, who is regarded as the initiator of military medicine in Britain. In reviewing military achievements during the 18<sup>th</sup> Century, authors such as Blair state that Pringle argued for military hospitals to be deemed neutral

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<sup>11</sup> The use of the term 'Movement' refers exclusively to the components of the Red Cross, i.e. the IFRC, the ICRC, and RCNS found in each country. Other organisations, such as Oxfam, Save the Children and Médecins Sans Frontières (MSF), may adhere to the same (Dunantist) philosophy that the Red Cross adheres to and promotes. However, it is incorrect to consider them part of the 'Movement' in terms of Red Cross parlance, as may be inferred by the work of Fogarty (2014:17).

<sup>12</sup> The coat of arms used the Order of St John are less well-known but has a direct relationship to the pedigree of the Red Cross emblem. The flag of Switzerland is derived from the Italian 'House of Savoy' flag with included a version of the Order of St. Johns coat of arms. The Red Cross Emblem is taken as an inverse of the Swiss flag in homage to the foundations of the Red Cross.

territory as “*sanctuaries for the disabled and mutually protected*” (Blair, 2006: 273). Pringle also attained an agreement between the French and the British for these facilities to be recognized and protected under a symbol of a “*temporary red cross*” (Blair, 2006: 274); at least 120 years prior to the establishment of the ‘same’ emblem by the Red Cross. In the same century, philosopher Jean-Jacques Rousseau had also articulated ideas for regulating civilian and non-combatant aspects of conflict. In stating that “*It is legitimate to kill the latter’s defenders as long as they are carrying arms, but as soon as they lay them down and surrender, they cease to be enemies.*” (ICRC, 2002: 7), Rousseau laid the foundations for such ideas to be formally advocated within conflict by the Red Cross in the following century.

The modern concept of human security is much broader than ideas of individual physical safety within a space of conflict. However considering the narrower definition of personal security serves as a helpful preamble to the following historical analysis of the Red Cross organisation. The acknowledgement of ideas that “*people should be protected from violent threats and... [there is] an obligation to assist them*” (Hampson, 2002:17) counters Krause’s claim (2014:77) that universal ownership of any foundational roots to human security thinking can be attributed to the Red Cross alone.

### **Establishment of the Geneva Conventions and International Committee of the Red Cross (ICRC)**

The establishment of the Red Cross as a global institution was borne from a clear focus upon individual human lives, and the role of societal institutions in making human lives more secure in the location of conflict. Originally published in 1863<sup>13</sup>, Henry Dunant’s text ‘A Memory of Solferino’ is commonly considered the inspirational basis for the inception of the Red Cross. Amongst Dunant’s depictions he recounts the danger faced by non-aligned civilian personnel tending to wounded soldiers;

*The canteen women moved about the field under enemy fire like the soldiers. They were often wounded themselves as they went among the wounded men, lifting their heads and giving them drink as they cried piteously for water (Dunant, 1986: 32).*

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<sup>13</sup> Although ‘A Memory of Solferino’ was first published in 1863, the edition referred to in this text is the first English language translation published in 1936.

At the time there was a question as to whether an internationally binding covenant could protect the wounded in conflict, as well those tending to them (Moorehead, 1998). At the urging of Dunant and Swiss diplomat Gustav Moynier (who may be considered an equal co-founder of the Red Cross) the government of Switzerland then convened the 1864 diplomatic conference in Geneva (Durand, 1996:36). The conventions that arose from these deliberations, now known as the Geneva Conventions, argued that human lives should inherently be protected, or at least the suffering for those wounded in conflict should be ameliorated (ICRC, 2002: 9).

During the mid-nineteenth century such initiatives protecting the wounded were not limited to the European continent alone. The Lieber Code, an attempt for the codification of 'laws of wars' for Union Soldiers fighting in the American civil war had been independently established in 1863, a year before the Geneva Conventions (ICRC, 2002: 9). Authors such as Moorehead state that there is no evidence that the Lieber Code had any influence on Dunant and Moynier's work in Geneva in the following year (Moorehead: 1998, 32). Regardless, this further challenges the assertion by Krause (2014:77) that historically, human security concerns were the exclusive domain of the Red Cross as a product of European thinking.

### **The Social Context and Ideologies of Red Cross Security Thinking**

It is important to understand how the prevailing social context of the time shaped the establishment of the Geneva Conventions, and the Red Cross. Early nineteenth century Europe determined the particular focus upon what aspect of human life should be 'secured', and Krause asserts (2014:77) that the foundations of Red Cross form the basis of human security thinking as well. This is critical to the framing of the security discourse as it infers that to a limited degree the social context of nineteenth century Europe indirectly influenced the roots of human security as well.

Tennant (2012) suggests that the beginning of the Red Cross was a product of eighteenth century Enlightenment, and links it to the mobilisation of evangelical religious movements and Christian precepts throughout Europe at the time. Furthermore, the lack of any apparent focus on financial matters in alleviating people's suffering in conflict certainly placed this new social mobilisation at odds with classical economic theory that strongly influenced much of nineteenth century thinking. At the beginning of the nineteenth century the Saint-Simonians, along with the classical economic perspective as espoused by Adam Smith (1776) and David Ricardo (1817), had posed the question of how to create

order in societies fundamental transformation, such as those resulting from rapid industrialisation and ideologies of empire.

Sapsford suggests that the classical economic analysis as promoted by Smith and Ricardo could in many ways reflect the earliest argument for globalisation as a process to create international order (Sapsford, 2002: 71), and perhaps by extension, international institutional thinking on security and protection, such as through that of the Red Cross. In this way institutional welfare and the addressing of security concerns, at that time, could be seen as a Smithian commodity. In this context the cost of conflict to the civilian population, and the need to provide security to social productivity, might be viewed as typical classical economic concern. Furthermore, as imperialist aspirations were growing in the nineteenth century, so too was support for the amelioration of any suffering or insecurity caused as a consequence of such ideologies of expansion (Fieldhouse, 1981: 2).

The nuanced view of the deliberations at the Geneva diplomatic conference in 1864 to establish the Geneva Conventions would suggest that the primary objective was not necessarily to protect human life. After all, those in attendance had initially accepted that captured doctors and surgeons should be considered neutral and receive legal protection, yet there was initial reluctance to extend such legal protection to include field nurses as well (Moorehead, 1998:44). It is important to note the cynicism that remained towards these initiatives in the latter part of the nineteenth century. Florence Nightingale, who since the Crimean War was engaged in meetings regarding the Geneva Conventions, had herself expressed doubts regarding the initiatives of the Red Cross committee, stating that;

*England and France will not be more humane to the enemy's wounded for having signed the Convention ... I can conceive circumstances of 'force majeure' in war where the more people killed the better* (cited in Moorehead, 1998: 48).

In the social context of the early nineteenth century, the idea that the Red Cross was born from a focus upon economic efficiency and the protection of the *economic* aspects of human life cannot be ignored. The institutionalisation of welfare and the protection of human life at the time can also be framed in terms of protecting people from pervasive threats, with the ultimate goal of creating sustainable economic and military systems for survival, to use modern human security parlance (Tadjbakhsh, 2014:52). During the mid-

nineteenth century, there appears to be little explicit articulation from the Red Cross regarding human *dignity* (a priority within modern conceptualisations of human security) as such. This appears to be more a twentieth century development within the Red Cross narrative.

### **The ‘Who?’ and ‘What?’ of Red Cross Security Thinking in early 20<sup>th</sup> Century**

At the beginning of the twentieth century the structure of the ICRC had largely remained unchanged since its foundation in 1860. Durand attributed this to a lack of external competition for the Red Cross, and a complacency towards the need to define its position amongst the array of new institutions populating European politics at the time (Durand, 1984:31). However, events in the first half of the 20<sup>th</sup> Century, specifically World War One (WWI) and World War Two (WWII), would profoundly transform international institutional frameworks for the protection for human life during conflict, as well as the institutional mechanisms for aiding the security of assisting medical personal.

It was during WWI that the ICRC broadened its focus beyond the care of wounded combatants, and towards the promotion of security and medical assistance for civilians, particularly those held in detention (Forsythe, 2005). ICRC undertook this role under the auspices of the 1907 Hague Conventions, as detainees and prisoners of war (POWs) were not covered under the Geneva Conventions at that time. The ICRC now increasingly become specifically associated with medical assistance to civilians and detainees.

In 1934, before to the outbreak of WWII, there had been further attempts to ratify protections for civilians. These were mostly centered around clauses referring to the “*protection of civilians of enemy nationalist who are on territory belonging to or occupied by a belligerent*” (ICRC, 2002: 7). However, these clauses were not ratified, which would eventually limit the ability of the ICRC to advocate for the protection to civilians, and medical staff to gain access into concentration camps throughout Europe during WWII (Durand, 1984: 574).

The ICRC medical assistance and relief operations that existed during WWII had drawn some level of suspicion and wariness, particularly from Britain and its allies. This was partly due to perceptions of ICRC’s impartial and neutral approach that naturally also extended to engagement with what Britain considered the Italian and Germanic ‘axis’. The cynical British view towards ICRC attempts to provide relief to civilian was not helped by ICRC activities, such as the Concentration Camp Parcel System (CCPS) which was

viewed by Britain as incompatible with its strategy of “*total war*”<sup>14</sup>, and its policy of “*victory before relief*” (Crossland, 2010: 388). Subsequent additions to the Geneva Conventions may thus be considered to have been coercively forced upon the ICRC.

Crossland (2010) argues that such obstinacy from the British government towards ICRC engagement with European POWs during WWII, although a hindrance at the time, forced the organisation to better articulate its principles and operations in response. In this way conflicts such as WWI and WWII corrected a complacency towards questions of ‘who?’ and ‘what?’ regarding security. This complacency had been apparent in institutions like the ICRC by the end of the nineteenth century (Bloch, 1897; Angell, 1912; Wilson, 1918). However until the mid-twentieth century, Red Cross security dialogue was still focused towards the beneficiaries of humanitarian aid, rather than the practitioners such as the doctors and nurses.

### **Security, Development and the Establishment of the International Federation of Red Cross and Red Crescent Societies (IFRC) in the early 20<sup>th</sup> Century**

The establishment of the IFRC and its greater involvement in development programmes *per se*, extended Red Cross thinking about security outside of the usual humanitarian/conflict paradigm. Red Cross National Societies had existed independently throughout a number of countries prior to 1914. These societies had first been promoted by the ICRC in 1863 as “*national [Red Cross] aid societies*” (Forsythe, 2005:20). By the end of WWI the existing 38 Red Cross National Societies were united, in 1914, under the League of Red Cross Societies<sup>15</sup>. These would evolve to become quasi-public entities with auxiliary status to governments and military establishments (Moorehead, 1998: 374). At the time, the establishment of IFRC was seen by many as a genuine opportunity to create a truly international Red Cross, a chance to widen the development scope of the Red Cross mandate to beyond conflict concerns, and to compete with the ICRC as a “*mono-national instrument furnished by Swiss interests*” (Forsythe, 2005:14).

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<sup>14</sup> A war which is unrestricted in terms of the weapons used, the territory or combatants involved, or the objectives pursued, especially one in which the accepted rules of war are disregarded (Oxford, 2014).

<sup>15</sup> The League was renamed the International Federation of Red Cross & Red Crescent Societies (IFRC)<sup>15</sup> in 1991, for the purposes of consistency and minimising confusion it will be referred to solely as the ‘IFRC’ throughout the subsequent body of this thesis.

Authors such as Jones (2012:697) suggest that the proliferation of humanitarian assistance during WWI stemmed from the growing pre-WWI trend of burgeoning female social activism. Over three million women had volunteered with the RCNS in Britain alone, for example (Jones, 2012:699). The significance of female visibility in the sphere of social activism also paved the way for the growing acknowledgement of the provision of medical assistance by nurses in situations of conflict under the banner of the Red Cross.

There is some argument, however, that the new Red Cross National (aid) Societies “*made it easier for states to make war*” (Jones, 2012:710). This was due to their co-opted and auxiliary role as part of the European state apparatus, and the IFRC supported national bodies were still largely seen as a nationalist extension of military medical services (Hutchinson, 1989:335). The role of RCNS as providers of security for aspects of human life were still to be publically understood. Such a cynical evaluation of IFRC motivation is challenged by authors such as Moorehead who insist that the role of Red Cross National Societies, in Europe at least, is linked rather to a growing social pressure of “*making war itself disappear*” (Moorehead, 1998:285). Nonetheless the mobilisation of civilians under the Red Cross banner extended a typical practise of ‘home-front’ securitisation of economic and social interests to maintain any war effort.

Outside of conflict, the growing engagement of the Red Cross in peace-time activities occurred around the same time that other broader development initiatives were taking place; such as the Bretton Woods programme, and the Marshall Plan (McMichael, 1996: 46). While the ‘dominant’ ICRC retained and preserved its singular role as provider of humanitarian and medical assistance in situations of conflict, and IFRC increasingly took on the role of responding to natural disasters, and the provision of capacity-building development activities, such as those involving community-health. It is perhaps within this component of the Red Cross, that contemporary aspects of human security thinking were first articulated.

The establishment of the IFRC represented a significant step in the institutionalisation of Red Cross activities in the ‘overseas’ field, and in the way these operations were linked to domestic initiatives and public opportunities for involvement. Individuals could become active and influential participants in the political, social and economic development processes occurring elsewhere. The before-mentioned assertion by Krause (2014:77) that human security’s historical roots lie in the Red Cross is deficient in this regard. This is because Krause links the roots of human security to ICRC practises, but fails to



recognise the role of the IFRC. It was through the IFRC (a Red Cross entity distinct from the ICRC) that a wider public community was also able to contribute, both independently and through institutions, to welfare 'obligations', and to understand security as survival and freedom from fear (Krause, 2014:81). This required community development and capacity, as was the case with the establishment of the New Zealand Red Cross (NZRC).

The formation of a RCNS within New Zealand marked the framing of domestic priorities within a Red Cross 'brand' of addressing social issues. It is a localised narrative that is not free from the role of both domestic and international conflict and military culture. This narrative includes formative dynamics that define NZRC interests, and which would later impact on the personal security of the New Zealand personnel that would eventually been deployed internationally.

## **Local History of Security and the New Zealand Red Cross (NZRC)**

The history of the Red Cross in New Zealand correlates with the country's colonial history, the interests and priorities of the British Empire, and New Zealand's eventual geopolitical independence. The local characterisation of the New Zealand component of the Red Cross 'Movement', and the impact this eventually had on operational security of NZRC delegates, will be explored in this section.

### **Security, Conflict-based Nursing and the Establishment of NZRC**

After the original signing of the Geneva Conventions in 1864, the New Zealand understanding of the Red Cross was "*heavily refracted through British experience*" (Tennant, 2012: 5). The engagement of the British army in the 1853 Crimean War had played large in the British self-perception and institutional response at the time (Markovits, 2009), and this permeated New Zealand views. Many of the British soldiers that had fought in the Crimean War had travelled to the Southern Hemisphere to then fight in the 1845 – 1875 New Zealand Land Wars. The Crimean War had been notable for the deficiencies of the British military structures in providing adequate medical assistance to the wounded. The prevalence of the role of nurses within the Crimean War (as exemplified by Florence Nightingale) suggests that the New Zealand Land Wars might have benefited from a realisation of the need for the Red Cross provide some form of medical security, and to protect such relief amidst conflict.

At that time Red Cross organisational activities were still undertaken in New Zealand as a branch of the British Red Cross, and it was only through its relationship as a British colony that an international understanding of institutional developments in the ICRC and IFRC were understood. The second Boer War was the first conflict to which New Zealand deployed military units. Dispatched personnel included a group of nurses (Tennant, 2012:7). It is unclear under what official capacity such medical assistance from New Zealand was endorsed, however Tennant has noted photographic evidence of the nurses wearing Red Cross flashes. Tennant states that medical personnel from New Zealand endured the precariousness of conflict field conditions, with public media reporting at the time: “...it was a no go, for [the Boers] had fired on the Red Cross, and we had no mercy for them” (Tennant, 2012: 7). Early experiences of insecurity by health-based Red Cross personnel deployed from New Zealand is well illustrated in Tennant’s example from the Boer War, when operational security to address such threats was still in its infancy within the Red Cross.

As a separate Red Cross National Society independent from the British Red Cross, NZRC was officially recognised by the IFRC in 1931, following the Napier earthquake that same year. The NZRC was formally gazetted by the Ministry of Defence, and recognised by the New Zealand Government in 1962. The 1962 Gazette clearly infers the close organisational link of the NZRC with New Zealand’s military operational matters in a “time of war”, by noting the official “*designation of any nurse for the time being in the employ of the society*” (New Zealand Gazette, 1962:126). In terms of development practice, the document also noted the important role that NZRC had to play domestically during any “time of peace” (New Zealand Gazette, 1962:126). NZRC was now in a position to articulate its own involvement in Red Cross activities internationally, both within a humanitarian paradigm and a development paradigm. NZRC could now also independently provide civilian medical personnel to be deployed under the banner of the Red Cross; in times of peace within the IFRC, and in situations of conflict with the ICRC (McMahon & Pickens, 2006:10).

### **Health-Based ‘Aid Workers’, the Military and NZRC**

Until the middle of the twentieth century, nurses and other medical professionals from New Zealand who assisted internationally did so through military nursing. This included New Zealand nurses that departed with the New Zealand military for the ‘capture’ of

German Samoa in 1914 (Kendall, 1990: 8). During WWI approximately 600 New Zealand nurses served with the New Zealand Army Nursing Service and the British Army in hospitals throughout Europe, as well as hospital and troop ships globally (Burgess, 1996:17). A number of New Zealand based doctors<sup>16</sup> had deployed internationally through the NZRC, such as those that travelled to the Sino-Japanese War in 1938, to work for the ICRC. Conditions for physical security were difficult. One doctor reported that *“when bombs fall one does not know where they will land, and if they hit a hospital, then it’s just too bad”* (The Evening Post, 1938). It was a rare and isolated occurrence in the early twentieth century for NZRC to be supporting international deployments. It would be expected that these New Zealand based doctors were supporting the work of the ICRC in the conflict, and so their context would be framed by earlier Red Cross characterisations of its foundational principles. However, even in this early example of humanitarian support during the Sino-Japanese, security considerations appear to be somewhat flippantly observed as based on being in the ‘wrong location’ and based on the occurrence of ‘bad luck’.

By the start of WWII many New Zealand nurses and medical auxiliaries also had the opportunity to deploy through the Voluntary Aid Detachments (VADs). Eventually approximately 500 New Zealand nurses were deployed internationally under the VAD scheme (Burgess, 1996:22). This scheme was jointly founded in 1914 by the British Red Cross and the Order of St John in response to British women who had demanded an identifiable and proper role as medical auxiliaries within the growing conflicts of the early twentieth century (Moorehead,1998:212).

In New Zealand many nurses initially served as VADs under the auspices of the British Red Cross (Upton, 2000: 566). Caughley suggests that the VADs introduced a consistent link between military service and the approach of the Red Cross, as military service provided a pre-emptive understanding of auxiliary mechanisms by which they could readily contribute to the provision of relief during conflict (Caughley, 2001:51).

By the middle of the twentieth century, through the continuing promotion of the ‘war effort’ within New Zealand, the concept of international nursing within conflict was well established within the public consciousness. From the early 1960’s, following the growing profile of NZRC, medical professionals in New Zealand increasingly saw international

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<sup>16</sup> This personnel were Dr Robert B. Gray, Dr. H. Tremewan, Dr T. K. Watson and Dr. G. Maaka.

field-based placements as an avenue for professional development, and concurrent humanitarian or development contribution.

### **The Commencement of the NZRC Delegates Programme and Security in the 1960s**

The first individual to be deployed through NZRC (albeit jointly with the New Zealand government), officially as a 'delegate' in a contemporary sense, was Barbara Tomlinson. Tomlinson was deployed to Morocco in October 1960 (NZRC, 1960), in response to a request from the IFRC (or as it was known at the time; 'The League'). The reason for this deployment was to support of an international operation to provide relief following a mass out-break of food-poisoning that had affected around 10,000 Moroccans some time earlier (United Nations Children Fund (UNICEF), 1959:1).

Later that same year (1960), NZRC also officially supported a second group of delegate deployments internationally. Dr G.T Davies, followed by Ian Schneideman, were both sent to the Democratic Republic of the Congo in November 1960 and January 1961 respectively. Accordingly to NZRC records these deployments were undertaken to provide "*care of civilian patients in hospitals who were virtually left unattended following recent events in that country*" (NZRC, 1960). This deployment was to assist with a deficit in available medical care following the abrupt departure of (largely) Belgian medical personnel following independence in the Congo.

These deployments indicate the growing interest and normalisation within NZRC to support health-based delegates to support emergency health measures (i.e. Morocco in 1960) as well as humanitarian operations in politically volatile contexts (i.e. Congo in 1960 - 1961). Documentation on actual NZRC organisational or operational security policy at the time is scarce, but the remoteness and insecurity of both contexts might suggest a growing interest by NZRC on how to manage the physical safety of these delegates.

### **The Insecurity of NZRC Delegates during the Vietnam War**

In terms of being exposed to (and realising the true security implications of) health-based aid work within a conflict, the Vietnam War was an especially formative time for NZRC deployments of international delegates. A total of seven welfare and surgical teams were

supported by NZRC in Vietnam, between 1968 and 1975 (McGibbon, 2010:349). These teams supported a broad range of interventions which ranged from nursing and surgical expertise under a humanitarian paradigm, as well as activities that would fit well within a development paradigm, such as the provision of animal husbandry expertise to assist with livelihood protection (Talbot, 2009: 11). As noted in the letters home from NZRC surgeon Eccles-Smith (1969:87), insecurity was a general condition of these deployments. Eccles-Smith stated;

*I feel very concerned about the [NZRC] team, who are very worn out, and if the security does not improve the wear and tear gets very bad. We haven't had a decent night's sleep for weeks now because of the racket of gunfire and bombing... if security does deteriorate, the Americans will evacuate us* (Eccles-Smith, 1969:180).

The operational involvement of NZRC during the Vietnam conflict marks the first significant account of civilian operational proximity to military operations, and its concomitant security issues. In response, NZRC welfare teams resided at the American military's Camp Radcliffe, alongside the American Red Cross and USAID staff. *Photo 3.1* illustrates the complexity of the security environment, juxtaposing more banal components of civilian life within the proximity of military activities. It is also notable that cohabitation at Camp Radcliffe presented the NZRC delegates with some difficulty in conserving their perception as part of a neutral and civilian organisation (McGibbon, 2010:351).

The cohabitation of the NZRC team with the military also resulted in accommodations that were prone to direct security incidences and attacks. During their stay at Camp Radcliffe the camp was attacked almost monthly during 1969, and a number of NZRC's military colleagues within the camp perimeter were killed. In January 1970 alone, more than 100 rockets fell on to Camp Radcliffe, with several landing near the compound of the NZRC delegates. One of the NZRC team leaders described the imminent security threats that health-care workers in Vietnam often experienced "*We were awoken by a deafening noise followed by a strong blast or concussion, which in turn was followed by the noise of dirt and debris landing on the roof*" (McGibbon, 2010:352). It was towards

the end of their involvement in the Vietnam conflict that NZRC as an organisation would experience its first field-based delegate fatality<sup>17</sup>.

**Photo 3.1 - The 5<sup>th</sup> NZRC Welfare Team at Camp Radcliffe, Vietnam, 1971**



*The 5<sup>th</sup> NZRC Welfare Team) look over the perimeter fence military activities taking place outside at Camp Radcliffe. Source: NZRC*

### **Growing Exposure of NZRC Delegates to Situations of Insecurity**

In October 1979, the ICRC had announced an emergency relief programme to provide medical assistance and food to an estimated 2.5 million people along the Kampuchea/Thailand border. As part of a coordinated response NZRC immediately recruited teams of medical personnel from local New Zealand hospitals. Within twelve months, 53 delegates had been deployed from NZRC, including surgeons, doctors, nurses and laboratory technicians (NZRC, 1980). Initially the teams deployed to the Kampuchea/Thailand border provided immediate humanitarian relief; however, as these needs were met the operational focus shifted to developing the capacity of the local communities' sanitation and public health, through the training of Khmer assistants. The

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<sup>17</sup> This, and subsequent NZRC delegate fatalities is briefly covered in the security case-studies in Chapter 5, and the appendices.

deployment of delegates to the crisis on the Kampuchea/Thailand border, in particular, marked a significant level of NZRC involvement in insecure field contexts.

The contribution to the 1979 - 1980 Kampuchea/Thailand crisis represents the first substantial wave of New Zealand Red Cross delegates to professionally establish themselves within the Delegates Programme (personal conversation with Andrew McKie, October 2012), and many of these individuals went on to work for the New Zealand Red Cross in other major humanitarian and development crisis through the succeeding decade, including: Palau Bidong, Malaysia (1980 - 1981), Tigray Province, Ethiopia (1984), Luanda, Angola (1984), Lokichokio, Kenya (1986 - 1987), Yerevan, Armenia (1988), Jaffna, Sri Lanka (1989), and Kabul, Afghanistan (1988 - 1989) (McMahon & Picken, 2009). These deployments were simple humanitarian engagements compared to the complex shifts that occurred within the development and humanitarian geo-political economy and operational security environment of the 1990s and 2000s.

### **Insecurity for NZRC Delegates during the 1990s and 2000s**

At the beginning of the 1990s, NZRC reports note that the geopolitical transformations taking place in Central and Eastern Europe had in fact placed a “*great deal of pressure*” on humanitarian (and development) organisations such as NZRC, within the IFRC (NZRC, 1992:5). Certainly, the scale of humanitarian crises such as Rwanda exemplified the growing complexity of emergencies and personnel exposure to insecurity and trauma, as illustrated in the following quote from a NZRC delegate who was deployed there;

*In terms of feeling unsafe I would say Rwanda. It was the hardest. There was such a huge number of people and the death toll was immense. Our camp was pretty lawless. There was some shooting in town, [although] not directed at aid agencies.* (Taylor, 2014:1)

By 1995 NZRC had “*experienced the busiest year ever in its 132 year history as existing conflicts continued or expanded, [and] new ones emerged*” (NZRC, 1995:6). Such a prolific volume of humanitarian operations had continued to place strain on the security arrangements of organisations such as NZRC and the wider Red Cross. The “*new world disorder*” (Forsythe, 2005:96) of the 1990s had made it evident that organisation such as the Red Cross would need to re-evaluate its apparent lack of internal support to

delegates, and its overall operational approach. The NZRC Delegates Programme as a local recruitment and deploying mechanism<sup>18</sup> for the Red Cross internationally needed to react accordingly. The response from the programme included the framing and recognising of humanitarian and development work as a specific profession, as well as an increased commitment to delegate training (NZRC, 1996:8). There was also a renewed commitment to security as a fundamental component of field conditions and, similar to a human security understanding, there was a growing perception that 'security' may extend to the maintenance of individual mental-health as well. This response may have principally been due to the death of a NZRC delegate in Chechnya during 1996.

By the beginning of the 1990s, the requirement of some form of formalised and specialised training for all NZRC delegates deployed internationally had been well recognised (NZRC, 1991:12). Now referred to as the International Mobilisation and Preparation for Action (IMPACT) course (IFRC, 2010:4), this prerequisite training covered all aspects of operational deployment within the Red Cross, including aspects of military engagement and security. Health professionals had traditionally made up a large percentage of those attending the IMPACT course, and in fact still do.

By 2003, NZRC was also annually deploying a significant contingent of delegations within the Pacific region. Many of these delegates were working in development programmes, either bilaterally or for the IFRC. In 2004, for example, eleven NZRC delegates were deployed within the Pacific region, a relatively large number at the time, although only two of these were directly related to health programmes (NZRC, 2004:11). Increasingly from the middle of the 2000s, NZRC was providing a focus on the humanitarian and development needs of the Pacific. Although many of the military aspects of insecurity are not so prevalent in this region, conflicts such as that in Bougainville, as well as the prevalence of criminal activity and weapons in general in places such as Papua New Guinea invoked many of the same security concerns. *Photo 3.3* illustrates such immediate contextual security threats, notably the presence of both traditional weapons and fire-arms

### **Photo 3.2 – NZRC delegate in Papua New Guinea, 2011**

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<sup>18</sup> This mechanism for deploying delegates to international components of the Red Cross will be covered in Chapter Five.





*NZRC delegate assessing needs in medical equipment and non-pharmaceutical clinical supplies for first-aid posts and health centres in the Eastern Highlands Province, Papua New Guinea, and Bougainville. Source: Graham Zinsli*

The 2004 Boxing Day tsunami in the Indian Ocean, and the Pakistan earthquake during October 2005, would see a further up scaling of NZRC's capacity to provide health workers to work in both immediate humanitarian relief and longer term development and recovery roles. Within 48 hours of the Boxing Day tsunami, NZRC had deployed a relief assessment delegate to the field (into Banda Aceh). During the four months after the natural disaster, an additional fourteen delegates (of whom seven were health related) were also deployed around the affected region (including Banda Aceh and the Maldives) (NZRC, 2005:19).

In 2005, fifty-seven annual deployments were made through the NZRC Delegate Programme, a record number at the time (NZRC, 2005:11). These staff were deployed on relief assignments for the Boxing Day tsunami recovery, continuing support for health programmes in both Afghanistan and Iraq, and the twelve delegates that were deployed to support ICRC operations in Darfur, Sudan.

2006 marks NZRC's largest ever group of internationally deployed health and medical personnel in its organisational history. This was because of support for humanitarian

operations in response to the 2005 Kashmir earthquake in Pakistan (NZRC, 2006a:3). The 2006 annual report identifies a record 78 deployments to support either humanitarian or development programmes with the IFRC and ICRC (NZRC, 2006a:22). It was not until a decrease in demand due to the reduction of the 2004 Boxing Day tsunami recovery operations (in 2008) that annual deployment numbers would return to their current level, which remains approximately 50 - 60 per year (as of June 2014)<sup>19</sup>.

### **NZRC Operational Security in the Post-9/11 Environment**

NZRC reported in its 2000 annual report that it had experienced one of its quietest years in terms of its involvement with international events, and described it as the “*year of living quietly*” (NZRC, 2000:6). This would change following the New York terrorist attacks in September 2001, and the subsequent military activities in Afghanistan and then Iraq. NZRC already had one health delegate based in Afghanistan before the American invasion but deployed another three delegates immediately after the start of military operations. By the end of 2002 an additional nine health-based delegates were also deployed to the ‘secondary’ operational humanitarian fields in Pakistan to further support ICRC efforts. In 2003, personnel support from NZRC for ICRC activities was also extended to Iraq during the American campaign to oust Iraqi President Saddam Hussein (NZRC, 2003:14).

This decade of record deployment numbers from the NZRC occurred just as the vital neutrality of the humanitarian space was being eroded (Munslow and O’Dempsey, 2008:465) by the ‘war on terror’ and ‘clash of civilisation’<sup>20</sup> policies. All humanitarian and development workers were now targets, and the symbolism of a *red cross* (as well as a *red crescent*) ‘branding’ became increasingly politicised. This placed Red Cross delegates, including those from NZRC, squarely within the contested “*Muslim versus Western Christian civilization fault line*” (Munslow and O’Dempsey, 2006:467). As the humanitarian space became more politicised and militarised, the Red Cross’s ability to rest on its independent position, particularly within its traditional Dunantist<sup>21</sup> approach of

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<sup>19</sup> A table illustrating the volume of NZRC international deployments across the last quarter of a century, titled *Appendix 4 - New Zealand Red Cross Deployments (1989 – 2014)* can be viewed on the appendices.

<sup>20</sup> The idea that community cultural and religious identity will be the fundamental source of conflict in the post-Cold War world.

<sup>21</sup> In reference to the philosophy of Henry Dunant, the co-founder of the Red Cross.

advocacy, was eroded (O’Keefe and Rose, 2008:458). These changes underlined the importance of NZRC delegates being able to appreciate the changing security environment, the new contested reality of humanitarian and development work, and their own operational relationship with military bodies, which to some degree NZRC had attempting to normalise anyway.

## **NZRC Delegates, Insecurity and Military Normalisation**

It appears that there has been, and continues to be, a shared heritage of and exposure to military activities by deployed NZRC delegates. In the case of the NZRC relationship with the NZDF this includes Ministry of Defence authority on the use of the Red Cross emblem, extension of NZDF medallic recognition to qualifying NZRC delegates, and the involvement of NZDF in NZRC training prior to delegate deployment.

When NZRC was formally recognised in 1962, the New Zealand Ministry of Defence granted the National Society use of the Red Cross emblem. This ministerial authority still exists today, and the Minister of Defence still retains the entitlement to vary or withdraw NZRC’s right to use the emblem<sup>22</sup> (New Zealand Gazette, 1962:126). This reiterates the fact that Articles 38 to 43 of the Geneva Conventions procedurally define the use of the emblem to facilitate military recognition of medical personnel and units within a national defence force (ICRC, 2007:39).

Pursuant to royal warrants dated May 1992 and August 1997, medallic recognition from the NZDF is also offered to non-military personnel, such as delegates from NZRC (NZDF, 1992). These medals are connected to deployments within locations that already have a NZDF military presence, i.e.; Timor-Leste, Iraq, Solomon Islands, Afghanistan, “*secondary operations areas*” such as parts of western Pakistan, and some sites of the 2004 Boxing Day tsunami relief operations.

### **Photo 3.3 – NZDF Conducted Scenarios at NZRC IMPACT Training, 2010**

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<sup>22</sup> The author understands that there has been some discussion to have this authority shifted to New Zealand’s Ministry of Foreign Affairs & Trade (MFAT).



*A NZRC delegate undergoing security training during a NZDF facilitated 'ambush scenario' as part of NZRC IMPACT training. (These scenarios are conducted within a strict health and safety monitoring framework.) Source: NZRC*

In addition to post-mission medallic recognition from the NZDF, NZRC delegates are also familiar with the activities and expertise of military actors through the contribution that the NZDF makes as part of the aforementioned prerequisite IMPACT training. NZDF contributions to NZRC delegate training includes; identification and awareness of munitions and improvise explosive devices (IEDs), behaviour at military and UN checkpoints, characteristics of militia and paramilitary groups, and security scenarios involving negative aspects of engagement with military actors (see *Photo 3.3*). To a degree, the involvement of NZDF demystifies military actors for the delegates before they are deployed (Turner, 2012:12), and provides them the opportunity to also consider how civilian engagement with the military both compromises and contributes to Red Cross operational security issues.

## Conclusion

The assertion by Krause (2014:77) that the roots of human security lie within the ICRC heritage of protecting human lives, does not necessarily do justice to the complex social context within which the Red Cross as a whole eventuated. Krause's assertion also



incorrectly treats the Red Cross as an organisation as a single homogenous entity. There is also some opposition to the idea that any Red Cross ideas similar to those of human security are either the sole provenance of nineteenth century, or of European thinking alone. Despite this, the historical prevalence of international and intranational security concerns alongside its more aspirational notions of security for the individual marks the Red Cross as a worthy exemplar for how human security may inform and be reflected at an organisational level.

Within the historical overview of the Red Cross, security has had a multitude of definitions. Security has been defined as the need for physical protection of the individual, as well as the protection and development of aspects of social support. At in its closest expression of security as with that of human security, the Red Cross has had an obvious preoccupation with the vulnerable. It is only since the early 1990s that security definitions within the Red Cross have been redirected and internalised within the organisation's mandate and principles to foreground as well the safety of its humanitarian and development staff in the field.

There are a number of characteristics which influence operational security that have been historically and organisationally recognised within the Red Cross. These organisational characteristics include the legal auxiliary status of the Red Cross to be present where other organisations cannot, its seven fundamental principles (humanity, impartiality, neutrality, independence, voluntary service, unity and universality), its shared heritage with military interests, and, in many ways, innovation in providing medical care in challenging situations. Furthermore, the Red Cross has developed unique mechanisms to maintain credible institutional access to military agents and interests.

It is the themes of constrained health-care and military association that are of the most relevance to this research. The influence of both of these operationally within the Red Cross support the rationale for including such an anecdotal and detail organisational history here. The security history of the Red Cross, from global nineteenth century European interests to local twenty-first century New Zealand, is influenced by the organisational policy and operational realities that the provision of health-care alongside military association require. The growing humanitarian and development requirement for health-care and medical intervention has been met with a corresponding historically informed response, in terms of field personnel, from NZRC.

The AWSD statistics (AWSD, 2013:1) identified in Chapter One, on the frequency of security incidences against Red Cross personnel, underlines the importance of all components of the organisation maintaining an awareness of the wider security discourse. By making explicit the organisation's historical engagement as part of the security discourse (from the establishment of the Geneva Conventions through to contemporary decisions within the NZRC delegate programme) this thesis demonstrates the way that broad security ideas have already informed, and been reflected, within the Red Cross's mandate of protecting human lives. However, the way security was understood then is not necessarily how 'human security' per se is conceptualised now. This conceptualisation of Red Cross organisational and security characteristics in all its manifestations, will subsequently be considered alongside a human security theoretical framework, which is covered in the following chapter.

## Chapter 4 – Theoretical Concepts of Human Security and Personal Security for Health-Based Aid Workers

*[Human] security claims are claims of existential threat, meant to justify priority response. Attempts to limit such prioritisation to one type of threat, such as threats of physical damage from physical violence, and/or type of referent/ target such as the state are arbitrary.*

Owen (2014:31)

### Introduction

The Red Cross presents a challenge when attempting to integrate a universal theoretical framework that will account for all its operational activities with the need for personnel security. The unique and legal status of the organisation suggests that any applied theoretical framework also needs to account for the institutional vagaries of the Red Cross. Human security is a broad theoretical framework that accounts for the relationship between the prioritisation of security, the source of a threat, and the target; whether it be an existential threat to either the beneficiary community need or development or humanitarian personnel (Owen, 2014:31). The direct and specific focusing of human security upon the physical security concerns of expatriate aid workers, particularly Red Cross delegates within militarised environments, has not been undertaken before.

There is contention between how traditional definitions of physical safety (and for whom), should be understood in the human security and broader development discourse. By focusing on the theoretical concepts and associated security considerations of human security, the typology of physical safety versus security concerns in general can then be understood in the context of the Red Cross. Such an investigation can also identify how the Red Cross can learn from human security, and in turn be incorporated into the wider academic security discourse.

The multitude of social calibrations and thematic features within a framework of human security across its many components and considerations makes the above task challenging. However, not all the concepts and ideas that exist within human security

necessarily relate to the specific research aims of this thesis. According to Owen, the ambiguity of human security is a strength in terms of its potential to inform policy (2014:63). A more exact classification is needed to make explicit the links of human security to the operational experience of the Red Cross and its delegates in the field. The following discussion will attempt to first narrow down the relevant meanings, conceptual characteristics, and practical realities of human security that might relate to humanitarian and development organisations in general. The theoretical relationship of human security to the health-sector will also be explored. This will include a focus on critical development issues such as the 'securitisation of development (and health)', as well as the issues it creates in terms of field personnel safety. The relationship of human security to civilian – military coordination will also be explored. The triangulation of these three elements (human security, civilian – military coordination, and health sector realities) will indicate the concepts of human security that most proficiently relate to the research aims.

The way that considerations of individual rights (as a secondary concern) are implemented will also assist in identifying the most relevant human security concepts. The attention to individual rights alongside a human security framework is considered by Tadjbakhsh to augment and strengthen both (Tadjbakhsh, 2013:50). The Commission of Human Security (CHS) suggests that by making the issue of rights explicit within the human security discourse, it assists in prioritising specific obligations within the framework (CHS,2003:10). Oberleitner extends the CHS's proposition by stating that the dual application of a human security with rights-based deliberations supports the inclusion of human dignity in both the security discourse and its operational activities (Oberleitner, 2005b:596). The centrality of human dignity as a core principle in the Red Cross, further warrants the inclusion of a consideration of rights.

This chapter aims to confront the paradox of ambiguity, as suggested by Owen (2014:63), within the application of human security to operational policy. The theoretical analysis will pay particular attention to ideas within human security about what constitutes an understanding of physical security (i.e. personal safety from attack). To detect if there is any distinction of a human or physical security application across either a development or a humanitarian paradigm, a review of how the concept specifically informs a humanitarian paradigm will also be covered.

The chapter will begin with an investigation of the broad and core aspects of human security. It will then focus on how human security is specifically relevant within



development paradigm (including the development and rights nexus), and a humanitarian paradigm. The exploration of human security in terms of development programmes or humanitarian operations respectively will assist in linking it to the activities of the various components of the Red Cross during the discussion in Chapter Six. The particular relevance of human security to the provision of health-services, and the rationalisation for the presence of military actors, will then be explored. The way that human security informs the provision of health-services, and the accepted presence of military actors, is key to understanding the Red Cross context and the experience of personal security in the field. The role of personal security as a key component of human security will then conclude the chapter. This will allow for an understanding of the location individual personal security concerns of humanitarian and development practitioners within the wider human security discourse.

## **Traditional Definitions of Human Security**

Due to its multiple definitions and scope, human security might be better understood in terms of what it is *about*, rather than what it *is*. Human security is concerned with the extension of considerations for individual security and safety that go beyond the immediate environment, and is more about the capacity of provide the humanitarian and development services that address all aspects of security need (Kadlor, 2014:68). Human security also allows for the identification of how individuals or communities form subjective meanings and value. Human security recasts the understanding of security wider to allow the full scope of human meaning within otherwise quantitative measures.

In spite of the many definitions of the concept, there are generally three aspects to human security that remain constant. These aspects are; a redistribution away from ideas of insecurity at a national level to vulnerability of the individual, an understanding that physical violence is not the only 'threat' that people experience, and hence that physical safety cannot be the only security priority. The three factors can be understood as follows (UNDP, 1994):

1. The object of security; what is being threatened (state/ communities/ individuals)?
2. The attention of security; what aspect(s) are being threatened?
3. The source of the threat; what or where is the threat coming from?

This tripartite redirection of security thinking permeated the prototypical conception of human security within the 1994 UNDP *Human Development Report*. The UNDP focus upon security marked a shift away from its regard for national sovereignty towards an understanding that acknowledged the individual and “*the legitimate concerns of ordinary people who sought security in their daily lives*” (UNDP, 1994:22).

With the stipulation that any understanding of security should indeed include such concerns as “*chronic threats as hunger, disease and repression*” and “*sudden and hurtful disruptions in the pattern of daily life*” (Paris, 2001:89), the original UNDP concept of human security was broadly embraced. However, human security has since been criticised as too broad in its definition to be very beneficial by authors such as Tomuschat (2003:56), Khong (2001:235), and Paris (2001:92). Perhaps to pre-empt such challenges, and questions about its ambiguity, the authors of the original 1994 UNDP definition of human security sought to qualify the concept by specifically identifying the following key components;

1. Political security (enjoyment of civil and political rights, and freedom from political oppression)
2. Community security (the survival of traditional cultural practise, ethnic groups, including the physical security of these groups)
3. Environmental security (protection from such dangers as environmental pollution and depletion)
4. Economic security (freedom from poverty)
5. Food security (access to food and nutritional requirements)
6. Health security (access to health care and medical services, and protection from diseases), and
7. Personal security (physical safety from such things as criminal attack, war and torture) (UNDP, 1994).

## **Core Aspects of Human Security**

In the subsequent twenty years since the initial 1994 UNDP definition of human security, the concept has continued to evolve and be defined. Detractors of human security have criticised it as lacking innovation (Tomuschat, 2003:56), being meaningless (Khong, 2001:235), and lacking in precision (Paris, 2001:92). Human security has also been accused of being “*an ideological instrument*” with little merit for policy formation

(Oberleitner, 2005a:188). Nevertheless Oberleitner still lists human security succinctly as a political agenda for governments; an academic challenge; an emerging framework for international relations; and a call to assembly upon a single real issue relevant to actual individuals. From an academic perspective human security has largely defied departmentalisation within any discipline as well (Hamson and Hay, 2002:4). From a legal perspective authors such as Oberleitner (2005a:187) have also suggested that human security appears to have generally been met with a level of reticence. The relatively ambiguity of the framework lends human security to all of these definitions and criticisms, but a further description of what human security is about, is perhaps better defined by its core aspects individually.

The Office of the Coordination of Humanitarian Affairs (OCHA) is the custodial agency within the UN system responsible for the dissemination and promotion of the 'operationalisation' of human security (OCHA, 2014). The Red Cross is independent and external of the UN system. It is through the status of both the IFRC and the ICRC as 'standing invitees' to the UN Inter-Agency Standing Committee (IASC) that the Red Cross is able to engage within the UN system on human security matters. Rather than creating a new framework per se, UN implemented human security locates and promotes inter-related core aspects (of human security) that are already found within the pre-existing expertise of the different parts of the UN system, such as the IASC.

As identified by OCHA (2014:1), the five core aspects of human security are described below. Each of these constituents of human security is relevant to the work of the Red Cross, as will be explained in Chapter Six.

### ***Context Specific***

Human security requires solutions that are embedded in local realities and are based on identified vulnerability, needs and capacities of the focus community, and the relevant authorities. Such a contextual relativity recognises that the source of threats to security vary significantly across and within the region of interest, at different points in time, or at different phases of the humanitarian operation or development programme.

### ***Comprehensive***

Human security requires that solutions are cohesive, multi-sectorial and attempt to eliminate duplication. This is to ensure that solutions are integrated so as to “*give rise to more effective and tangible improvements in the daily lives of people*” (OCHA, 2014 - [www.unocha.org/humansecurity/human-security-unit/human-security-approach](http://www.unocha.org/humansecurity/human-security-unit/human-security-approach)). This aspect of human security directly relates to a coordinated effort to collaboratively realise the covenants of the 1948 Universal Declaration of Human Rights (UDHR), i.e. “*freedom from fear*”, “*freedom from want*” and “*freedom to live in dignity*” (UDHR, 1948).

### ***Prevention Orientated***

Human security assists in identifying the required changes in behaviour, as well as changes in structure (whether internal or external), that are needed to help mitigate and pre-empt the occurrence of current and imminent risks. This aspect focuses on the root causes of a particular threat.

### ***People Centred***

Human security is interested in all the components of human life; economic, environmental, cultural, political, social, and military systems that serve to facilitate and maintain sustainable development, and peaceful outcomes. The human individual is supposed to be kept at the core of security considerations.

### ***Protection Focused***

Human security seeks to improve and protect local capacities, as a guiding principle for the formation of any policy. This involves the combination of both a bottom-up participatory processes (that highlights an individual’s or a community’s role in realising their essential freedoms and responsibilities) with more top-down normative institutions, processes and structures (such as the involvement of good-governance, cautioning mechanisms, and instruments for social protections). In this regards, human security also seeks to assure the development of protection measures against any further particular threat.

The above core aspects found within the discourse are not exclusive to the human security framework, but represent the distillation of selected ideas found across the development and humanitarian spectrum already. There is a number of theoretical

foundations that inform the development and humanitarian ideas that in turn reinforce the operational importance of human security concerns. These theoretical foundations include dialectic understandings, cultural relativity, globalisation, participatory development, bottom-up or grass-roots development, and a basic needs approach (BNA)<sup>23</sup> (Elliot, 2006:40).

In particular, the BNA draws together theory and practise from a range of traditions to reinforce the wider people-centred and context specific process of human security (Elliot, 2006:41). Authors such as Oman suggest that it is the need to be comprehensive, as informed by a BNA that strengthens the role of rights (specifically human rights) within the development and security 'equation'. The BNA presents human security to the implementing community as a "*dual commitment*" to the 'freedom from fear' and the 'freedom from want' mandates articulated previously within the UDHR definition (Oman, 2010:291).

It is the 'freedom from want' within BNA, rather than the role of rights, that insinuates the link between the basis for human security and the humanitarian mandate of the Red Cross. However, the 'freedom from fear' also links it to the protection mandate of the red Cross, as well the requirement for protection of health-based delegates. Furthermore, BNA also consolidates the central incorporation of individual rights and personal security as a precondition for all definitions of security and protection (Elliot, 2006:41). BNA may also be considered a core support for how human security may be viewed within the development programmes and humanitarian operations of the Red Cross, as will be elaborated upon in Chapter Six.

## **Human Security within a Development Paradigm**

The iniquitousness of UN Secretary-General Kofi Annan's 2005 statement that "*[we] will not enjoy security without development, we will not enjoy development without security...*" (UN, 2005) suggests the acceptance of the centrality of security within the development paradigm. The evolution of human security concerns is closely linked to developments by ideas of sovereignty, globalisation and 'post-development' narratives.

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<sup>23</sup> Most popular in the 1970s, BNA draws together a theorists and practitioners from a wide range of institutions to seek a more localised and human-centric approach to development solutions (Elliot, 2002:46).

By the end of the Cold-War, many of the assumptions that informed development practice were being challenged by what Desai and Potter (2008:1) describe as “*post-its*” stances; post-modernism, anti-development and beyond-development typologies. Development prior to this was somewhat framed as a ‘colonialist’ activity, involving a progression of stages towards a progression of social and economic advancement (Hettne, 2008:13).

Being originally based on the Westphalia system of states, development in the post-cold war period was impacted by the process of globalization. Globalisation saw an unraveling of the traditional role of the state, and an increasing alienation between the state and civil society (Hettne, 2008:10). The post-Cold-War globalisation period facilitated three important refocusing exercises within the development construct; focus on incorporating greater sustainability into development thinking, greater localised-empowerment through new forms of intervention or assistance, and changes in conflict resolution and post-conflict reconstructive programmes (Bennet, 2009:31). Each of these factors is critical to the human security and development discourse nexus.

There have also been two related notable ideological shifts across the nexus of development and national sovereignty that connect to the concerns of human security and development; *liberal internationalism* and *interventionism*. Liberal internationalism argued that, rather than being grounded in a nation-state notion of sovereignty, the discourse regarding security should be based on the international human-rights frameworks. Interventionism built on this and accepted that an interposition into a state’s sovereignty was viewed as a necessary condition for enforcing basic human-rights, in line with aspirations of a burgeoning global community (Chandler, 2012:218).

It was in the wake of the promotion of Western ideas for policing a quasi-‘global sovereignty’ that a post-interventionist tactic in human security emerged (Oberleitner, 2005a:194). This indicated a shift away from Western powers as the agent and mainstay of security, towards a focus upon the lack of capacity or adequate governance within the insecure or ‘fragile state’ itself. Writers such as Oberleitner (2005:194) supported the idea that human security indicated a genuine shift away from state interference toward a more contemporary community-orientated approach to security of the individual.

Security considerations as the consequences of insecurity, post- global or local event, also directed a new focus onto the lack of capacity and governance issues within development. This, in turn, redirected the interventional focus upon the pre-emptive

factors that could contribute to the attainment of security in the first place (Chandler, 2012:220). The way that human security was manifested pre-emptively within development thinking is through programmes such as *disaster risk reduction (DRR)* and *preparedness*, and *resilience*.

Disaster risk reduction (DRR) is the systematic practice of reducing disaster risks by analyzing and reducing the causal factors of disasters, or as the result of such things as climate change (GECHS, 2008:26). Examples of DRR include; preparedness, early warning, lessening vulnerability of property and people, and reduction in exposure to hazards. Authors such as Hilhorst, Ozerdem and Michelle-Crocetti (2014:174) do challenge the value of human security in guiding local DRR. However, GECHS (2008:28) state that human security is a clear rationale for DRR and climate change adaptation as it emphasizes the connection of eco-social systems, people, and issues of equity (GECHS, 2008:28). Furthermore, the prefix of human security to DRR is supported by the UNDP who state, “*Both mitigation and adaptation should be seen as human security imperatives in a broader sense*” (UNDP, 2007:39).

Resilience is expressed in this context as the capacity, or indeed incapability, to adequately or positively respond to external threats. In this regard, communities that are deemed to lack such a capability are “*considered to be vulnerable*” (Chandler, 2012:217). This directly links to the idea of community security, as a component of human security.

DRR, preparedness and resilience ideas are inherent in much of the work that the Red Cross does, particularly through the programmes of the IFRC in accordance with a development paradigm. The dynamic consideration of personal security in terms whether the Red Cross context relates to programmatic ideas of DRR, preparedness or resilience, as well humanitarian operational phases will be discussed further in Chapter Six. Before reviewing human security within a humanitarian paradigm however, a review of how the issue of individual rights relate to human security should briefly be examined.

## **Human Security, Development and Rights**

The dialogue on individual rights (or human rights) within human security is critical in understanding how issues of security (including personal security and safety) might be understood in development by institutions and the individual. The dialogue and international legal frameworks regarding human rights as it is understood today precedes

the discourse of human security by over four decades (Howard-Hassman, 2012:93). However, in the last 20 years development and humanitarian institutions have understood the requirement to mainstream human security across their operations and programmes, and to considering the issue of individual rights for all those in their charge (Steinhardt, 2005:177).

The formalisation of the relationship between rights and human security occurred with the introduction of such indicators as the Human Development Index (HDI) and the Human Poverty Index (HPA) during the 1990s. The link between human rights and the right to security as a component of development, became well established at this time (Elliot, 2008:41). As such, tracking the way that the convergence between rights (or human-rights) and development (or human development) has been articulated in international development dialogue is helpful. *Table 4.1* illustrates examples of rights-based development dialogue against each of the seven key components of human security, as identified in the 1994 UNDP definition.

The idea of a simple binary relationship between security and individual rights can be challenging. Authors such as Howard-Hassmann (2012) propose that the application of a human security conceptualisation may in fact undermine the attainment or realisation of rights. They propose that this possibility largely comes from the potential of a human security apparatus to subordinate rights, either inadvertently, or explicitly as a strategic tool (Howard-Hassmann, 2010:107). This is partly because human-rights (in particular) represent a normative structure that deliberately confers an entitlement on the individual, and infers a power-laden obligation. Contrary to this, human security only identifies rights within the specific context, and allows strategic prioritisation of rights as relative to other 'greater' concerns (Oberleitner, 2005b:597). This view is also supported by authors such as Horta (2002: 233), who states that when authorities use human security as the rationale for implementing development programmes, individual rights can sometimes be oppressed by the prioritisation of particular security measures (Horta, 2002:197).

**Table 4.1 – Human Security Framed Statements on the Interdependence between Rights and Development**

<b><i>Component of Human Security</i></b>	<b><i>International Dialogue on Rights and Development</i></b>
<b>Political Security</b>	<i>"Political freedoms (in the form of free speech and elections) help to promote economic security." (Sen,1999:11)</i>
<b>Community Security</b>	<i>"Civil and social education will help people better understand their rights and increase their choices and income-earning capacity."</i>



	<p>(UNDP, 1998:10)</p> <p><i>“Both mitigation and adaptation should be seen as human security imperatives in a broader sense”</i></p> <p>(UNDP, 2007:39).</p>
<b>Environment Security</b>	<p><i>“Human beings are at the center of concerns for sustainable development.”</i> (UNEP, 1997)</p> <p><i>“The integration of environment and development concerns will lead to the fulfillment of basic needs, improved standards for all, better protected and better managed ecosystems and a safer and a more prosperous future.”</i> (UNEP, 1997)</p>
<b>Economic Security</b>	<p><i>“Poverty is a human rights violation, and freedom from poverty is an integral and inalienable right.”</i></p> <p>(UN Declaration on the Right to Development, 1986)</p> <p><i>“Economic facilities (in the form of opportunities for participation in trade and production) can help to generate personal abundance as well as public resources for social facilities.”</i> (Sen,1999:11)</p> <p><i>“Each step taken towards reducing poverty and achieving broad-based economic growth is a step towards conflict prevention.”</i> (Annan, 2000:45)</p>
<b>Food Security</b>	<p><i>“Functional links between policies and actions for food, land, water and energy security... lead to better integration of institutional processes, and follow inclusive consultation among concerned stakeholders.”</i></p> <p>(International Fund for Agricultural Development (IFAD), 2011)</p>
<b>Health Security</b>	<p><i>“Sustainable human development can be undone in a repressive environment where threat or disease prevail.”</i> (UNDP, 1998:10)</p> <p><i>“The levels of ill-health experienced by most of the world’s people threatens their country’s economic and political viability”</i></p> <p>(Brundtland, 2000:3).</p>
<b>Personal Security</b>	<p><i>“Everyone has the right to life, liberty and security of person”</i> (UDHR, 1948).</p>

Source: Author

Table 4.1 illustrates how the general discourse on rights (or human rights in particular) principally relates to power dynamics or legal issues for those that might be devoid of such rights. The power dynamic between rights and issues of power indicates that the individual right to security (the predominate theme of this research) is but one component of a wider discourse on power and priorities (Elliot, 2002:45). Nonetheless, authors such as Radcliffe (1994:84) suggest that the inclusion of rights within the human security

discourse reinforces an “*insertion of a critical sensibility*”, in the same way that it has with development in general.

Furthermore, under human security, the right to protection is broadly defined, or at least narrowly approximated, in terms of the relationship to physical safety. The two components of human security that most closely related to physical protection in a humanitarian sense are *health security* and *personal security*. It can thus be argued that human security is about the *right* to receive protection (Kaldor, 2010:329).

## **Human Security within a Humanitarian Paradigm**

The distinctions between a development paradigm and a humanitarian paradigm warrants a particular analysis of how human security fits specifically within a humanitarian construct. The ‘routine’ programmatic process of development is distinct from the ‘disruptive’ operational project-based cycle of humanitarian relief (O’Keefe and Rose, 2008:458). The continuum between humanitarian operations and development processes challenge human security operationally. This is because the application and priorities of human security change as the focus shifts across the three phases of short-term (humanitarian) relief, rehabilitation (or recovery) back into longer-term development.

Some authors suggest that human security is more suitably placed within the humanitarian construct. Holliday and Howe (2011:81) for example suggest that human security is about dealing with the determinant factors of humanitarian crises. A more reductionist humanitarian definition of human security is that it be concerned with the elements of civil life that are “*important enough for human beings to fight over or to put their lives or property at great risk*” (King and Murray, 2001:8). In terms of international response, Ogata and Cels (2003:276) suggest that human security prepares the ideological and conceptual foundations for a more comprehensive humanitarian intervention. However, the application of human security in this way illustrates the challenges between issues of state authority and external humanitarian intervention. It is within the humanitarian paradigm that the issue of sovereignty versus human security are more acute<sup>24</sup>.

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<sup>24</sup> Humanitarian intervention is generally understood as a rare exception to the idea that authorities are forbidden to exercise their power within the jurisdiction of other regions. The theoretical and philosophical foundations of this is informed by the 17<sup>th</sup> Century (European) idea of ‘natural law’; a universally enforceable law comprised of reasons collectively agreed by all rational beings. Nardin states that the collective shift that

The international legal mechanisms that frame development and humanitarian intervention may be considered to have their theoretical basis in a historical dialectic between collective agreement and moral agency. Nineteenth-century moralists such as William Edward Hall (1909) argued that the relationship between states should have nothing to do with the humanitarian crises that were occurring within them, stating “*we must not confuse outraged public opinion with the requirements of law*” (as cited in Nardin, 2002:63). The foundation for legal intervention, as evoked by Hall, was the doctrine that the only basis for humanitarian intervention was the collective will of sovereign states, and their agreement on the principles of law (Nardin, 2002:63). In this regard, the theoretical basis of a humanitarian construct, more so that a development construct, are inherently linked to the contest between the ratification of Kantian ideas of collective morality as a higher authority, and the issue of state sovereignty (Devetak, 2007:151).

## **Protection and R2P**

Within the humanitarian construct human security has strengthened the support for legal mechanisms that mitigate any moral impasses for action versus the need to respect *global* and *national* sovereignty. A critical way that human security has been manifested within humanitarian activities is through the idea that “*should a state not fulfil this requirement, the responsibility then fell on the international community to intervene in the matter*” (Luke, 2010:349). Within the global humanitarian architecture this is termed ‘The Responsibility to Protect’ (or colloquially as R2P).

The R2P response was first developed by the International Commission on Intervention and State Sovereignty (ICISS) in 2001 with the publication of the report *The Responsibility to Protect* (Luke, 2010:351). Like human security itself, R2P supports the idea of sovereignty but seeks “*a necessary re-characterization*” (ICISS, 2001:2.14) of the notion of state sovereignty so as to support a greater level of “*self-empowerment and freedom for people, both individually and collectively*” (ICISS, 2001:2.13). R2P is seen by some as a “*retreat from Western responsibility*” (Chandler, 2012:219). There is also an

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later informed ideas of authority and ‘humanitarian intervention’ (albeit a 17<sup>th</sup> Century variant of it) within another states was due to a reformulation of ‘natural law’ by philosophers such as Immanuel Kant (Nardin, 2002:58).

argument that the R2P agenda still does not allow a prioritisation of the economic and social security needs by vulnerable communities (Martin and Owen, 2010:215).

Within a humanitarian context, it is important to understand exactly what 'protection' is, what it means 'to protect', and who is being 'protected'. R2P refers to the obligation of states or the international community, not to keep individuals safe from all types of harm or injury, but suggests a focus on the need to "*protect people from [more significant threats like] genocide, crimes against humanity or ethnic cleansing*" (Kaldor, 2014:74). Rubenstein states that no international consortium or institution assumes responsibility for R2P strategically, other than what is offered by the Red Cross (or more specifically the ICRC) and the Geneva Conventions (Rubenstein, 2010:329). Even then, the 'R2P strategies' that Rubenstein refers to are only in relation to medical services and personnel.

## **Human Security within Civilian – Military Coordination**

There is a significant association between the agenda of R2P and the potentiality for the presence of the military as an implementer of such protection. In fact much of the R2P debate appears to centre on when, if ever, military force will be used to stop crimes against humanity (Rubenstein, 2010:338). Authors such as Waal (cited in Bellamy, 2008:632) argue that R2P contributes to an obsession with military forces being the first point of call in response to large scale humanitarian emergencies. Bellamy argues that "there is something inherently militaristic about R2P" and that this creates a diversion away from non-military solutions and humanitarian actors. In any regard, the presence of the military is often determined by the same factors which necessitate the presence of humanitarian (or development) actors Red Cross delegates.

Given that the R2P principle was borne out of the failure, and eventual re-conceptualisation, of humanitarian intervention following the Kosovo crisis, the military association might be considered reasonable. Military intervention in the pursue of human-rights in Kosovo during 1998 led that crisis to be described by some commentators as the "*first human security war*" where "*security, force and power [were] intimately linked*" (Oberleitner, 2005a:194). Authors such as McRae (2002:258) have argued that existing international law had, until the arrival of human security, been 'ring-fenced' and less than responsive to the growing obstacles of insecurity. One of the strengths of human security

then, is the way that it promoted a comprehensive solution that brought a greater array of actors to the humanitarian field, including a legitimate military non-conflict role.

The impact of human security has also provided an avenue by which the military can strategically and clearly further reprioritise the protection of people over more exclusively martial objectives as well (Regehr and Whelan, 2004:3). As such, human security has also presented military operatives with an “*alternative model*” of military operation that is primary about the alleviation of humanitarian suffering (Regehr and Whelan, 2004:6). Chandler states that human security has even provided an opportunity to view military action “*as an act of facilitating, empowering or capacity-building the vulnerable subjects on the ground*” (Chandler, 2012:225).

Human security does require that military operations still adhere to treaties such as the Geneva Conventions, and that they are undertaken within the legal boundaries of IHL. Human security provides a further insistence that military activities be initiated with the expressed aims of the framework as the primary goal. It also insists that these actions must answer to a greater level of scrutiny as to whether the military means were adequate for the end humanitarian result. Western military activity in Libya at the start of 2011 serves as perhaps the most recent and clear example of the nexus between human security and military activity, with bombings in that state serving as a catalyst to enable Libyans to act as the ultimate “*agents of their own security*” (Chandler, 2012:225). Although just as non-government organisations (NGOs) function under the dictate that they must “*do no harm*” (Anderson, 1996), human security places the same expectation on military agents.

Conceptually human security has forced humanitarian, and development policy, actors to revise how they might establish, coordinate and manage civilian – military engagement (Klingebiel, 2006:3). In this regard human security has forced all players within a humanitarian (or indeed development) space to pre-emptively identify shared spheres which might benefit from greater levels of coordination and integration. The comprehensive range of security targets, players and mandates, and the complexity of field coordination, suggests an increase in what Klingebiel (2006:131) describes as “*points of engagement*”. These points of contact have a bearing on the perceptions and security conditions of all humanitarian actors, including those such as Red Cross delegates within a health-setting or role.

## **Human Security within the provision of Health Services**

There is a broad developmental correlation in the provision of health services as an enabler of human security, yet there is still a predominance within security policy to focus on notions of nation sovereignty and conflict. Evidence shows that interstate war or hostile targeting of civilians accounts for the lowest percentage of recorded deaths in the humanitarian field. Based on World Health Organisation (WHO) figures from 2001, Owen states that in 2000, in terms of deaths in a humanitarian or development context, conflict accounted for less than 5% of all deaths, while 95% were due to communicable disease and nutritional issues (Owen, 2014:309).

The provision of health security as a component within human security reinforces the importance of good community-health or hospital services as an enabler of security in general. However, a review of the human security paradigm infers that most threats to the individual require a social, political or even military solution that lies beyond the scope of the health sector alone. However, Batniji et al. (2009:1141) argue that in many humanitarian contexts, social resilience and broader issues of insecurity, can be mitigated by strengthening the services that enable better individual physical and mental health. At the same time, while threats can be mitigated by technical targeting of single health-issues, wider political solutions informed by human security will help reduce ongoing threats to mental and physical health.

The WHO definition of health is the attained “*state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*” (WHO, 1946:36). The WHO definition allows for a significant level of context specificity, and this matches the dynamic requirements of human security across the development cycle. The WHO definition of health is particularly dynamic enough to clinically transition across the ‘grey area’ of humanitarian response to development programming; a phase where health care programming can become more chaotic over time (Kruk et al., 2009:90).

While Ogata and Cels (2003:273) have stated that human security has allowed a greater degree of reliance upon “*the departmentalisation of security, humanitarian, human rights, and development strategies*”, the ‘securitisation of development’, or rather the ‘securitisation of health’ might contradict this. It is through the ‘securitisation of health’ that a link between indirect strategic goals, the provision of health services and a potential association with the military can be most apparent.

The 'securitisation of health' implies the co-opting and elevation of health initiatives into a wider process for the purpose of prioritising economic, political or military strategy (Chen, 2004:2). The most well-known example of the 'securitisation of health' was the use of a hepatitis vaccination programme as a ruse by the American CIA as part of intelligence gathering in order to locate Osama Bin Laden (Ruahala, 2011:13). The 'securitisation of health' infers that just as military or defence expenditure may be given precedence, then so to should health be prioritised; or even be politicised through its implicit or explicit incorporation into a military agenda. Health objectives can thus be incorporated into political or military activities to accentuate the attainment of human security outcomes.

Publically (at least) organisations such as the Red Cross consider the 'securitisation of health' to be extremely problematic. This is because the co-opting of health interventions can cause organisations such as the Red Cross to be perceived by the recipient community as less than impartial or apolitical. In this way the 'securitisation of health (or development)' can undermine the personal security of civilian development or humanitarian practitioners working in a health capacity.

## **Personal Security as a Component of Human Security**

Human security is at a convergence that combines the issue of rights with those of development, and issues of protection with those of survival. Tadjbakhsh (2014:52) states that human security enriches the synergy between rights, development and security, and augments each component. There is, however, a need to clarify the philosophical constituents within human security of personal security, how it relates to the ideas of physical safety, and its theoretical foundations.

Personal security as a core component of human security refers to "*physical safety from such things as criminal attack, war and torture*" (UNDP, 1994:22). Even within this statement the nuances between 'security' and 'safety' can be confusing. A distinction between the two does not appear to be immediately clear within the UNDP Security Unit literature, but the positing of safety as a precondition for security can be ascertained from the *Oxford Dictionary* definition ([www.oxforddictionary.com](http://www.oxforddictionary.com)), as follows:

<b>Safety</b>	<i>the condition of being protected from, or unlikely to cause danger, risk or injury</i>
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**Security**      *the state of being free from danger or threat*

‘Safety’ infers the existential placement of a mental or physical condition within an environment which may potentially impact upon its sense of being secure. Security, along with ideas of protection, infers an aspect of control or authority. Related to this, Kaldor states that security is commonly understood to refer to the prerequisites for a “*well-ordered society*” (Kaldor, 2014:65). Obviously insecurity as the “*deprivation of any basic capabilities*” that are required for the attainment of order and protection (King and Murray, 2001:594) is the antithesis to security. However, the ambiguity of all these terms within definitions of human security may be in part be due to the divergent pedigrees of each respective term, i.e. ideas of economic security has a different origin to ideas of health security (although they may be convergent). The addition of physical security, as “*freedom from violence*” involving aspects of safety and protection, within the UNDP (1996:15) definition of ‘human development’ (HD) has only increased this uncertainty (Gasper, 2014:30).

The location of security as a term and concept within Defence and Security Studies can provide some clarity as to how its usage within human security relates to the protection and safety of the individual. There is an assumption that security traditionally belongs within the Defence and Security Studies discipline as it focuses on deliberate violent threats to physical well-being. These disciplines also preserve an idea of security as the extension of protections to individuals against imminent and immediate violent attack (Gasper, 2014:31).

The idea of security within Defence and Security Studies is perhaps closest to the idea of security and protection as a phenomenological experience against physical threat at the level of the individual, as it has traditionally been conceptualised for a number of centuries (Rothschild, 1995:53). The theoretical basis of security *for* or *of* the individual, i.e. security as an individual good, has a historical basis in the liberal thought of the 18<sup>th</sup> Century<sup>25</sup>.

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<sup>25</sup> The word ‘security’ is a derivative of the Latin noun “*securitas*” which derives from the inner state of “*the absence of anxiety upon which the happy life depends*” (Rothschild, 1995:61). In Smith’s *Wealth of Nations*, security for the individual was conceived as a prerequisite for the attainment of public wealth, and is an early theoretical link the idea of security as freedom from violent attack on one’s mental or physical well-being, as well as one’s property (Meek, Raphael & Stein, 1978:319). While Smith identifies security in this sense, it is framed within the importance of public authority and sovereignty. The association of security with freedom



Human security though is critical of the narrow and myopic view of security as only being about violent attack against the individual. Gasper (2014:31) believes that authors such as Macfarlane and Khong (2006:17) argue that the articulation of terms such as 'economic security' or the 'protection of health' is in fact referring to something else. Carmichael and Karamouzian might also criticise such statements as "*war could be understood as an acutely fatal disease that disrupts lives*" (Carmichael & Karamouzian, 2013:65). They argue that such metaphors are not successful in reframing something else as an issue of security or protection as understood within a Defence and Security Studies framework. This is considered by Gasper (2014) as reductive reasoning that arbitrarily places security back with a Defence and Security Studies discipline. It is suggested that while authors such as Macfarlane and Khong (2006) might refocus issues of protection at the individual level in theory, there is a failure to understand security practically at an operational level (Gasper, 2014:30).

Personal security as a concept can be understood to be about existential threats to the safety of a person. The relationship of personal security to the issue of individual right assists in prioritising the other components of the human security framework (Owen, 2014:31). In operational practises, the attempt to determine physical insecurity from broader ideas of indirect threats to the person can be diverse and arbitrary, particularly which such varied cohabitants include military agents. Threats imminently from the military are often assumed to be about communities being the target of military actions, such as bombardments, etc. However, in the sense of personal security human security is also about more ambiguous threats; such as the perception issues that coordinating with military parties can cause at an organisational level, particularly for the Red Cross which must adhere to its characterisation of neutrality, impartiality and independence, to ensure protections and access to those that its delegates serve.

There are a number of ways that the security of development or humanitarian practitioners, such as those from the Red Cross can be violated. A categorisation of violations against health personnel and services within a development and humanitarian context has been established in the work of Rubenstein. Noting that most reporting on violations is inconsistent, Rubenstein establish a violation typology using word searches in institutional reports, including Red Cross documentation (Rubenstein, 2010:331). Rubenstein's categorisation is outlined in *Table 4.2*. I have added the sixth categorisation;

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from fear, as an important tenet of liberal political thought at least (Rothschild, 1995:65), has thus occurred much earlier than the UN UDHR in 1948.

*Attacks on Health Personnel (outside Health Context)*, to disaggregate security violations that occur while off duty, or outside of work facilities.

**Table 4.2 – Types of Health Security Violations in Humanitarian Operations and Development Programmes**

	<b>Type of Attack</b>	<b>Definition</b>
<b>#1</b>	<b>Attacks on Wounded and Sick Individuals</b>	<i>Attacks on, or interference with, patients, such as denial of impartial care to wounded civilians, denial of access, or any delay or interruption to health or medical care.</i>
<b>#2</b>	<b>Attacks on Health Facilities</b>	<i>Attacks on, or interference with, medical facilities, such as shelling, shooting, looting, bombing, deprivation of water or electricity, and intrusion.</i>
<b>#3</b>	<b>Attacks on Health Transport</b>	<i>Obstruction of, or assaults on, medical transport such as ambulances, or obstruction of free transport of medical equipment and supplies.</i>
<b>#4</b>	<b>Improper use of Facilities or Emblems</b>	<i>Misuse of medical facilities and personnel for purposes inconsistent with the Geneva Conventions, including misuse of the Red Cross emblem.</i>
<b>#5</b>	<b>Attacks on Health Personnel (in Health context)</b>	<i>Attacks on medical personnel themselves while <b>on</b> duty, such as arrests, detention, assaults, harassment, kidnapping, killing, intimidation, or disruption of training programmes.</i>
<b>#6</b>	<b>Attacks on Health Personnel (outside Health context)</b>	<i>Attacks on medical personnel themselves while <b>off</b> duty, such as arrests, detention, assaults, harassment, kidnapping, killing, intimidation, or disruption of training programmes.</i>

Source: adapted from Rubenstein (2010:331)

The categorisations in this table are a succinct way to categorise the types of violations upon personal security that any health-based aid worker, including delegates from the Red Cross, may be confronted with. Inherent within each of these types of attack are either direct or indirect impacts upon an individual's existential sense of physical safety and well-being, regardless of whether they were the primary target of not. In this way, human security provides a comprehensive way by which any violation upon the individual or the health-service or resource can be considered within a broader context of potential threat. Examples of broad contextual threat to Red Cross health-related delegate will be illustrated in the NZRC case-studies of security incidents provided in Chapter Five.

## Conclusion

In attempting to understand the utility of the human security and the way it is represented in Red Cross ideas of security and protection, it is critical to understand the ways that the discourse can be expressed organisationally. The myriad ways that human security considerations might further contribute to the operational policies of the Red Cross also requires the unbundling of the thematic concerns and the core aspects of that form the constituents of the framework. This has been covered in this chapter by first looking at how human security differs from more traditional ideas of security, before reviewing the core aspects of what human security is per se. Human security was then analysed in terms of what it contributes to a development paradigm and practise (and associated considerations of 'individual rights'), and a humanitarian paradigm and practise (particularly in regards to R2P and the legitimisation of military within 'humanitarian space') respectively. Health services as a critical part of the human security discourse, and the connection with ideas of 'personal security' (including individual safety) in general, concluded the theoretical overview of human security.

Although still accused of being ambiguous by authors such as Tomuschat (2003:56), Khong (2001:235), and Paris (2001:92), consensus has been established on the three aspects that form the core concerns of human security. These aspects are; a redistribution away from ideas of insecurity at a state level to also include vulnerability of the individual or community, that the source of such threat must also be considered, and an understanding that physical violence is not the only 'threat' and that insecurity can take other forms.

Human security understands that threats can also impact upon ideas of political, community, environmental, economic, food, health and personal aspects of security (the last of which this thesis is primarily concerned with). Such a comprehensive approach to addressing threat and vulnerability is understood within the Red Cross. However, it is within the respective components of the Red Cross, i.e. development programmes through the IFRC, and the humanitarian operations of the ICRC, where certain aspects of human security discourse might correspondingly be represented.

The relationship and role of security within development programmes, such as those provided by the IFRC, has been well-established since Kofi Annan's 2005 statement

(UNDP, 2005). Institutionally for organisations such as the IFRC (and the ICRC) the broad ideological shift towards *liberal internationalism* and *interventionalism* has also further strengthened the connection of human security concerns to organisation policy (Chandler, 2012:218), such as that found in Red Cross development programmes. Such a shift has also legitimising the mandate of the Red Cross as part of the security dialogue at a global level, while offering human security in particular a greater level of relevance to internal reflection upon security policy.

Human security has also informed the need for development programming to address capacity-building and addressing governance issues, this includes *DRR and preparedness*, and *resilience* considerations. Examples of NZRC delegates working in these types of roles will be covered in Chapter Five. Health-based delegates working for the Red Cross, particularly those within the IFRC, are also involved in these types of programmes and activities. The role of personal security, and its supporting operational policy, can thus become more or less specific and pronounced for IFRC (and the ICRC) health-based delegates depending on the particular phase of the programme or operation, whether it relates to short-term (humanitarian) relief, rehabilitation and recovery, or longer-term development (which may include a DRR and preparedness, and resilience component).

While the relevance of human security to development operations is well established, Holliday and Howe (2011:81) suggest that human security is also about dealing with the determinant factors of any crisis, and thus human security is more relevant to the protection issues found within a humanitarian paradigm. Related to this is the concept of R2P. R2P refers to the obligation of states or the international community to focus on the need to protect individuals or communities from significant threats such as genocide, ethnic cleansing and other crimes against humanity. In this regard it is not just about protection of the individual from physical harm per se.

Rubenstein (2010:329) suggests that, in lieu of any other coordinating institutions or collectives, it is only the Red Cross (or more specifically the ICRC) and the Geneva Conventions, that can assume responsibility for a strategic approach to R2P. This may seem a reductionist view of human security, but Rubenstein is referring to R2P strategies in relation to medical services and personnel. Furthermore, the claim by Krause (2014:77) that human security has its theoretical roots within the Red Cross historically deepens the relevance of the human security discourse to that organisation.

This is where the importance of individual rights as an inherent aspect of personal security, as suggested by Steinhardt (2005:177), for health-based delegates becomes increasingly relevant to organisations like the Red Cross. Furthermore, Radcliffe (1994:84) suggests that the inclusion of rights considerations further provides an “*insertion of a critical sensibility*” for organisations like the Red Cross, when considering how human security might further contribute to the operational security policies of its development programme and humanitarian operations.

It is important to understand exactly what human security may say about the physical and mental safety of Red Cross humanitarian and development *practitioners* (as opposed to aid *recipients*). Issues of personal security as an outcome for health-personnel might appear somewhat unresolved within the human security construct (Carmichael and Karamouzian, 2013:67). But Krause’s statement (2014:77) that human security derives from the historical Red Cross notion that people should be protected from violent threats can provide a lead to how the issue of physical safety may be approached. Articles 24 and 26 of the Geneva Conventions, considered by Rubenstein to be a precursor to the R2P doctrine, maintains that all health personnel should be included within this measure of protection. Furthermore, Paris (2001:97) has stated that human security is a theoretical concept that is inexplicably linked to issues of violence, and personal security for *all*; NZRC delegates working for the IFRC or ICRC in a health-based capacity included.

Human security can thus be considered to be about the right to receive protection in the form of physical safety and personal security (Kaldor, 2010:329). It is important in this regard to understand the distinction between safety and security. Kaldor (2014:65) indicates this distinction by describing ‘security’ as the control or authoritative structure (such as operational policies within the Red Cross) for limiting the potential of physical or mental harm, i.e. the attainment of ‘safety’ for the individual. One can thus elect to use the ambiguity within the broad sweep of human security theory to the advantage of the organisation, and specifically identify personal security as “*freedom from violence*” (UNDP, 1996:15) or “*protection against attack*” (Gasper, 2014:31) for the NZRC health-based delegate working in the field.

The case studies in the following chapter provide a contemporary illustration of the contest between Red Cross legal obligations for protection of human life (including those of its humanitarian and development health-based delegates) and the actuality of insecurity and threats in the field. The experience of personal insecurity for the individual

is always a personal experience of existential threat (Owen, 2014:31). However, the analysis of Red Cross management of personal security requires some form of classification and Rubenstein's incident typology (2010:331), albeit arbitrary to a degree, is helpful in this regard. Elements of the human security discourse, and personal security as "*physical safety from such things as criminal attack, war*" (UNDP, 1994) and other atypical incidents, may then be tracked through these contemporary case-studies of NZRC delegates experience in the field.

## Chapter 5 – Case-Studies of New Zealand Red Cross Delegate Security Incidents and Operational Definitions

*Due to further deterioration of security, [she] was also provided with a guard to escort her between the offices. By the conclusion of her mission, [she] was not allowed to work [at] the health office, and was not even able go to the supermarket personally. In recalling the experience, [she] states that the “year could have been described as similar to home detention or imprisonment.”*

NZRC (2013:22)

### Introduction

The archives of the NZRC contain a rich repository of business records, historical promotional material, visual representations, and personal accounts of experiences from international delegates. These records are a testament to not only NZRC support of the New Zealand public domestically, but also illustrate that its expansive international humanitarian and development reach. Furthermore, the archives attest to the NZRC contribution to global events, and also the way that these events have shaped the organisation and its volunteers, staff and delegates. It remains a rich resource that perhaps has not been accessed or utilised by researchers as widely as it should be. Located in an already crowded room full of the historical and contemporary detritus of a perpetually busy organisation, are the End of Mission (EOM) reports and files that record the international experience of NZRC delegates in the field. These EOM reports, additional supporting documentation, and an (unpublished) volume of NZRC delegate recollections titled *Not Just An Ordinary Job: Memories from NZRC International Delegates* (McMahon & Picken, 2009), are the primary resources for the following narratives in this chapter.

In the archive of NZRC are records of the contributions that the organisation has obliquely made to the development of international statutes through its domestic engagement with the New Zealand government (most markedly here with the NZDF and MFAT) as well as its direct participation in international Red Cross forums. The interests of NZRC are explicitly flavoured by the diametric ‘opposition’ between civilian humanitarian and development concerns, and the activities of military agencies. NZRC involvement has

included the formation of international frameworks that relate to issues of security, rights of the individual, and the ongoing protection of medical assistance under IHL and the Geneva Conventions. Ideas as informed by a human security approach are apparent to varying degrees within the 'business as usual' operations of NZRC. The conceptual nuances of the human security framework are also reflected in the reported experiences of its delegates, such as the quote from NZRC (2013:22). This quote is an example of where concerns for the physical safety of one NZRC delegate can further complicate the ability of an entire humanitarian operation to maintain an adequate community interface.

As outlined in *Chapter Two*, the employment of a phenomenological methodology in the data collection and management of the following case-studies and organisation information was critical. The phenomenological approach allowed for the inclusion of the personal perceptions and interpretation of the security environment by the NZRC delegates, which may influence the subjective retelling of the incident. As referred to in Chapter Four, Lester (1999:1) argues a phenomenological approach is valuable when personal recollections from an individual perspective are located within the objective structural requirement and agenda of a larger organisation, in this case the Red Cross and NZRC. Additionally, a phenomenological approach permitted me to concede my own knowledge of the incident and the involvement of others, as well as additional knowledge of the individual concerned. Furthermore this approach aligns with the recommended methodological management of health-based qualitative and contextual data (Polit & Hungler, 1991).

This chapter will share a number of case studies that recollect incidences and experiences of security and rights by NZRC delegates, during their involvement in humanitarian operations and development programmes within the Red Cross. In Chapter Four, it was suggested that the theoretical framework of human security has both a narrow focus upon the causes and targets of insecurity. A human security framework suggests that the concept and realisation of personal safety may be framed by a wider and interconnected range of security concerns. However, due to the human security focus upon the vulnerability of the *receiver [recipient of security or threat?]*, it is suggested that the descriptive power of this theoretical framework may be limited in the way that it can describe humanitarian and development *provider* experience. The following examples of security incidents range from situations of endangerment and inconvenience (and which do not involve overt physical threat to the person), through to situations that



involve NZRC delegate fatalities<sup>26</sup>. This spectrum of severity offers an opportunity to understand how human security and rights considerations may apply to banal security concerns, as well the extreme such as physical attacks and fatalities. These case-studies will provide an opportunity to see how the experience of humanitarian and development practitioners within the Red Cross may reflect the human security discourse, and the associated issue of individual rights.

Before the case-studies are illustrated an explanation of the deployment relationship between NZRC, the IFRC and the ICRC (the other components of the Red Cross) will be provided for the sake of clarity.

## **Deployment Relationships between New Zealand Red Cross and other Components of the Red Cross**

The importance of domestic RCNS such as the NZRC in supporting the international work of the Red Cross is illustrated in this quote from the IFRC: “*effectiveness of the [IFRC’s] work throughout the world largely depends on the experience, commitment and skills of its delegates... [that] are recruited and paid by their National Societies*” (IFRC, 1997:76). The requirement for delegates from the RCNC can also apply to the humanitarian operations of the ICRC. Until 2013 NZRC represented the fourth largest provider of health and medical delegates from a supporting National Society (ICRC, 2012a:7). However, there is often a significant amount of confusion, even amongst NZRC staff themselves, regarding the operational secondment and sharing of delegates across the Red Cross. The components of the Red Cross internationally, and the secondment of New Zealand Red Cross delegates across them, are illustrated in *Figure 5.1*.

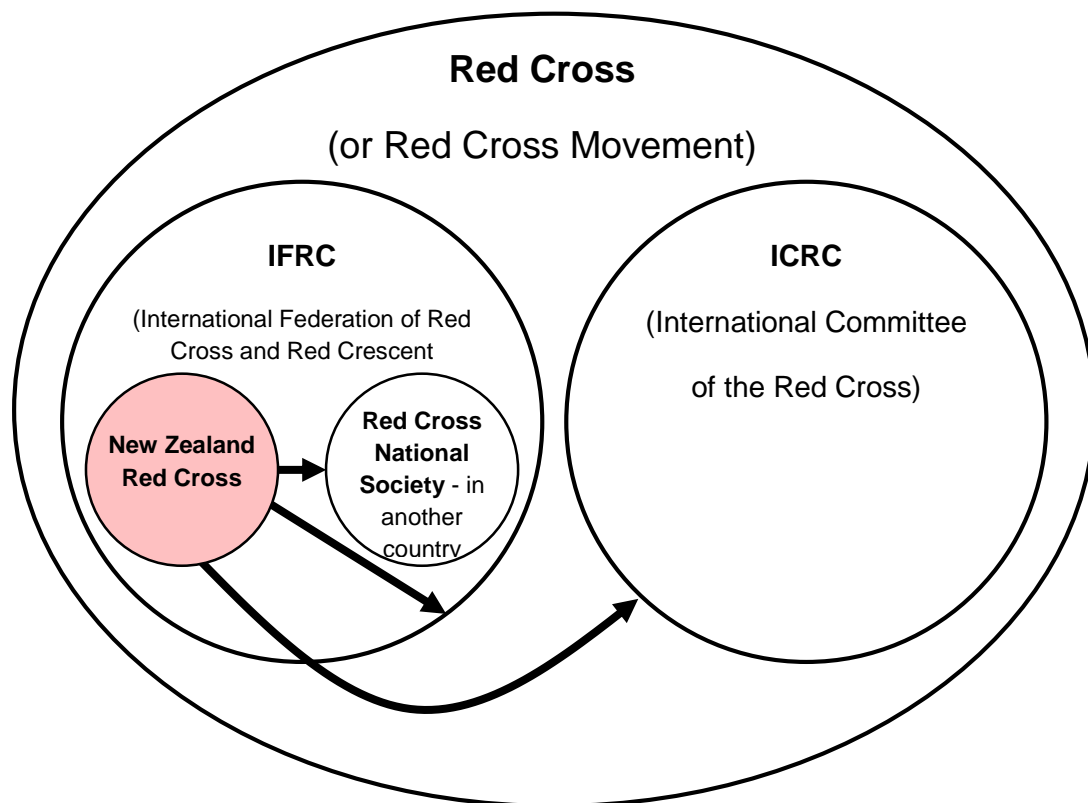
Generally the management of delegates operationally is coordinated at the level of the field-based delegations or sub-delegation (such as within the ICRC), at the zone office (such as within the IFRC), and the head-quarters in Geneva. The need for a delegate is often identified by either the IFRC or the ICRC delegation that is overseeing the operation or programme in the field (IFRC, 1997:218). It is notable for the purposes of the participants here that employee human resource obligations (for example those

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<sup>26</sup> Information on the delegate fatalities that NZRC has experienced as an organisation is covered in *Appendix 5 - Incidences of NZRC Delegate Fatalities*.

regarding 'codes of conducts', policies on fraud and telecommunications, or security requirements) are largely aligned across the Red Cross's components.

**Figure 5.1 - NZRC Deployments across the Components of the Red Cross**



Source: Author

NZRC as a contributor of Red Cross delegates provides staff to both the ICRC and the IFRC (as well as other Red Cross national societies bilaterally). Visual representations of NZRC delegates working for the IFRC, and for the ICRC can be seen in *Photo 5.2* and *Photo 5.3*. Each photo includes factors that can relate to board ideas of threat and insecurity, such as cross cultural communication (and misunderstanding), the presence of fire-arms, community stress triggers, environmental dislocation, and the conspicuousness of the NZRC delegate.

During the introduction in Chapter One a description of a video depicting community intimidation towards ICRC health delegates working in Homs, Syria was provided. In the video the threat to the individual was implicitly from a seemingly innocuous civilian source. In many of the following case-studies the security threats are less benign and

include explicit actions from military sources. It is important to clarify what might designate a military actor. While the IFRC and ICRC might invariably be working within the same operational sphere with other 'legitimate' international forces (such as national armies, UN peace-keepers, or multilateral security assistance forces), anecdotal evidence suggests that the majority of NZRC delegate security incidences involve more 'proscribed' military factions independent of a recognised authority. These factions include, but are not limited to; paramilitary organisations, rebel actors, and militia or guerrilla groups.

**Photo 5.1 – NZRC Delegate seconded to the IFRC, alongside RCNS Staff in Senegal, 2012**



*NZRC delegate (in center wearing red vest) who is seconded to the IFRC, working alongside colleagues from La Croix-rouge Sénégalaise (the RCNS of Senegal). Source: Joshua Herron*

The presence of military or informal militia within the broader context of the security incidents is contextually relevant. There might be an assumption by some that a military presence compromises the personal security of civilians. However, Chandler states that human security has empowered the military to be viewed as a legitimate enabler and facilitator of capacity-building in development and humanitarian context (Chandler, 2012:225). Despite this, the presence, or absence, of the military/militia in the following

case-studies allows the notion of the military as a determinant or complicating factor for personal security to be examined.

**Photo 5.2 – NZRC Delegate seconded to the ICRC in Libya, 2011**



*NZRC delegate (wearing green shirt) working in Libya, while is seconded to the ICRC. Note: the presence of military/ security (on the far left) with fire-arms. Source: ICRC*

## **Operational Definitions of Security in the Red Cross**

Operational definitions within the management security within the Red Cross provide a framework by which incidents can be categorised and analysed. Regardless of whether the threat to the individual or the organisation is military, political, or environmental in nature for example, these definitions allow a standardised classification of what is being targeted. The case-studies are grouped here according to the following operational definitions (and are recorded further in *Table 5.1*);

1. Individual (and Incidental) Violations (*white*)
2. Operational (and Personnel) Violations (*light red*)
3. Strategic (and Organisational) Violations (*red*)

These classifications generally reflect the way that security is largely institutionally conceptualised across the Red Cross. Whether it is the IFRC or the ICRC, organisational policy understands security within a multi-layered framework that accounts for a broad spectrum of objects, aspects or threats that might impact operational security; just as human security does. Additional operational definitions relating to security do exist in the Red Cross, such as the ‘Seven Pillars of Security’<sup>27</sup>: acceptance, identification, information, regulations, behaviour, communications and protections. A description of each of these pillars, along with how each contributes to operational security will be discussed in Chapter Six.

In the table, the typology of health security violations, as proposed by Rubenstein (2010:331), is also used to identify the type of attack. It is important to also acknowledge that the case-studies are specifically filtered through a lens of Red Cross experience. This draws attention to the way that Red Cross organisational security policy, regulations and rules frames the incident, and which might link to the human security framework.

**Table 5.1 – Operational Definitions and Classification of NZRC Delegate Security Incidents**

<b>Security Incident Case Study</b>	<b>Primary Target of Violation</b> <i>(brackets contain secondary target)</i>	<b>Related Components of Human Security</b>	<b>Type of Attack</b> (based on the categorisation by Rubenstein, 2010:331)	<b>Military Presence</b>
<b>Individual (and Incidental) Violations</b>				
<b>Dean, Papua New Guinea (2013)</b>	Individual Violation	Personal Security Community Security Economic Security	Attacks on Health Personnel (outside Health context)	No
<b>Glenn, Central Africa Republic (2013)</b>	Individual Violation	Personal Security Political Security	Attacks on Health Personnel (outside Health context)	Yes
<b>Alison, Libya (2011)</b>	Individual Violation <i>(Operational Violation)</i>	Personal Security Political Security Community Security	Attacks on Health Personnel (outside Health context)	Sometimes
<b>Operational (and Personnel) Violations</b>				

<sup>27</sup> While critical in the operational implementation of the Red Cross’s seven fundamental principles, the ‘seven principles of security’ do not appear to otherwise correspond.



<b>Chris, Yemen (2008)</b>	Operational Violation	Personal Security Health Security	Attacks on Health Personnel (outside Health context)	Yes
<b>Nicholas, Northern Caucasus (1999)</b>	Operational Violation	Personal Security Health Security Political Security	Attacks on Health Personnel (outside Health context)	No
<b>Erin, Sudan (2010)</b>	Operational Violation ( <i>Strategic Violation</i> )	Personal Security Health Security Political Security Community Security	Attacks on Health Transport Attacks on Health Personnel (in Health context)	Yes
<b>Nicola, Chechnya (1996)</b>	Operational Violation ( <i>Strategic Violation</i> )	Personal Security Political Security	Attacks on Health Facilities Attacks on Health Personnel (in Health context)	Yes
<b>Strategic (and Organisational) Violations</b>				
<b>Becky, Afghanistan (2012)</b>	Strategic Violation	Personal Security Community Security Political Security Health Security	Improper use of Facilities or Emblems Attacks on Health Facilities Attacks on Health Personnel (in Health context)	No
<b>Birgit, Afghanistan (2012)</b>	Organisational Violation	Personal Security Community Security Political Security Health Security	Attacks on Health Facilities Attacks on Health Personnel (in Health context)	No
<b>Jo, South Sudan (2014)</b>	Organisational Violation	Personal Security Community Security Health Security Food Security	Attacks on Health Facilities Attacks on Wounded and Sick Individuals Attacks on Health Transport	Yes

Source: Author

In reviewing the case-studies there are a number of operational definitions that should be given attention. These considerations include whether the NZRC delegate was the primary object of the incident, or indirect 'collateral' from a direct attack on the facilities. It is also valuable to understand if the incident had any professional connotations, relating to the delegate's occupation in working for the Red Cross.

## Security Incidents involving Individual Violations

### Dean<sup>28</sup>, Security Incident in Papua New Guinea (2013)

Dean is an experienced NZRC delegate, and is very familiar with the development and humanitarian context of the Pacific particularly. On this occasion he was working in Papua New Guinea to assist the RCNS with First Aid (FA) training, and develop their FA programmes.

During a journey in a taxi, Dean disputed the fare and the driver became very agitated. The situation escalated when local military/security individuals crowded around the car, and they started targeting the driver. This placed Dean in a compromising situation. He and the taxi driver's safety were threatened, with the potential that the gathering crowd may have attacked the driver, or himself.

Even within this simple example, human security components of *community security* (alongside *personal security*) are apparent through the cultural expression of accountability mechanisms. The idea of *economic security*, through the concern about the taxi tariff may also be alluded to. The question may be; *at what population level or scope does the community interests of human security become irrelevant, and for who?*

### Glenn, Security Incident in Central African Republic (2013)

Having spent a number of years based in Africa with the IFRC, Glenn was on his first long-term mission with the NZRC. While based in West Africa, his role was as a security delegate and he was required to travel around parts of the African continent to meet with other components of the Red Cross to assist in developing their security policy and mechanisms. His role provided direct support to programmes providing of community health-care.

On this occasion Glenn was visiting Bangui, in the Central African Republic (CAR). Three months prior to his visit, the Sudanese military, the Chadian military and local militias had

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<sup>28</sup> All individuals in the case-studies have been given a pseudonym to protect their privacy.

besieged much of the country. A coalition had eventually overthrown the long-standing President Bozizé in a coup d'état (NZRC, 2013a:1).

Due to the proximity of gunfire next to the hotel where Glenn was staying at the time, he withdrew to the relative safety of the bathroom, and was *"cowering on the tiles of [his] second floor hotel bathroom [as] a fire-fight with AK47s [had] erupted"* (NZRC, 2013a:1). He ended up staying there for three-hours while *"the machine gun fire continues to echo somewhere outside"* (NZRC, 2013a:1).

When Glenn eventually left his room, he proceeded to go downstairs. He stated at the time; *"All and sundry, perhaps 100 people, crowded into the reception area. Various military uniforms weave in and out of the civilians. Some are chatting calmly, others are agitated. The glass front doors have been locked and I peer out into the parking lot. Outside there are three jeeps with mounted guns on the back facing the front gate. About a dozen or so armed troops we're told are [now] patrolling the hotel grounds* (NZRC, 2013a:1)". Glenn had returned to CAR since this time, and had had the training that he was facilitating with the CAR Red Cross interrupted by *"'pot-shots' taken with AK-47s... presumably by Christian militia targeting Muslims"*. Glenn stated that he was aware that these regular shootings had occurred within two hundred metres of his location, and that at least four people had been either injured or killed. This was an environment which also includes French security forces, as well as French military forces. Although Glenn remained unharmed, this illustrates the wider contextual dangers fragile countries with a military concentration present to expatriates in urban centers, even during 'business as usual'.

The requirement for *personal security* of the individual, in this example, collides with the mechanisms for *political security*, as a component of human security. In this way, the dynamics of political threat have the potential to impact on individual rights and physical safety. The military may be considered a legitimate presence within this particular social context, and this overlaps with the development or humanitarian space that justifies the Red Cross presence. While the NZRC individual might be considered indirect collateral of the incidental threat, the presence of the military as the general source of the threat remains relevant. Human security as a directive gives both parties a license to be present, and the incident exemplifies the type of *"points of engagement"* that Klingebiel stated this shared space can create (Klingebiel, 2006:131), albeit a negative one.



### **Alison, Security Incident in Libya (2011)**

During the 2011 civil unrest and conflict seeking to overthrow the Gaddafi government, NZRC had seconded two NZRC delegates to support the growing humanitarian operations of the ICRC. The ICRC had sent a number of health teams, as well as medical supplies, to affected cities in eastern Libya. In that region, the ICRC had an office that supported approximately 40 international staff. In addition to this, the ICRC also opened an office in Tripoli in May of the same year to expand its operations in western Libya (NZRC, 2011:2).

Alison is an experienced health-based NZRC delegate whom has been working in the ICRC humanitarian operations since the 1980s. She has previously been deployed to places such as Somalia, Afghanistan, former Yugoslavia, North Caucasus, Uganda, Indonesia, Cambodia, and the Sudan. Her role with the ICRC in Libya was as part of an emergency response team to support the Libyan Ministry of Health and hospitals, particularly to provide ICRC war wounded kits to hospitals based near the front-line of the conflict.

During this five months mission, Alison experienced a number of security incidences, including being caught in crossfire and shelling across a dynamic frontline, as well as what might be considered common criminality, such as looting at knifepoint. At the time of the first incident, the ICRC team was providing medical supplies and were in the immediate proximity of heavy mortar or artillery fire (NZRC, 2011:12). In the second incident, while walking from their residence in the morning Alison, as part of a group of four ICRC expatriates, was approached by two men in a car. The pretense of the men at the time was to present themselves as some form of Libyan authorities, yelling “*Police, Police*” upon advancing toward the group. They then held up the group of ICRC delegates “*very aggressively, with a knife*” (NZRC, 2011:13), and proceeded to take personal items such as passports, cash and other personal items. Jewelry was ripped from the neck of one female, and another female in the same group as Alison was physically searched by one of the men. The overtly tactile nature of this search left the individual in fear of being kidnapped and “*very frightened to be raped*” (NZRC, 2011:14). Alison stated that during the period that she was in Libya, a rocket-propelled grenade (RPG) also struck her ICRC residence.

The importance of physical safety as a component of personal security is obvious within this case study, particularly in regards to the potential of gender-based violence. All incidents in this situation occurred within the collective context of the attempt to attain other human security components; *political security* and *community security* for the Libyan people. The link between the physical safety of the NZRC delegate and wider security dynamics is not always so apparent however. The mugging could be considered incidental and unrelated to the role of Red Cross personnel in-country or the shared presence of military agents. The reverse side of this, however, could be the role that the military has in formulating a secure, or indeed causing an insecure, environment. Chandler describes the Libyan conflict as one where the use of military bombings enabled Libyans to be “*agents of their own [human] security*” (Chandler, 2012:225). Likewise, this incident highlights where the use of military power for human security gains, also causes human insecurity for others, such as RPGs striking the residences of NZRC delegates.

Collectively, these three case-studies include examples of security incidents that illustrate what can be considered incidental security violations. Many of the mentioned incidental violations also appear to have occurred outside the health context or function of the NZRC delegate’s core role. Endangerment from being “*in the middle of a battle zone*” (NZRC, 2011:12) illustrates the nature of the humanitarian, or sometimes the development, field that NZRC delegates generally accept. However, even in these contexts the impact of military activities or resources that NZRC delegates experience may sometimes be considered incidental if the Red Cross personnel or facility has not been directly attacked. The response to any security incident is managed in the field by either the ICRC or the IFRC. NZRC as the supporting RCNS records such incidents, and can elect to withdraw their delegates if they themselves believe that the level of risk is too high or not able to be adequately mitigated.

The case-studies above illustrate the sometimes ambiguous nature of incidental versus unequivocal security violations. The following case-studies illustrate incidents that can be classified as security violations aimed at the personnel directly.

## **Security Incidents Involving Operational Violations**

### **Chris, Security Incident in Yemen (2009)**

In the latter part of the last decade, the ICRC was working with vulnerable populations in the western districts of Sa'ada and Al-Harf districts in Yemen, who were affected by intermittent armed clashes and tensions between Yemeni armed security forces, Houthi fighters and other local tribes (ICRC, 2009b). By the middle of 2009, more than 1,000 families had fled their insecure villages to take refuge within a number of camps for internally displaced people (IDPs). These IDP camps were managed by the ICRC alongside the Yemen RCNS (ICRC, 2009b). The number of IDPs in these camps had exceeded over 7,500 and the Sa'ada governorate, which was still recovering from armed conflicts between 2004 and mid-2008, was struggling to cope (ICRC, 2009b). The ICRC had only irregular and limited access to vulnerable population during this time, and the humanitarian situation had worsened in June when nine foreigners working in the hospital of Sa'ada were kidnapped, with three of them being killed.

Chris is an experienced health professional who has worked in a number of roles as a NZRC delegate; these roles included that of a hospital project manager, health programme coordination, as well as providing conflict based trauma and emergency medicine. He had previously worked in Sudan, Northern Caucasus, Kenya, Iraq and Afghanistan.

Three months after the Sa'ada killings, Chris was detained after going for a walk near his residential compound in the hills around the city of Sana'a, Yemen. Initially Chris was stopped by a plainly dressed man who requested that he accompany him. Chris joined him, fearing that the individual was armed, and was eventually taken to what appeared to be some sort of military compound. At the compound Chris was denied the use of a phone, and detained for a period so that he could be interviewed by a police officer, or military official.

Chris had explained to them that he was from the ICRC, and was able to provide identification for this purpose. He was accused of trespassing upon military property during his walk. After showing the authorities the route that he had taken, it was acknowledged that many locals use this path but that it was very rare to see foreigners in this location. Whilst being detained, Chris was interviewed about his role with the ICRC and where he had worked previously. Upon sharing that he had been previously based in Afghanistan, there was some consternation by the Yemen authorities that Chris might have been supporting the Taliban.

By the time that it was dark, Chris was transported for a number of hours in a locked van, with armed men on either side of him, to a prison. During this time he was disorientated as to his location, and had not been able to contact his colleagues since he left home earlier that day. He was locked in a simple concrete prison cell with no bedding or blankets. He was again denied any water to rehydrate. Eventually he was released in the early hours, and returned to his residence at 3:30am in the morning unharmed<sup>29</sup>.

This incident highlights the ambiguity that can exist between the role of humanitarian or development personnel in terms of the transition between operational space and personal time, as well as the requirement for security rules and regulations that apply to both realms. Attention should also be drawn to the ambiguity of quasi-military or security personnel, which may challenge the more traditional 'Western' clarity that usually distinguishes such positions. Human security considerations in this broad sense frames an individual who exists at the interface of an operational regulatory framework and an environment full of security ambiguities.

### **Nicholas, Security Incident in Northern Caucasus (1999)**

Nicholas was a NZRC delegate, working in Nalchik, Northern Caucasus as a hospital coordinator. Seconded to the ICRC, his work involved the coordination of nearly one hundred local nurses who provided home-based care to the local communities in the region, with a catchment of over 2,000 vulnerable individuals. These activities were undertaken in support of the local RCNS.

At that time, the ICRC had been supporting health and welfare programmes organized by the (then) Russian Red Cross branches in eight republics, located in the southern part of the Russian Federation. These activities were also linked to ICRC relief programmes assisting nearly 40,000 vulnerable people affected by the Chechen and Ingush-Ossetia conflicts (Relief Web, 1999).

In May 1999 NZRC delegate Nicholas was abducted in Nalchik, and ICRC immediately established a crisis management team (CMT) in the immediate vicinity, as well as Moscow and Geneva to facilitate dialogue with those responsible for his release. At the

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<sup>29</sup> As recently at 2012, NZRC has had another colleague who along with his partner were working in Yemen. Their vehicle was ambushed and shot at, but they managed to escape, however not before sustaining some injuries.

time, it was already understood that in the previous three years in Caucasus kidnappings of foreigners for ransom demands had been on the increase (Relief Web, 1999). This incident signaled a significant return to higher level of hostilities. The ICRC response to the kidnapping of one of its own delegates was to suspend all its activities, other than emergency operations in the Northern Caucasus.

NZRC delegates such as Nicholas, had already had their security requirements tightened and local police were required to accompany them, although their movements were restricted to travel between their residential compound and the ICRC office (Reumann, 2000:1). Any field-based assistance was largely continued through the employment of local Russian RCNS branch volunteers. It would be just over two months before Nicholas was released, unharmed.

Although this incident is 15 years old, the 'new' strategic nature of kidnappings adds immediacy to the operational dynamics that such incidents create (Stoddard, Harmer & Hughes, 2013:i). The risk to personal security is quite pronounced, but although the target of the security violation is an individual, the impact to operations is also obvious. The expectation and management of *personal security* for the NZRC delegate is in this situation somewhat linked to the strategic quest by the kidnappers for a type of *community security* or *political security*. This highlights the contested nature within the security environment.

### **Erin, Security Incident in Sudan (2010)**

Another experienced NZRC delegate is Erin, who had already worked for the ICRC in Darfur, as well as in South Sudan. Erin had also worked for the IFRC in Indonesia following the Tsunami. Based in El Geneina, (near the border of Chad), Erin's role was to support the Ministry of Health directorate, especially in regards to the influx of weapon-wounded civilians and non-combatants. She provided assistance in the transfer of amputees to the ICRC orthopaedic centre, based in Nyala, as well as organising mass immunisation programmes. In addition to this, Erin was responsible for the design and delivery of conflict-based first-aid training programmes. Consequently Erin found herself in the proximity of military players as a standard part of her role.

In one particular incident during 2005, Erin was involved in an ambush which resulted in fatalities, and she was threatened with the barrel of a rifle pressed to the base of her neck (NZRC, 2005:13). Erin stated that "*the ICRC health team was always treated with the*

*greatest of respect and gratitude by the military and community leaders, but unfortunately the remoteness of the area made it almost impossible for security guarantees to mean much” (McMahon & Picken, 2009:356).*

A number of the NZRC health-based delegates that worked within the Darfur region of Sudan from 2004 to 2007 had reported security incidences involving either themselves, or their local and expatriate ICRC colleagues. These incidents were primarily due to the volatile and dynamic nature of the conflict, and the mutable presence of the Sudan Liberation Army (SLA) and other militia groups, such as the regional Janjaweed group (Scott, 2004:2). Additionally, due to the struggle of ICRC interlocutors to maintain contact with all parties to the Darfur conflict, a number of NZRC delegates were working there in an environment where travelling to communities to provide health care exposed them to heightened risk.

This is a clear example of violations against health transport as defined by Rubenstein (2010:331). The reference in this case study that ICRC operations were accepted by the military, and then an ICRC convoy was attacked by the military personnel, highlights the dynamic nature of security across time. Klingebiel states that human security establishes a need for coordinated mechanisms for operations, as well as pre-emptive identification of operational spheres of influence (Klingebiel, 2006:3). The compromise of otherwise mutually agreed operational activities supports Anderson’s assertion that human security places further obligations on the military to observe clear ‘do not harm’ distinctions (Anderson, 1996:86).

### **Nicola, Security Incident in Chechnya (1996)**

The murder of six ICRC medical staff in their beds in the Novy Attagi field hospital, near the Chechnya capital Grozny, still counts as the bloodiest assault on the organisation in its 150-year history. The hospital employed 15 international staff, and over one hundred local staff. The expatriate staff included nationals from Norway, Holland, Canada, Spain, and two NZRC delegates. One of the NZRC delegates was killed. The murders took place in the early hours of 17 December 1996, when masked men broke into the hospital clearly marked with the Red Cross emblem.

Speculation remains as to whether the deaths were caused by Russian Special Forces or Chechen rebels (New Zealand Press Association, 2010). Prior to the ICRC killings, the security situation in Chechen had been considered to be improving. The ICRC had

increased its presence in the region and had been providing medical support and dressing materials to approximately 20 hospitals and health-clinics (ICRC, 1995). Partly funded by the Norwegian Red Cross, the Novy Attagi field hospital was one of these ICRC supported hospitals, and this assistance was established immediately after the ratification of the peace-agreement between Moscow and the rebel leaders. Speculation at the time also tried to strategically link the ICRC murders to attempts by parties of the Chechnya conflict to unsettle the election process scheduled for the beginning of the following year (TVNZ, 2006).

Nicola is considered a very experienced NZRC health-based delegate and had been involved in both IFRC and ICRC based missions in Bosnia, Somalia, Philippines, Solomon Islands, Iraq, Ethiopia and Afghanistan. Nicola survived the attack on the ICRC Novy Attagi field hospital (she believed) due to her room escaping the attention of the rebels, or that she had a lock put on her bedroom door. Nicola escorted the body of her killed NZRC colleague back home after the killings (TVNZ, 2006). All NZRC delegates received counseling with a registered clinical psychologist upon their return from a mission, regardless of whether any trauma-related events took place. Nicola continued to undertake ICRC deployments, through the support of the NZRC, after the attack on the Novy Attagi field hospital.

The fatality of personnel in this case study represents the ultimate violation of personal security, and human security for the individual. The promotion of any rights related aspect of human security, such as the definition of security as physical safety from war, torture or attack (UNDP, 1994:22), and definitions of personal security as freedom from any physical deprivation (King and Murray, 2001:594) are underwhelming in this regard. The broad definition of personal security as freedom from ongoing mental or physical harm is more existentially applicable to the personnel that actually survive the attack, such as Nicola.

From an operation perspective the extreme nature of security violations that involved fatalities are usually successful in meeting the aim of the threat source, that is; an aim to terminate the humanitarian operations or development programme in general. This draws attention to the role that organizational regulations might play in mitigate any potential threat to the ongoing sustainability, by entire a level of strategic sustainability in how the development or humanitarian practices may exist in an otherwise challenging environments.

Operational security regulations are an important link between the person and the organisation, and the observance of security regulations are critical for NZRC delegates to continue to exist in the field<sup>30</sup>. Thus, while security regulations may mitigate external threats to development or humanitarian resources, personnel or activities, they are also a requirement for the internal maintenance of organisational viability. The following three case-studies exemplify external security violations against the Red Cross as an organisation, and the viability of the 'brand' itself.

## **Security Incidents involving Strategic Violations**

### **Becky, Security Incident in Afghanistan (2012)**

The ICRC has been present in Jalalabad since 1992, and provides support for four provinces in this region; Nagarhar, Kunar, Laghman, and Nouristan. This region is home to a large number of IDPs impacted by the ongoing conflict, usually through loss of their livelihoods. This has placed a great strain on the health authorities based in Jalalabad. The rate of vaccination coverage in the some rural areas of this region is as low as 10% (NZRC, 2012a:2). As an experienced NZRC delegate, the role of Becky with the ICRC was to provide first-aid training (particularly a specific conflict-based variant), monitor health care in centres of detention, provide ICRC support to health facilities in the conflict area, and (rather aptly) monitor HCiD incidences.

Becky noted that during her fifteen month deployment there were a number of reoccurring security issues. These incidences included being in the immediate proximity of an armed ambush and the ensuing battle between government forces and opposition groups, the discovery of an IED positioned on the road that they were about to travel on, death threats to her ICRC colleagues, rocket attacks on the closely located ISAF base, and "*IED explosions at least once a week in Jalalabad*" (NZRC, 2012a:10).

In addition to these omnipresent security threats, following the burning of a Koran by a Florida preacher in 2011 (NZRC, 2012a:10), ICRC were immediately evacuated "*with 10 minutes' notice*" to a safe house due to rapidly escalating civilian anger (NZRC, 2012a:10). During this time, the organisation was directly targeted, perhaps due to the

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<sup>30</sup> In the past, NZRC delegates have had their secondments to either ICRC or IFRC operations immediately terminated if they have not observed security regulations, for example, showing a lack of discretion with information, or inviting a family member to the field location without proper consent.



perception by locals of its Western association. There was also a notable increase in localised levels of threats to the ICRC residential and health facilities in response to high-profile international incidences elsewhere. A similar evacuation, or rather operational 'hibernation', occurred when Danish cartoons depicting the prophet Mohammed were published in Denmark, which led to localised expressions of threat in Afghanistan also eventuating (NZRC, 2006b:3).

This case study illustrates that, despite the neutral and impartial principles of development and humanitarian organisations such as the Red Cross, organisations are still located in a community through a potentially politically-charged relationship. An affront to local community values, such as the publication of cartoons depicting the prophet Mohammed or the burning of the Koran, is seen locally as a threat to *community security*, and ultimately their human security. The targeting of the Red Cross as an organisation may be misdirected in this example, but as 'pragmatic' as the violation is for the local community, it may contain for them symbolic value. It illustrates nonetheless how the organisational management of security must sometimes account for otherwise un-associated global events that impact on localised ideals of community, and human security.

### **Birgit, Security Incident in Afghanistan (2012)**

In June 2012 NZRC had been closest it had ever been since 1996 to experiencing another delegate fatality (McKie, 2012). Birgit was working as a ward nurse in Mirwais Hospital, based in Kandahar, Afghanistan, and was in charge of one of the Intensive Care Units (ICUs). The ICRC had been supporting Mirwais Hospital for approximately 15 years as part of a humanitarian operation in response to the impact of the US led Operation Enduring Freedom (OEF) campaign.

As reported in the New Zealand media at the time (Stuff, 2012:1), an IED packed motorbike, parked within the perimeter of the ICRC hospital and was activated in close proximity to the health team as they were arriving for their shift. This team included two NZRC delegates working as ward nurses. Birgit was one of these nurses, and was only metres from the IED when detonation was attempted.

Upon examination of the IED, the NATO International Security Assistance Force (ISAF) reported that it had been packed with plastic explosives and bullets, but had failed to fully discharge due to wiring issues (NZRC, 2012b:5). Although it is unclear who was

responsible for the bombing attempt, speculation arose that a locally-engaged ICRC employee may have been involved in its placement. There was also conjecture as to whether it might have been part of strategy by local groups wanting an ICRC withdrawal from the region. Unsubstantiated anecdotes also suggested a link to the murder of an ICRC delegate in Pakistan two months previously.

Although no one was hurt in the incident, the ICRC response was to evacuate the entire team of 20 international delegates to Kabul, and the termination of some deployments, such as those of Birgit and the other NZRC delegate. She personally describes the ending of her mission as “*full of insecurity*” and “*very upsetting and disappointing... ..and it feels somewhat ‘unfinished’*” (NZRC, 2012b:7). The act of relocating ICRC staff due to “*deteriorating security conditions*” is now a relatively common occurrence. In the current Syrian crisis for example, humanitarian personnel were also “*temporarily relocated*” from Damascus to Beirut, Lebanon (ICRC, 2012b:1) on occasion.

In fragile states such as Afghanistan, humanitarian and development organisations are acutely aware of the link between the personal security of staff, and the threats present in the immediate local. The human security context that exists in Afghanistan, suggests that the security of organisations locally must involve a negotiation with the governing authorities about the right to be present. However, as Afghanistan was a ‘R2P’ context, ICRC was located in a space where local ideas of ‘Western irresponsibility’ (Chandler, 2012:219), as well as local frustration at re-characterisation of their state sovereignty (ICISS, 2001:14) would have challenged any organisational framework for maintaining personal security.

### **Jo, Security Incident in South Sudan (2014)**

Jo is considered an experienced NZRC delegate and had previously undertaken roles in Pakistan and Afghanistan. At the time of the security incident covered here, she was working for the ICRC as part of their medical team based at Malakal Teaching Hospital in the northern provinces of South Sudan. Supported by ICRC, this hospital provides trauma and emergency surgical care along with pediatric services (ICRC, 2013:1). Although basic, the Malakal Hospital performs essential war wound surgical services within the hospital complex, or at the actual location of fighting. The ICRC Mobile Surgical Units (MSU) also undertakes this role.

In 2011, South Sudan gained independence following a referendum on whether to

secede from the Northern part of Sudan. This secession was an outcome of the 2005 peace deal negotiated to end one of the longest civil wars on the African continent. However, in December 2013 wide-spread conflict between Dinka and Nuer ethnic groups erupted following a power struggle between President Silva Kiir Mayardit, and his recently sacked deputy, Riek Machar. This conflict has resulted in more than 10,000 deaths, and the displacement of over 800,000 people.

From December 2013 until May 2014, the front-line of the conflict has crossed the town of Malakal (as well as many other provincial centers) at least 6 times (NZRC, 2014a). This has resulted in a rapidly eroding security situation for NZRC delegates such as Jo and her ICRC colleagues, also situated at the Malakal Teaching Hospital. Jo has been evacuated from the hospital compound and ICRC residence a number of times, either back to Juba or to the UNMISS (United Nations Mission in the Republic of South Sudan) in the same area. These evacuations have been due to imminent direct or indirect attacks upon the health-facilities and resources. At one time, the UNMISS compound was also surrounded by opposing armed groups (UNMISS, 2014,13). During one incident Jo can recall halting surgical operation mid-procedure and stooping down to avoid being hit by gunfire as the hospital came under direct attack.

Jo also had her residence looted and her personal belongings stolen. Armed militia also targeted Jo specifically on one occasion when they tried to pull her out of a clearly-marked Red Cross vehicle during one evacuation by road (NZRC, 2014a). During the time when ICRC staff were absent from the Malakal Teaching Hospital, parts of the centre was also looted and burnt down. In addition to this, some patients “[had] *been shot while lying in their beds*” (MSF, 2014a:1).

This case study is the most recent security violation included here. The example of South Sudan is especially pertinent in terms of how it illustrates the link between the provisions of health security as a vital component of the attainment human security. It is also a clear example of the relationship between personal security and physical safety as an outcome of organisational respect and protection from violation. As such, it is a clear illustration of the need for the ICRC HClD project which seeks to promote protective measures for health-care providers, infrastructure and patients (ICRC, 2013:1). It also highlights the organisational need to ensure the security and rights of all humanitarian and development health-workers (or others) working in a militarized context.

Personal security issues, as a component of human security, are obvious in all of the security incidents covered in these case studies. However attention should also be given

to the presence of other components, such as health, food, political and community security as well. There is an implicit understanding that all individuals have a right to these things. However, Oberleitner states that in a human security framework the idea of rights, while valued, are not necessarily strategically absolute and are contextually specific (Oberleitner, 2005b:597). The case-studies illustrate individuals as the site of insecurity, working within an environment filled with many sources of insecurity. The case studies demonstrate components (as defined by the UNDP, 1994:24) of human security impacting directly on the security context, and indirectly (and sometimes directly) on the NZRC delegates themselves.

## **Conclusion**

The case-studies outlined in this chapter clearly warrant the requirement for the robust security regulatory framework that the Red Cross employs as a part of all humanitarian operations or development programme. The complexities of environmental security threats are multi-directional and complex. Regardless of whether NZRC delegates are working bilaterally or seconded to the IFRC or the ICRC, there is the potential that aspects of their existence in the field may present them as direct or indirect targets of a threat. It is also possible that they might be the victim of a security violation quite unrelated to their humanitarian or development roles within the Red Cross.

NZRC delegates are working in humanitarian and development activities that appear to be, at the least, conceptually informed by the human security discourse at the programmatic-level (i.e. resilience programmes and R2P type agendas), but they are 'existential' objects of insecurity and threat themselves. As outlined in Chapter Four, Macfarlane and Khong (2006) suggest that the issue of individual right to protection is still only understood significantly at a theoretical level. Gasper (2014:3) supports the need to understand further how the right to protection and safety can be better practised and realised at an operational level. Owen (2014:31) states that by better understanding the relationship of personal security to the issue of individual right, the prioritisation of other components of the human security framework that also frame the NZRC delegate experience, may also take place. The synergistic relationship between individual rights and human security is also supported by the Commission of Human Security (CHS, 2003:10). As such, the need to understand the security environment that NZRC delegates are exposed to, aligns well with the use of a human security framework to conceptualise the multi-faceted nature of insecurity and threat. In the case of the NZRC

delegates, such a consideration of the operational security needs to also consider the unique characteristics of the Red Cross in the field, as reviewed in Chapter Three.

The complexity of the external security environment is perhaps matched by an equally multifaceted security framework. Personal security and physical safety of the NZRC delegate is central to this framework, but yet is only one essential component. Operational definitions of security within the Red Cross roughly align with a framework that understands threat and source at three different levels; individual and incidental, personnel and operational, and strategic and organisational. These case-studies illustrate a significant overlap between these definitions. The requirement for a comprehensive security framework that aligns with the unique characteristics of the Red Cross requires that it understand security, including human security, not only as a theoretical concept, but also a visceral reality in the field.

At this point it would again be pertinent to reiterate my position as a staff member of the NZRC, in a role that is directly involved in the deployment of NZRC delegates, including most of the individuals mentioned in these case-studies. During this service, there have been a number of deliberations regarding the connection between academic theoretical frameworks, and the operation reality of NZRC and wider Red Cross operations and programmes. These considerations have included the dexterity of frameworks, such as human security, to inform the individual NZRC delegate's need for personal security and rights in the field, and the expression of this requirement at the operational or organisational level.

It would seem that there are a number of aspects of a human security framework that may be relevant to the context of NZRC delegates working for the Red Cross internationally. The association of human security with an integrated approach that positions both civilian and military actors in the same humanitarian or development space, as occasionally illustrated in the case study is also note-worthy. The potential relevance of human security is also reinforced by the centralisation of health issues, which posits threats to the secure access to medical care as a central concern to the framework. This is the core business of the Red Cross, and its HCD campaign, and the relationship of the security requirements of the Red Cross with human security concerns will be discussed in the next chapter.

## **Chapter 6 – Discussion: Identifying Gaps and Limitations in Red Cross Operational Security with a Human Security Lens**

*It is certainly the case with human security that definitions matter. How one defines the bounds of [the] concept necessarily affects which issues fall under its purview, what policy space the concept engages, which actors use it, and what institutions and norms the concept is positioned within. Definition matters.*

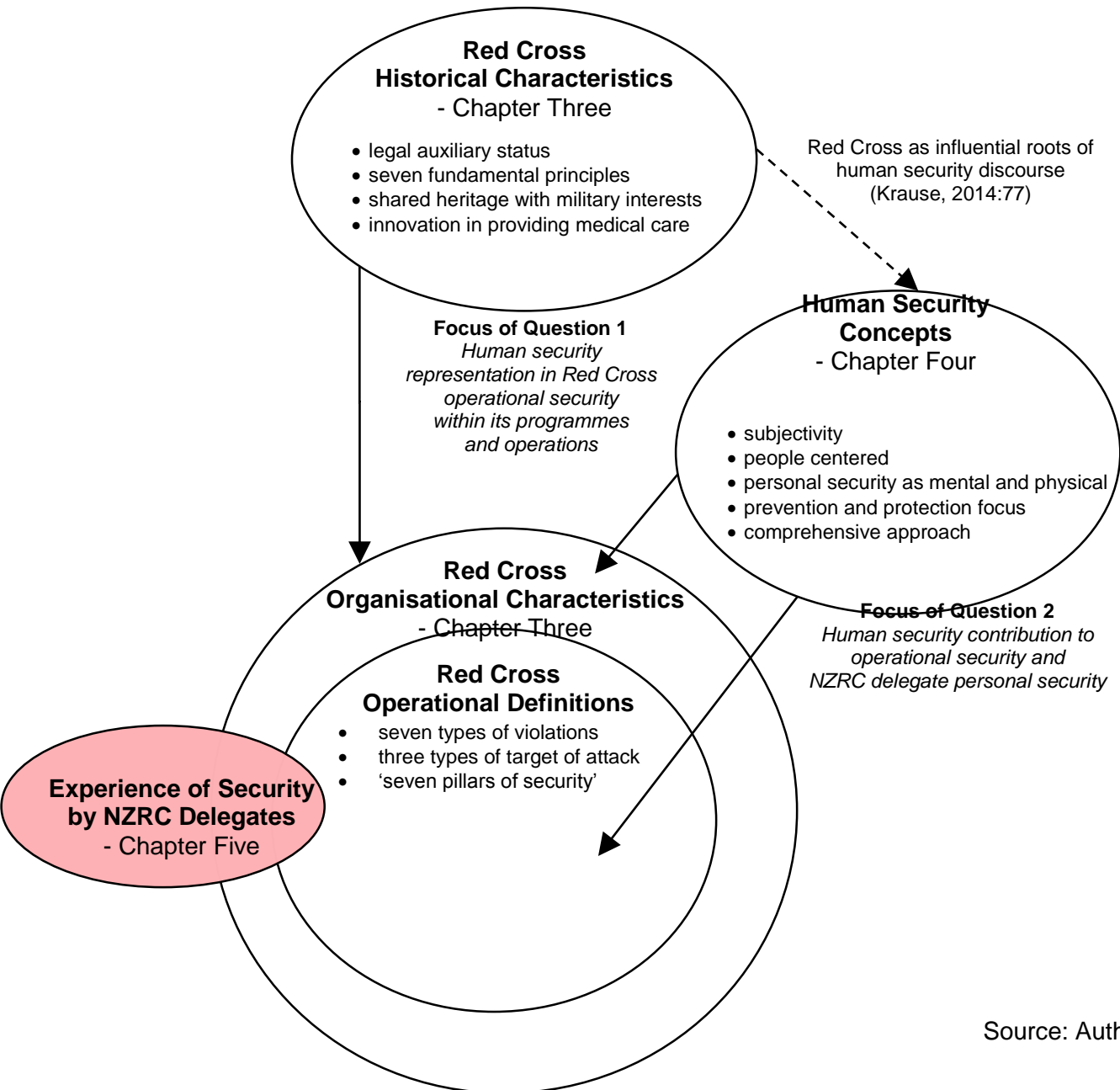
Owen and Martin (2014:332)

### **Introduction**

Operational security as conceptualised within the Red Cross is imperative for organisational safety, community engagement and access, and development or humanitarian outcomes. This discussion focuses on how a human security discourse may apply to security frameworks within the Red Cross; an organisation that is uniquely characterised in its proximity to risk, and its definition and classification of security. As Owen and Martin suggest (2014:332), the norms and definitions of human security matter. The definitions of Red Cross operational security also matter, especially as they will determine how human security thinking can influence the policies and practise for managing humanitarian and development health-based aid workers.

The first part of this chapter will review how ideas of security particular to the Red Cross are already linked to the human security concepts. Echoing the proposition from Krause (2014:77) that the influential roots of human security lie within the nineteenth-century mandate of the ICRC, key ideologies and areas of the organisations work which already reflect the human security discourse will first be identified. The individual components of the Red Cross, particularly the development programmes of the IFRC and the humanitarian operations of the ICRC, will each be located within the broader security discourse, while identifying those aspects that appear to relate to human security specifically.

**Figure 6.1 – Relationship of Concepts, Characteristics and Operational Definitions within the Discussion**



Source: Author

Figure 6.1 illustrates the relationship between the characteristics of the Red Cross, the relevant human security concepts, and operational security definitions in terms of the discussion focus. The particular focus of each of the two research questions is also shown. The *characteristics* (identified in Chapter Three) consist of; the Red Cross founding principles; the unique and auxiliary status of the Red Cross as a legal institution; the institutional proximity and access of the Red Cross to military actors and interests; and an innovative approach that the Red Cross has in providing health-care within difficult environments. The *concepts* (identified in Chapter Four) of human security are numerous, but in terms of those that are most relevant to this discussion, the concepts

were identified as; human security's allowance for a level of subjectivity when identifying ideas of threat (Owen, 2014:63), the interdependence within all sources of threat to the maintenance of personal security; the view of physical safety as a product of range of sites of vulnerability (Gasper, 2014:31); and the acknowledgement of a comprehensive inter-agency approach as being core to producing results (OCHA,2014). Informed by Rubenstein (2010:331) classifications of types of health security violations, the *operational definitions* (identified in Chapter Five) used in the discussion are primarily based on the following categories of 'targets of attack'; individual (or incidental) violations; operational (or personnel) violations; and strategic (or organisational) violations. However, as will be shown in the following discussion, these operational definitions are further expanded within the Red Cross security structures through 'pillars of security'.

In the last part of the chapter, the way that the human security discourse is represented in the operational definitions illustrated in the experiential case-studies will be analysed. The potential for the human security discourse to inform each type of (strategic, operation or individual) violation as defined by the Red Cross, and how this may occur, will be made explicit within the discussion. The assistance that human security considerations may contribute to any identified gaps in managing operational security, such as the personal security of seconded NZRC delegates, will also be explored.

## **Human Security Concepts represented in the Characteristics of the Red Cross**

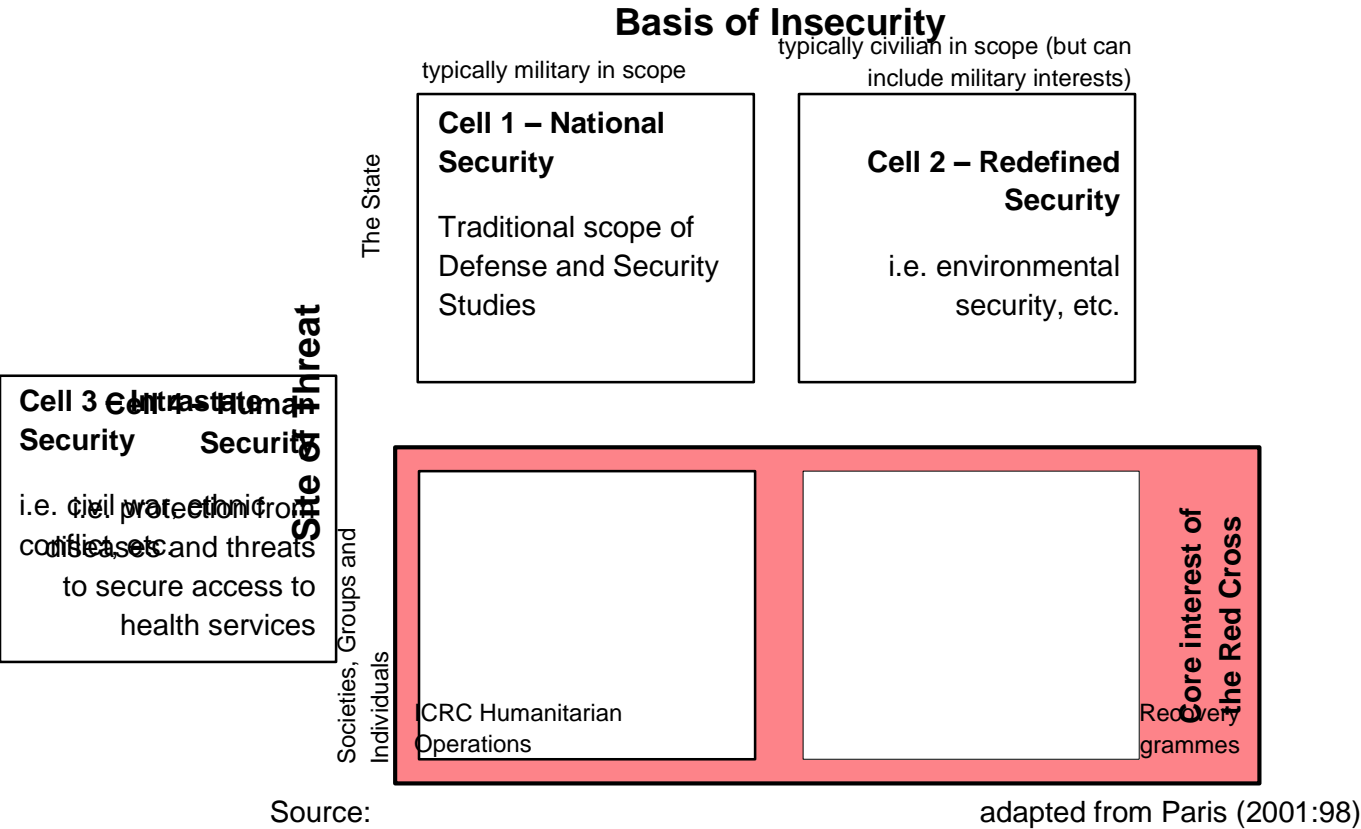
The Red Cross might be able to benefit significantly from the human security discourse, but the organisation's considerations of security have been influenced more by the wider security discourse that would be typically covered by Defence and Security Studies disciplines. As such, it is important to also understand where the operational security policy and practise of the Red Cross might reflect the wider scope of the security discourse *per se*, and where human security concerns align accordingly. This is because I have identified some discrepancies where Red Cross interests do not necessarily appear to affiliate with traditional demarcations of human security and security in general.

The matrix (Figure 6.2) below is based on Paris' matrix of insecurity, which provided taxonomy of security concerns within Defence and Security Studies (Paris, 2001:98). I believe that an adaptation of this matrix also assists in mapping human security within a wider pattern of sites of threat versus basis of insecurity. The matrix also illustrates where



the organisational responsibilities of the IFRC and ICRC are each operationally located relative to this.

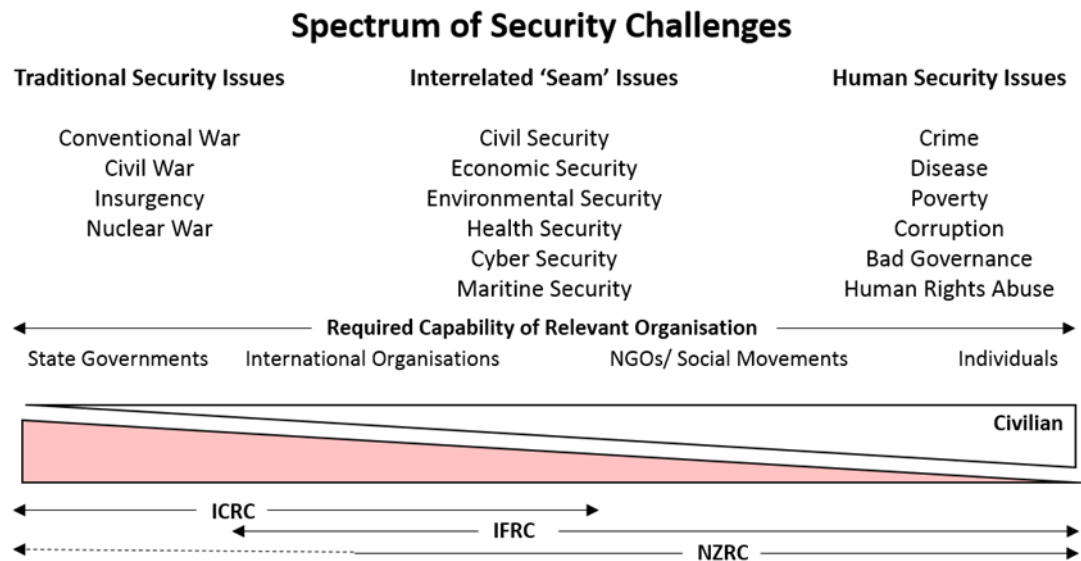
**Figure 6.2 - Location of Human Security and the Red Cross within a Security Matrix**



In this figure, the operational interests of the Red Cross are largely located at the insecurity interface with societies, groups and individuals. Paris' matrix locates human security where the basis of insecurity can be typically civilian in scope, but there can be an element of civilian and military engagement. This does aligns well with the historical characteristics of the Red Cross as covered in Chapter Three, particularly for the ICRC whom has a core interested in protecting human life within a militarised context. Certainly the custodian role of the Red Cross as the guardian of IHL and the Geneva Conventions correlates well with both *Cell 1 – National Security* and *Cell 3 – Intrastate Security*, where military activities are largely the source of any threat. Paris' matrix appears to support the legitimacy of the military as an actor in nearly all contexts where threats to any form of security exist. The involvement of the military could be challenged by members of the civilian humanitarian and development community, especially in regards to *Cell 2 – Redefined Security*. As such, this matrix is helpful in illustrating the generally contested nature of the security discourse, even more so as Paris (2001:98) can be seen to infer

that a humanitarian operational response from ICRC might be considered outside the scope of human security. The placement of human security away from conflict (cell 3) or other defence-based security considerations (cell 1) is contrary to Holliday and Howe (2011:81) and King and Murray (2001:8) who assert that humanitarian interests are at the core of human security conceptualisation. Paris’ matrix does however support the solid placement of Red Cross components like the IFRC within the scope of human security interests (*Cell 4 – Human Security*), where the Red Cross supports civilian society in development programmes that incorporate issues of insecurity.

**Figure 6.3 – Location of Red Cross and the Spectrum of Security Challenges**



Source: adapted from Reveron and Mahoney-Norris (2011:213)

Such an apparent misalignment between certain components of the Red Cross and human security approaches are also suggested by Reveron and Mahoney-Norris (2011:213). *Figure 6.3* illustrates this point. The apparent divergence between human security issues and the interests of the Red Cross may however have little to do with the contested scope and range of security concerns themselves. I believe the misalignment might also be partly influenced by a misunderstanding of the Red Cross mandate and scope of interest that may exist in some development and humanitarian literature.

The reference of human security within the wider security discourse, however, is still helpful. While the location of human security here in relation to security challenges is narrow, it is noticeable that health security, as well as economic security and environmental security (two other components of human security), are placed outside the scope of human security as an interrelated ‘seam’ issue.

The contradictory nature of Reveron and Mahoney-Norris (2011:213) delineation of health security outside of human security is actually helpful to locating human security within the activity scope of the Red Cross. The historical Red Cross characteristic of close proximity to the military challenges some of the contained definition of human security as Paris (2001:98) provides. Even the Reveron and Mahoney-Norris (2011:213) definition obscures the boundaries of human security, but it does strengthen the suggestions that health security, as a Red Cross priority, is typically spread across a range of humanitarian and development contexts, militarised and otherwise. The range of security interest respective to the various components of the Red Cross is illustrated at the base of Figure 6.2.

Furthermore, any lack of clarity in conjointly locating human security and the Red Cross, as illustrated by referring to Paris (2001:98) and Reveron and Mahoney-Norris (2011:213), is perhaps indicative of human security's malleability as a framing concept. This does reinforce the claim by Owen and Martin that the subjective definition of human security is critical to determining what institution it is positioned within and where (Owen & Martin, 2014:331). Such a contextual ambiguity is considered a strength of human security, particularly in its ability to inform operational policy (Owen, 2014:331). Unfortunately, in neither the Paris (2001:98) nor the Reveron and Mahoney-Norris (2011:213) suggestions of where human security interests may lie is a disaggregation of human groups indicated. If the identified community groupings do not go beyond a military or civilian typology, this may limit the helpfulness of any illustration from human security discourse to organisations such as the Red Cross, particularly the IFRC component. It is important, however, to note that such distinctions as military, non-combatant or civilian are an important part of the Red Cross (particularly the ICRC) lexicon and characterisation, as covered in Chapter Three.

Regardless of how human security might be represented by authors such as Paris (2001:98) or Reveron and Mahoney-Norris (2011:213), I believe that human security has a broad association across the entire operational scope of the Red Cross. Its association does go deeper than Krause's evocation of human security within Red Cross as "*the notion that people should be protected from violent threats*" (2014:77), but also relates to the organisational characteristics of military proximity and the centralisation of health security. The secondment of NZRC delegates to both the IFRC and the ICRC, to be involved in DRR and preparedness, resilience and protection activities, attests to a positioning of human security that informs the entire Red Cross organisation.

## **Links between the Red Cross and Human Security**

The assertion by Krause, that the roots of human security lie in the 'exclusive' history of the Red Cross in protecting human life (Krause, 2014:77), might be considered somewhat simplistic. There are additional shared interests with the mandate of the Red Cross as an organisation, as suggested by the history and case studies. While the Red Cross might struggle with some aspects of the human security discourse, particular the advocacy of individual rights and political prioritisation, the areas where a significant shared interest does exist includes;

1. The prioritisation of health-services and care as an enabler of many, if not all, other aspects of security. This includes an understanding of the challenges of attaining suitable health-security outcomes in difficult environments and conditions.
2. The understanding of the role and (conditional) legitimacy of military actors in some development and humanitarian spaces.
3. The importance of context specific solutions or strategies.
4. An orientation towards preventative measures, and mitigation of threat, to pre-empt the occurrence of insecurity.
5. The role of protection, particularly for the maintenance of capacity and networks, and as a way of reducing vulnerability.

Human security compartmentalises security into seven components, and health security as a fundamental component of these themes is be considered a 'traditional' Red Cross mandate. The HCiD campaign is indicative of the importance that Red Cross places on the relationship between security and the provision of health. HCiD also succinctly links the role of the humanitarian or development practitioners (or in this case, the NZRC delegate) as an important health 'resource' that must be protected. The Red Cross campaign argues for a strong link between the physical safety (and personal security) of health providers, as well as the realisation of health security for those it serves.

As covered in Chapter Three, the view of insecurity as due to factors that many organisations might otherwise want to avoid is also something that links human security ideas to the historical peculiarities or characteristics of the Red Cross. The integrated approach that human security promotes for the attainment of the full range of security aspects, suggests a supplemented space that includes both military and civilian actors. As Klingebiel (2006:3) articulates it, human security frameworks increase the likelihood of “*points of engagement*”. The requirement that these places on humanitarian and development organisations to establish, coordinate and manage civilian – military engagement has already been inherent within the Red Cross since its inception in the mid-nineteenth century. This is in spite of Red Cross opposition to a more intensive and integrated organisational approach to security, for reasons of perception in regards to operational neutrality and impartiality.

## **Human Security reflected in the Management of Operational Security at the Red Cross**

In my experience as the International Operations Coordinator at the NZRC, security is largely managed independently by each component of the Red Cross (i.e. RCNS (such as NZRC), IFRC or ICRC), although conceptual similarities remain. Shared frameworks, foundational pillars and strategies across the entire Red Cross inform the minimum security requirements (MSRs) of each organisational component. Regardless, the actualisation of operational security is considered to start with the individual delegate, who is expected to exemplify self-responsibility (NZRC, 2013b:28), environmental awareness and anticipation, and an adherence of all organisational security regulations. A multi-dimensional approach to security within the Red Cross addresses violations at a high (strategic) level, as well as mitigating the risk of physical harm through individual personal security measures. (While this is largely about protections at the organisational level, a more cynical reading would infer that the onus of responsibility upon individual conduct is neo-liberalist, and succinctly aligns with the people-centric approach of human security as well.)

Red Cross security strategies utilise an overarching three-part approach to risk reduction via; *protection*, *acceptance* and *deterrence* (IFRC, 2007:20) The need for neutrality means that active measures for explicit threat deterrence may not always be practical, and protection measure are more often used to reduce delegate vulnerability.

Both protection and deterrence measures can be problematic as they often involve measures that compromise the impartial humanitarian or development imperative, and the ultimate potential for acceptance within the recipient community (IFRC, 2007:22). Based on its historical characterisation, and reflected in its humanitarian 'brand', cultivation of acceptance (of the Red Cross) by the recipient community is the most preferred strategy across the entire Red Cross (IFRC, 2007:21). This infers a strong link to human security, as the need by the Red Cross for political and community acceptance of their operations or programmes suggests a negotiated security wider than just traditional ideas of sovereignty, or a simple dualistic notion of threat source versus security target.

In many ways, Red Cross acceptance *is* the human security aspect of protection implemented in an operational sense. Protection as articulated within the human security discourse can be considered as being about strengthening social networks to enable capacity-building of essential services. Part of social networking is the establishment of an equitable rational that allows communities to understand their partnership with, and link to, capacity-building resources, such as humanitarian and development organisations like the Red Cross. Negotiation to exist in this space by the Red Cross is about acceptance through the minimisation of any perception of the organisation as a normative 'top-down' institution. The acceptance of the Red Cross as a community-partner to enable civil resources that deliver humanitarian and development outcomes reflects the human security requirement for incorporation of all sub-state actors and stakeholders (Faber and Dekker, 2014:136).

Indicative of a human security approach, all Red Cross security strategies retain a level of context specificity as well. As human security has eroded the 'ring-fenced' and singular approach to humanitarian and development outcomes (McRae, 2002:258), so too have applicable security solutions multiplied, to a limited degree. As will be explained later, some security solutions (such as armed escorts) are not considered appropriate by the Red Cross.

As mentioned in Chapter Five, Red Cross has 'seven pillars of security' (IFRC, 2007:15) which provide something of a security tool kit by which operational security is realised. These pillars are also about the retention of personal security for the individual delegate, and as such, aspects of human security rhetoric are implicitly represented within each of these. These pillars consist of the below ideas:

1. **Acceptance;** this relates to the Red Cross (including Red Crescent entities) need to be impartial and neutral. In the case of the IFRC, they only establish a presence in-country with the agreement of the host RCNS (IFRC, 2007:17). This relates to the Red Cross imperative to coexist, while protecting the human security need for sustaining the existing community security and structure. The acceptance of any component of the Red Cross is fundamental and indispensable, particularly in situations of internal violence or armed conflict (Brugger, 2009:436). Acceptance is also internal as well, with the expectation that all delegates will accept the Red Cross rules and regulations (IFRC, 2007:17).
2. **Identification;** all premises, vehicles, resources and personnel of the Red Cross must remain identifiable according to the logo of their component, which is a variant of the red cross on a white back-ground. Only in exceptional circumstances, may a decision be made not to use the emblem (Brugger, 2009:437).
3. **Information;** this is also a two-way relationship where information sharing is about enhancing awareness of the operational environment and developing acceptance of the Red Cross within that environment. In particular, the management of sensitive information pertaining to military 'intelligence' requires particular treatment (IFRC, 2007:17).
4. **Regulations;** to a degree, regulations are specific to each delegation or sub-delegation depending on the environment, or country, within which the Red Cross is operating (IFRC, 2007:18) (Brugger, 2009:439). This correlates with prioritisation of the context-specific solutions as presented in the human security discourse.
5. **Behaviour;** or in ICRC parlance this is also referred to as *Personality* (Brugger, 2009:439). The personality or characteristics of any one individual can be a determinant of security outcomes, particularly during a critical incident. Behaviour also refers to the expression of the Red Cross principles, i.e. impartial and neutral behaviour, by the individual (IFRC, 2007:18).
6. **Communication;** this is in regards to the critical need for reliable and independent communications equipment (IFRC, 2007:19). The use of

communications may be adapted to the geopolitical context (Brugger, 2009:440) to account for temporary or spatial security changes.

7. **Protection;** such measures frame the other pillars and include both active measures (such as guards<sup>31</sup>, etc.), and passive measures (such as location of facilities in more 'secure' areas) (Brugger, 2009:441). While protection is a concern that is shared with human security considerations, the way protection is represented here, as a pillar of operational security, is more organisationally 'top-down' than the participatory 'bottom-up' approach discussed by OCHA (2014:1).

Each of the above pillars allow the Red Cross to exist within an operational security context that views personal security (and organisational security) as requiring internal order and predictability (Kaldor, 2014:65), while interfacing with an unstable and disorderly external humanitarian or development environment.

In addition to the presence of factors that can be considered representative of the wider human security discourse within Red Cross operational security, there are also human security aspects within aspects of its programmes and ways of working. As mentioned previously, human security thinking informs the HCiD campaign. The relevance of human security concepts within HCiD is noted particularly in two of the NZRC case-studies (Afghanistan in 2012, and South Sudan in 2014), but suggested throughout the range of security incidents provided in Chapter Five<sup>32</sup>. Programmatic aspects of human security are also present in the involvement of the IFRC in the OCHA cluster system, civilian and military coordination and a pre-emptive, interventionist and context specific approach to operational security.

The joint role of IFRC, with the Office of the United Nations High Commissioner for Refugees (UNHCR), in leading the provision of Emergency Shelter as part of the OCHA Cluster System is an example of a human security approach. The OCHA Cluster System

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<sup>31</sup> The acceptance and use of armed guard is only used by any respective component of the Red Cross in exceptional circumstances.

<sup>32</sup> Other examples of human security informed contexts that I have identified in the case-studies include; the presence of inter-agency (including military) coordination, security requirements that change depending on the programme phase or type, security as an operational enabler of the Red Cross fundamental principles, and security regulations that acknowledge the interdependency of personal security with a range of subjective threats.



aims to ensure a coherent and complementary approach. Ogata and Cels (2003:276) state that it is human security that has provided the conceptual foundations for a more comprehensive approach to inter-agency humanitarian intervention. The creation of cluster leads within various humanitarian sectors is an attempt to implement and coordinate an inter-agency comprehensive approach, as informed by the human security discourse.

The respective components of the Red Cross can accommodate interaction and cooperation with the military. However, the inter-agency and comprehensive approach to humanitarian (or development) operational solutions that the human security discourse promotes would be complicated if applied to a cooperative approach to security management. In particular, the use of armed escorts, mainly for protection or deterrence purposes, is a particularly vexed one for the Red Cross. Within the Red Cross, the use of explicit deterrents such as armed guards or escorts is rarely considered to enhance the personal security of a delegate significantly or in the long-run. In terms of personal security the guidelines within the Red Cross state that if it is “*deemed necessary to use armed escorts, then should you really be operating there?*” (IFRC, 2007:74). None of the NZRC delegates covered in the case-studies utilised the services of armed escorts or security guards during the security incidents, in spite of some working in a complex militarised environment.

The interventional focus of human security upon the pre-emptive factors that might contribute to the attainment of community or personal security (Chandler, 2012:220) are also represented in that way that the operational security of the Red Cross changes depending on the type or phase of a humanitarian operation or development programme. Particularly within the diversity of what the IFRC does in partnership with local RCNS, individual NZRC delegates might be involved in human security development ‘priorities’ such as DRR and preparedness, resilience, or protection activities, etc. NZRC delegates working for the ICRC would also expect to take part in a range of thematic activities (economic security, water and habitat strengthening, etc) across the response and relief cycle which are informed by human security discourse.

## **Aspects of Human Security and Gaps at the Strategic Level**

The way that the concepts found within the human security discourse overlay with the way that security is characterised by the Red Cross will now be examined. This will be

done by first suggesting what some of the limitations of operational security within the Red Cross might be, through attempting to understand its organisational concepts of personal security against a human security framework.

At the strategic level, each component of the Red Cross ensures that they act according to their principles, and it is largely about protecting the image and the acceptance of the organisational in that locale. An example of this was provided in Chapter Three, when historically the NZRC Welfare Teams had to work and reside alongside personnel from the American military's Camp Radcliffe during the Vietnam War. This cohabitation presented perception issues of NZRC health-professionals as not being impartial and aligned to American interests. Additionally, in Chapter Five, one of the case studies from Afghanistan included notable challenges of navigating issues of acceptance due to local perceptions of Red Cross staff being aligned with Western interests.

At the operational level, security management structures are largely about effective situational monitoring and coordination within the operational area. At the individual level, the delegate is required to ensure that they competently undertake their role in compliance with regulation, but also to report any security issues upwards. All layers in this security framework are mutually supportive and synergetic (IFRC, 2007:15). By first identifying gaps at the broadest level, i.e. the strategic level, the way that wider security concerns may 'trickle-down' to impact upon the personal security of the individual can then be examined.

### **Red Cross characteristics within a politicised humanitarian or development environment**

Operational Security within the Red Cross is linked to its mandate to strategically adhere to its historical characteristics and fundamental principles, particularly as a way to retain access to vulnerable communities. Organisationally, Red Cross staff are forbidden from working in-country without governmental permission, or publically questioning political issues, even human-rights violations. The security incidence that took place in South Sudan (2014), as covered in Chapter Five, is an example of this. It was clear during that conflict that violations of HCiD were occurring, but the NZRC delegate along with the ICRC remained somewhat silent on the issue, as required for operational security. However at an organisational level, there was less public advocacy from ICRC (in spite of their leadership in the HCiD campaign) for the need to respect health-security, in comparison to more politically vocal organisations like MSF (MSF, 2014b:1).

The application of Human Security concepts might assist with examining the genuine relevance of such a principled approach by the Red Cross to operational security with the 'highly politicised' contemporary humanitarian or development environment. This would require an attempt by the Red Cross to rebalance their characterisation as an impartial and neutral entity, with the (political) prioritisation of security needs through a human security analysis. The current stance of the ICRC is what Davies (2012:16) has described as the "*borderless rhetoric of neutrality*" (citing DeChaime, 2005), which was undertaken to a greater degree with MSF in South Sudan.

### **Red Cross dependence on proactive and reactive operational security measures**

This general *modus operandi* across the Red Cross has been a preventative approach to security, rather than one that has relied on explicit harder measures, like armed guards or escorts. The use of any form of armed security intervention has serious implications for the 'humanitarian imperative' of any organisation like the Red Cross. Unfortunately, other than through the Red Cross implementing its operational definitions of acceptance, (passive) protection and deterrence, if an environment gets too insecure, the Red Cross and its delegates withdraw from the location. An example of this was highlighted in the case studies from Chechnya (1996), Northern Caucasus (1999), Afghanistan (2012) and South Sudan (2014) covered in Chapter Five. (The issue of securing environments however is well outside the Red Cross mandate.)

In two of the case studies, Chechnya and Northern Caucasus, the serious level of threat to Red Cross staff that eventuated in multiple Red Cross fatalities and kidnappings, there were also significant significant impacts on local beneficiaries as well. There was an immediate withdrawal of critical development and humanitarian health-services to vulnerable communities. The case study from Afghanistan also lead to a significant withdrawal of Red Cross support. These along with security incidents, such as those typified by the South Sudan case study also have impacts back in New Zealand, when RCNS such as NZRC then have to review what support, if any, they will provide in such critical dangerous environments.

The comprehensive nature of human security conceptualisations of security infers that any single threat to human-lives, such as health security, may require a social, political or even a military solution that exists beyond the scope of any one organisation alone. Furthermore, Batniji et al. (2009:1141) argues that broader issues of insecurity within development or humanitarian spaces require greater inter-agency collaboration. The

Red Cross may often be accused of being too independent in its strategic approach to operational security. As covered in Chapter Three, perceptions of neutrality and impartiality have been important characteristics for the Red Cross to work alongside military bodies and parties to a conflict. Independence remains critical to the Red Cross; both for the personal security of its staff to exist in complex security environments, and for the retention of access to those that need health-security.

### **The use of ‘securitisation of health (or development)’ as a Strategic Tool**

The possibility that organisations, such as the ICRC, may also be involved in the ‘securitisation of health’ is another way that Red Cross operations might further be informed by a human security discourse. It is through the ‘securitisation of health’ that the attainment of otherwise ‘un-associated’ strategic goals could be linked through the provision of health services by the components of the Red Cross. As supported by Chen (2004:2), the idea of the ‘securitisation of development’ involves the integrating of Red Cross health programmes into wider agendas with the purpose of prioritising other economic, social or ‘political’ strategies.

## **Aspects of Human Security and Gaps at the Operational Level**

### **Security as defined and characterised by the Red Cross operationally**

At the operational level, there are four priorities by which the Red Cross (particularly the IFRC) frame operational security, these are:

- a. The need for sound security plans
- b. Adequate security management
- c. External relations and information
- d. Institutional conduct and integrity (IFRC, 2007:14)

There are challenges in detecting any gaps at the operational level, particularly as it is at this level that strategic planning is translated into action, with the focused also transiting to the role of the individual, such as a NZRC delegate, to insure that they act accordingly to security directives. However, there is a level of vagueness in these priorities at the detail-level, and this would be necessary to address the potential unpredictability that might be found in their human expression. Owen and Martin (2014:332) state that within human security “*definition matters*” (2014:332), especially in terms of creating norms such as those needed for operational personal security. I am sure this clarity exists at the field-based level where such ambiguity is further removed during security briefings.

### **The Importance of Maintaining and Strengthening Civilian and Military Coordination**

The Red Cross has a long and shared heritage with military activities, and NZRC delegates are somewhat normalised to working in their proximity. However, the human security prioritisation of military involvement within the development or humanitarian space has in some ways circumscribed the ability of Red Cross to maintain its characteristic impartiality and neutral in the same operational space. In this way, human security agendas may in fact challenge the ability of organisations like the Red Cross to mitigate risk and the vulnerability of its delegates, and maintain operational security.

### **Aspects of Human Security and Gaps at the Individual Level**

It is perhaps at the level of personal security for the individual where gaps exist, not so much in the Red Cross way of managing operational security, but how any organisation could be expected to fully mitigate risk within an insecure environment, which is threatening by its nature. Personal security as a component of human security is referred to by UNDP (1994:22) as “*physical safety from such things as criminal attack, war and torture*”. Safety here is understood to regard to protection from or unlikely to cause danger, risk or injury. The human security discourse provides a tool by which NZRC delegates, like those in the case-studies, can understand that while threats are not necessarily becoming more numerous, insecurity can be caused by unexpected sources, such as the incident in Papua New Guinea in 2013 during what was otherwise a rather ordinary taxi-ride.

In reviewing the focus of human security in Chapter Four, Ogata and Cels (2003:276) suggested that human security prepares the ideological and conceptual foundations for a more comprehensive humanitarian intervention. When this assertion is supplemented with the idea by King and Murray (2001:8) that human security is concerned with aspects of civil life that are “*important enough for human beings to fight over or to put their lives or property at great risk*” (King and Murray, 2001:8); the inherent risk to personnel implementing ‘humanitarian intervention’ becomes quite pronounced. While the Red Cross is exceptional in mitigating risk and providing a duty of care, individuals that do approach the Red Cross, and indeed NZRC, to undertake humanitarian (or development) work especially are required to clearly understand the level of potential threat.

## **Limitations in the application of Human Security**

The human security discourse is generally articulated in terms of vulnerability of individuals or communities as beneficiaries, such as those that receive development assistance and humanitarian aid from the Red Cross. While the Red Cross as an organisation may share the same historical concern for the protection of the individual (Krause, 2014:77), this is normally framed in terms of civilian or non-combatant protections under the Geneva Convention. As covered in Chapter Three however, it might be considered that only more recently within the historical narrative of the Red Cross has the human security idea of protections for social capacity as an enabler of community development (Batniji et al., 2009:1141) been more substantially established, such as through the work of the IFRC. In terms of operational need however, personal security appears within the Red Cross to still largely be in reference to the protection of its ‘brand’ and mandate, and the physical protection of its personnel. This is apparent in its HClD campaign, which seeks to promote protection for all its health-staff (either locally-engaged staff or international delegates such as those from NZRC), and indeed the protection of health-based personnel and resources in general.

The concept of security under human security also allows for a more context specific interpretation of the relationship between the object (and aspect) of insecurity the source of threat (OCH, 2014:1), as illustrated in Chapter Four. However, in Chapter Five, it was shown that the operational definitions of security within the Red Cross are less malleable, and in some regards quite definitive and institutionalised. An example of this would be the Yemen (2009) case study where strict security guidelines (in terms of ICRC

personnel walking in unauthorised areas), would potentially and clearly constitute a break of established security policy. All aspects of life for NZRC delegates working in health-based programmes and operations in militarised zones, are heavily determined by internal process, codes of conduct and operational security rules. The application of operational security within any one Red Cross development programme or humanitarian operation may also be influenced in regards to definitions and understandings formulated within the external security environment, such as was suggested in Chapter Six by referencing Reveron and Mahoney-Norris's (2011:213) spectrum of security challenges. As a rule, however, within the Red Cross threats and security responses are clearly articulated with little room for ambiguity, unless the context changes significantly.

The need for clarity is especially pronounced in contexts where both civilian and 'formal' military and potentially 'informal' militia may exist. The human security discourse has assisted in legitimising the role of the military in development and humanitarian contexts. This has provided many types of military actors with an alternative mode of operation (Regehr and Whelan, 2004:6), and an opportunity to be seen as *facilitating, capacity-building and empowering* (Chandler, 2012:225) for development and humanitarian outcomes. Arguments of legitimisation could equally apply to other military bodies, who within their own internal logic may view themselves as enablers of a type of security. The human security rationale of military as enablers of a type of community or political security might also be applied to some of the security incidents covered in Chapter Five, such as the disparate military groups in South Sudan in 2014; the local militia, the Sudanese military, and the Chadian military in CAR in 2013; or even the Russian Special Forces in Chechnya in 1996. Each 'military actor' was quite clearly the source of threat to others (including the NZRC delegate), but they may have their own claims of promoting a particular community or political security agenda within their own specific context.

For operational security within the Red Cross organisation, which has a long history of implementing health work within conflict zones, complex emergencies and in the proximity of the military, the human security concept of personal security (as physical safety) is limited anyway. Nearly all the NZRC delegates covered in the case-studies understood that they were entering a security context which would be considered exceptionally compromised. This might especially be the case for NZRC health-based delegates electing to conspicuously enter 'contested spaces' like the Northern Caucasus (in 1999), Chechnya (in 1996), Afghanistan (in 2012), or South Sudan (in 2014). In these spaces the maintenance of optimum physical safety or personal security for a NZRC delegate, in spite of any operational security measures, might appear to be a moot point.

## Conclusion

In conclusion there are a number of ways by which the gaps or limitations of Red Cross operational security can be address in light of the application of a human security approach. Certainly, there needs to be more attention within human security literature to focus on how the discourse can be applied internally to humanitarian and development organisations themselves, to address the ‘vulnerability’ of their staff in militarised zones. Existing academic literature either retains a focus on the recipients of humanitarian or developmental aid, as opposed to the aid workers themselves, or refers to security within human life in very general and broad terms.

While it is outside the scope of this research, there could also be further critical engagement within the Red Cross upon the ongoing relevance of its characteristics and principles. Since the 1990s, the prominence of the human security discourse has corresponded with the increased politicisation of aid, within an increasingly complex contemporary security environment. The explicit lack of neutrality and impartiality by some humanitarian and development organisation has become more acute since the 9/11 terrorist attacks (Kirchner, 2004). Referring to the practises of the Red Cross, Davis (2012:1) cites Donini et al. (2008) and argues that there has never truly been “a *‘golden age’ of impartial and neutral humanitarianism*”. Davis (2012:1) states that contemporary concerns about the challenge to the Red Cross fundamental principles of neutrality and impartiality are not new but rather just more evident, perhaps because of the human security discourse.

NZRC delegate concepts of personal security also need to be comprehensive and sophisticated enough to account for a greater range of security/ insecurity/ threat variables. Additionally, NZRC as a deploying RCNS needs to understand further how human security concepts can provide a more comprehensive overview of potential risks in terms of the safety of its international delegates. Security is not just about various classification of violation, such as provided by Rubenstein (2010:331 or the internal field operational definitions provided by IFRC (2007) or Brugger (2009) It can also be extended to cover aspects of community and health security for all NZRC staff (delegates especially) even once they are home. In this way, the issues raised by the human security discourse extend the idea of humanitarian (or development) space to include liability and responsibility away for the ‘field’.



## **Chapter 7 – Conclusion: Human Security for New Zealand Red Cross Delegates**

*[NZRC delegates] face similar risk to the local population they are there to assist. In the case of medical/ health emergencies then we must plan to ensure that our personnel have adequate protection ... We constantly monitor the threats, analyse the risk then identify mitigating actions to reduce the risk to an acceptable level.*

- IFRC (2014:1)

### **Introduction**

This research has been concerned with the well-being, safety and personal security of Red Cross delegates such as those from NZRC, but also development and humanitarian aid workers in general. The was undertaken by focusing the concepts of human security discourse on the organisational experience of NZRC delegates working internationally within the Red Cross 'Movement'. My initial conceptualisation for the research started with the observation that as required and expected, the human security discourse, as well as other deliberations upon security from within Development Studies, appeared to be largely concerned with the safety and vulnerability of beneficiaries, i.e. the recipients of development and humanitarian assistance. I felt that if the discourse on human security was genuinely comprehensive and context specific, then it should also be applicable and informative to understandings of operational security within organisations, like the Red Cross. Kadlor's (2014:65) suggestion that human security is also about the capacity of humanitarian and development services to address all aspects of insecurity could be considered to support this initial hypothesis. In the case of the Red Cross, I conclude that human security does have something to contribute to Red Cross operational security.

### **Overall Aim of Thesis**

The overall aim of this thesis was to first look at ways that human security ideas were hitherto already represented in the security characteristics and operational definitions peculiar to the Red Cross. The thesis then analysed the experience of NZRC health-

based humanitarian and development delegates, to detect how human security concepts might contribute further to understandings of operational security.

Kaldor (2010:329) states that the human security discourse can be considered to be about the right to receive protection in the form of physical safety and personal security. This assertion was examined within the exact organisation that authors such as Krause (2014:77) claim were the foundational roots for human security concepts of protecting human-lives and livelihoods to begin with, i.e. the ICRC as a component of the Red Cross 'Movement'. As illustrated in Chapter Three, the centrality of the provision of health-security (as a component of human security) within challenging environments where human security is most needed, and military engagement (as a mechanism for human security outcomes) within the framework also rendered the organisational context especially appropriate. The historical review in Chapter Three illustrated how the exception insecurity of the Red Cross' work environment has been somewhat normalised within the responding characteristics of the Red Cross. These characteristics demarcate the Red Cross as uniquely placed in the discourse on security and protection since it's foundation in nineteenth-century Europe. As covered in the second part of Chapter Three, a more local variant of involvement in Red Cross issues of security and protection has occurred since 1931, when NZRC was first recognised by the IFRC, and New Zealand medical personnel were deployed to the Sino-Japanese War in 1938.

The Red Cross Health Care in Danger (HCiD) campaign highlights the need for a renewed focus on security as an enabler for the provision of health-services in threatening humanitarian and development environments. The need for medical and health-based staff to have particular forms of personal security was also highlighted in a recent Red Cross report which stated that in particularly the organisation "*must plan to ensure that our [health-based] personnel have adequate protection*" (IFRC, 2014:1). This thesis aimed to further contribute to the planning of protection for Red Cross through the application of a human security framework to the operational security understanding within the components of the Red Cross, i.e. RCNS such as NZRC, IFRC, and ICRC. In many ways this thesis had an interest in 'reversing' one component of human security, i.e. personal security, and reflecting it back inwards to the Red Cross. Being well-versed in protecting human-lives, it is important that the Red Cross also optimise and afford such protections to the well-being and safety of its own field-based delegates as well.

According to Owen (2014:64) the ambiguity of human security is its strength when it is used to contribute and inform organisational policy. Human security frameworks also

allow for subjective meaning and 'arbitrary' identification of objects (or aspects) of security, the source of the threat, and the responding operational security definitions by organisation (Owen, 2014:31). This made human security particular relevant to the investigation of NZRC delegate incidents of insecurity, while acknowledging their own existential take on the experience, and interpretation of the event context. This approach meant that the research kept a 'people-centric' focus on the participants, just as human security does. In this regard, I hope that this thesis might contribute to broader discussions so that all health-based aid worker, particularly NZRC health-based delegates working for the Red Cross, also get to experience meaningful personal security that includes "*freedom from violence*" (UNDP, 1996:15) or "*protection against attack*" (Gasper, 2014:31).

## Reflections on the Utilised Methodology

As the author of this research, and because of my involvement and responsibility in deploying NZRC delegates, I have perhaps been biased towards an operational lens in the application of human security. As the International Operations Coordinator for the NZRC, I am professionally 'entrenched' in an operational perspective that leans towards taciturnity when considering external value-based judgement and was also perhaps defensive of the Red Cross itself. As outlined in Chapter Two, the phenomenological approach employed within the research methodology permitted my personal understanding to be included within the discussion "*as an interested and subjective actor rather than a detached and impartial observer*" (Lester, 1999:1). I remained mindful of my own 'author-bias' within the research and was acutely aware of being 'overly-pragmatic', in regards to Red Cross operations, at the cost of unjustly marginalising the dominant academic and theoretical aspects of the analysis.

As covered in Chapter Two, Judd, Smith and Kidder's (1991:42) tri-partite structure ordered the methodological core of the research. This use of Critical Theory in this way assisted in deciphering the relationships across the range of subject matter. These three-components were the *characteristics (variables)* of the Red Cross, the *operational definitions* of its security practise, and the *concepts (abstracts)* found within the human security paradigm. They were more specifically identified as below:

1. **Red Cross Characteristics (Variables):** founding principles of impartiality, neutrality and independence; unique status as an organisation auxiliary to

government; institutional proximity to military actors and interests; and the central role, and an innovative approach to providing health-care within difficult environments.

2. ***Operational Security Definitions***: six-part typology of health security violations as defined by Rubenstein (2010:331) (attacks on wounded and sick individuals; attacks on health facilities; attacks on health transport; improper use of facilities or emblems; attacks on personnel inside health context; and attacks on personnel outside health context), and Red Cross delineations of security targets (individual and incidental violations; personnel and operational violations; and strategic and organisational violations).
3. ***Human Security Concepts (Abstracts)***: subjective identification of object or aspect of insecurity and source of threat, interdependence across all direct or indirect sources of threat to the maintenance of personal security; physical safety being inclusive of people-centric range of vulnerabilities; and acknowledgement of a comprehensive inter-agency approach as core to production of development or humanitarian results.

In addition, the application of a phenomenological approach within the methodology also contributed to maintaining the NZRC delegates as 'visceral human-lives' and individuals whose rights needed be a central concern. Within academia and organisations it is sometimes easy to be distracted from the fact that the deliberations are impacting on real human-lives, ironically even when the deliberations relate to development programmes and humanitarian operations. Radcliffe (1994:84) suggests that the inclusion of rights, as covered in Chapter Four, reinforces a critical sensibility in the application of human security to organisational and operational deliberations, in the same way that it has with development in general. As such, the idea of individual rights, particularly in terms of the right to security had to be explicit within the supporting theoretical framework.

## **Response to the Research Questions**

The first part of the research structure examined the history of the Red Cross to elicit the organisations unique characterisation of security, and its relation to the issue of protection of human-lives. This also assisted in critically examining the apparent hereditary relationship between the Red Cross and human security, as inferred by Krause (2014:77). The theoretical framework of the human security paradigm was then examined. A broad overview of the human security theoretical framework was necessary first as it assisted in understanding areas where human security and Red Cross interests might either diverge or converge either programmatically (for example through resilience or R2P), or the way operational security interests were conceptualised.

Subsequently the theoretical overview then provided a narrower focus upon the militaristic and health-related aspects of human security, so as to identified concepts within the discourse which might be especially topical to Red Cross considerations. The research structure then reviewed ten case-studies of security incidents that were experienced by NZRC delegates. By ordering these case-studies in terms of required (albeit) operational definitions, it was possible to understand what could be expected as a 'typical' characteristic of the Red Cross experience. Identified gaps and limitations were then discussed in terms of what a human security discourse might be able to contribute to security understanding and potentially operational practise. Figure 6.1 in Chapter Six provides a diagrammatic illustration on how the various components (the characteristics of the Red Cross, the concepts of human security, and the operational definitions of security) supported each of the research questions.

In many of the situations that NZRC delegates experienced in the case studies, there were security variables that could be linked to human security understandings. Most notably, this exposure including being in the proximity to military actors whom a human security framework can cast as legitimate humanitarian actors or at least the enabler of aspect of human security (Regehr and Whelan, 2004:6), whether it was a 'formalised' military or 'informal militia'. However, the distinction between these two groups providing a notable dynamic when applying the assumption that the 'formal' status of any military actor necessarily correlated with personal safety for the NZRC delegates. In one of the case studies, particularly the example from Chechnya, the Special Russian Forces who some accuse of carrying out the killings of ICRC could be considered a formalised unit in some ways. As could the soldiers that were using weapons outside the hotel in the case study from CAR.

As covered in Chapter Three however, the exposure to the military (regardless of whether it they are 'formal' or 'informal') is a historical and contemporary characteristic of working for the Red Cross in many ways. The research questions were mindful of the uniqueness of the Red Cross, and were designed to elicit findings that could account for the exceptional level exposure and normalisation to insecurity that its faces in the field, as presented below.

### **Findings in response to the First Research Question:**

*How is the human security discourse represented in the way that the Red Cross considers operational security within its humanitarian operations and development programmes?*

**The historical influence of Red Cross to the human security framework, and the representation of the human security discourse within contemporary Red Cross operational security, cannot be taken for granted.**

Many of the ideas that form the foundational roots of human security are neither the invention of the Red Cross (particularly the ICRC) and the Geneva Conventions, nor the product of nineteenth-century European thinking alone. This argument was covered in Chapter Three, as supported by the literature from Hampson (2002:17), Blair (2006:274) and the ICRC (2009a:5). The apparent representation of the human security discourse within the Red Cross must take into account that organisation and operational security is often less malleable, more definitive and prescriptive, and institutionalised (Owen, 2014:331).

**The human security discourse is represented in the peculiar Red Cross characterisation of security and protection at a strategic and programmatic level, as well as the particular way that Red Cross considers personal security at the operational level.**

The role of protection and rights within the Red Cross is perhaps more restrictive within the Red Cross due to its particular fundamental principles (neutrality, impartiality and independence) and the limitation that this places on the organisation for advocating or political negotiation. The Red Cross does however share the human security understanding of the role of protection and security for the maintenance of capacity for such things as health services (Batniji et al., 2009:1141), and for the reduction

vulnerability (Ogata & Cells, 2003:273). There are challenges for the Red Cross to attain full personal security for its delegates due to the inherent insecurity of the conflicts or complex emergencies that it is sometimes required to operate within. As raised when introducing the NZRC case studies in Chapter Five, and discussed in Chapter Six, the 'seven pillars of security' assist with mitigating these risks (IFRC, 2007:18).

**The representation of the human security discourse within Red Cross considerations of operational security must take into account variations between the components of the entire Red Cross 'Movement', and the three layers of security within which each component engages.**

As introduced in Chapter Three, the Red Cross is made up of a number of components: the ICRC which is more aligned with a humanitarian paradigm, the IFRC secretariat which is more aligned with a development paradigm, and the RCNS in each country (Forsythe, 2005:20). Each of these have distinct nuances within the management of their operational security, although they do roughly correspond with similar layers of security awareness; individual (or incidental) level, operational (or personnel) level, and the strategic (or organisational) level (IFRC, 2007:14). The shared representation or prioritisation of interest in the human security discourse may differ accordingly, including what phase any Red Cross development programme or humanitarian operation is also in (O'Keefe and Rose, 2008:458).

#### **Findings in response to the Second Research Question:**

*By analysing the experience of security by Red Cross humanitarian and development health-based aid workers, how can human security considerations further contribute to the operational policies of the Red Cross?*

**Prioritisation within the human security discourse on such issues as rights are not always practical, and there are political aspects to the human security framework that are not compatible with current Red Cross operational security.**

The organisational characteristics of the Red Cross, which include the unique auxiliary status of its RCNS to respective governments, is partly predicated on a tacit agreement that it will remain neutral and independence on, or of, any political matters. As covered in Chapter Four, Oberleitner (2005a:188) highlights the way that human security can succinctly be used for the prioritisation of political agenda, particularly by governments

and less neutral or less impartial NGOs. However, many of the principles and Dunantist philosophy of the Red Cross are also shared by other humanitarian and development organisations, so the deliberations upon the utility of the human security discourse are also relevant to them.

**The promotion of human security strategies such as the ‘securitisation of development (or health)’ might be appealing to the Red Cross, but not in regards to how such securitisation measures can eventually impact of delegate personal security.**

It is clear that such politicised and strategic securitisation would currently be considered at odds with the characterisation of the Red Cross as an impartial and neutral movement. There are, however, anecdotes that securitisation strategies may have occurred within some Red Cross humanitarian operations and development programmes already<sup>33</sup>. The consideration or actual utilisation of ‘securitisation strategies’ by the Red Cross would required a significant level of caution, at least because of the potential negative implications that such strategies could have on matters of Red Cross delegate acceptance (IFRC, 2007:17), as covered in Chapter Six.

**Human security considerations offer a mechanism by which the Red Cross can reconsider within its operational security a comprehensive range of context-specific threats, across its entire range of (ICRC) humanitarian operations and (IFRC) development programmes.**

The UNDP’s (1994:22) idea of human security refocused the security discourse towards a people-centred approach that acknowledged “*the legitimate concerns of ordinary people who sought security in their daily lives*”. As covered in Chapter Four, human security also expanded an understanding that physical violence or attack is not the only threat to the individual, and physical safety cannot be the only priority of personal security priority. The source of threat to personal security can also be related to issues such as mental well-being (which required operation security to include psycho-social support measures). The multi-faceted view the sources of threat could even be more topical, such as the biological threats that NZRC delegates are exposed to as part of the current

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<sup>33</sup> Due to security reasons and to maintain the professional discretion of NZRC delegates, these sources are not referenced here.



IFRC Ebola response in Sierra Leone (which requires operational security to include Personal Protective Equipment (PPE) resources) (NZRC, 2014c).

As mentioned earlier in this section, and covered in Chapter Three, in the case of NZRC at least, the normalisation of its delegates to threats that might be imminent due to the presence of military are largely mitigated through operational security measures that seek to normalising engagement with such factors. The relevance of military as legitimate actors in an inter-agency approach to humanitarian and development solutions is well-established in the human security and Development Studies literature. The relevance of the Red Cross to Development Studies and the development paradigm would appear to be less established.

## **Relevance of Red Cross to Development Paradigms and Development Studies**

There may appear to be a level of dissonance in placing discussions on personal security and physical safety, or indeed deliberations on the work of the Red Cross, outside what would traditionally be covered by the International Relations, or Defence and Security Studies disciplines. The importance of security (as safety from physical harm), and the protection role of the Red Cross, is not commonly placed within the Development Studies discipline in the same way that military considerations are (Bennet, 2009). However, the relevance of security to both development programmes and humanitarian operations, as well as the foundational influence of the Red Cross and the Geneva Conventions on issues of security and protection for human-lives, permits it to come under a development paradigm. Additionally, the work of the IFRC in particular, as a component of the Red Cross, is clearly capacity-building and developmental in its interest in things such as resilience and recovery (IFRC, 2014:3). Furthermore, as the transition across the three phases of short-term (humanitarian) relief, rehabilitation (or recovery) back into longer-term development get even more blurred, to some extent the compartmentalisation of humanitarian versus development, and Defence and Security Studies versus Development Studies, might become less important.

## **Relevance of Human Security to New Zealand Red Cross Delegates, and the Red Cross**

The video of ICRC health delegates being harangued in Homs, Syria mentioned in the introduction included at least one delegate that was deployed from the NZRC. That conflict in particular has highlighted the dangers that exist for all development and humanitarian workers, even those working for an organisation like the Red Cross, which is recognised for its characteristics of impartiality, independence and neutrality. Furthermore, at the time of writing, three of the seven ICRC aid workers that were kidnapped in Syria in October 2013 still remain unaccounted for.

**Photo 7.1 – NZRC Delegate seconded to the ICRC in Gaza, 2014**



*NZRC Delegate (on far right) supporting emergency response ambulances provided by the Palestinian RCNS during periods of observed cease-fire in the 2014 Gaza conflict.*  
Source: Palestinian Red Crescent Society

The statistics on security incidents for aid workers continue to rise, and issues of insecurity appear unlikely to decrease. On World Humanitarian Day<sup>34</sup> 2014, statistics released by UNGA showed that some far in this year, 79 aid workers have died, inferring

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<sup>34</sup> World Humanitarian Day aims to recognise those that face insecurity and adversity to assist others. It was designated to be 19 August of each year by the UNGA to coincide with the anniversary of the bombing of the UN headquarters in Baghdad, Iraq in 2003.

that 2014 has already surpassed the previous annual record for aid worker fatalities from 2012 (Jones, 2014). So as to contribute to the humanitarian and development need, NZRC continues to deploy its health-based delegates to work for both IFRC development programmes and ICRC humanitarian operations. Furthermore, at the time of writing, NZRC already has delegates working for both components of the Red Cross to provide health-based assistance to civilians in three high-profile conflicts; South Sudan, the regions surrounding Syria, and Gaza (see Photo 7.1). As such, considerations of vulnerability and the way that this is addressed through the human security discourse must also be further extended to the NZRC delegates themselves.

In terms of assisting the Red Cross, particularly the NZRC, to maintain operational security measures that promote the attainment of personal security for health-based staff, human security is not the necessarily the complete answer. However, the human security discourse can compel and assist organisations to meet complicated and multi-faceted sources of threat within increasingly challenging risk mitigation in an environment of inter-agency, civilian and military coordination) environment. Human security also makes explicit the links between managing personal security organisationally and the individual existential expectation by the Red Cross delegates to protections, other than just traditional ideas physical safety. Personal security also includes the protection of mental well-being and human dignity.

Oberleitner (2005b:596) states that when the human security frameworks are combined with deliberations on the importance of individual rights, so too is human dignity combined with considerations of operational security. For an organisation such as the Red Cross, the maintenance of human dignity is paramount, both for its development and humanitarian staff in the field, and for those that the Red Cross seeks to assist. Furthermore, without personal security for Red Cross delegates including those from NZRC, and indeed any aid worker from another development and humanitarian organisation, there is less likelihood in realising health security specifically, or human security in general for all.

# **Appendix 1 - Information Sheet for Research Participants**

## **INFORMATION SHEET**

### **Human Security for Humanitarian and Development Practitioners: The Experience of New Zealand Red Cross Aid Workers**

Hi there,

The purpose of this information sheet is to introduce the research that I am undertaking as a post-graduate student completing a Master of Philosophy in Development Studies with Massey University.

I am currently doing research on safety and security concerns, and the application of human rights approaches, for New Zealand Red Cross delegates undertaking health-based roles in the humanitarian and development field (particularly those situated in highly 'militarised' locations). The purpose of the research is to explore the limitations of current academic security and human rights deliberations as they might apply to the experience of New Zealand Red Cross delegates. The value of this research is that it will test the academic understanding, while adding to a New Zealand Red Cross understanding of safety, security and the rights of its aid workers.

As part of on-going and consistent requirement for a duty of care to the subject, this research includes an informed consent process for any participant whose case study is to be considered for inclusion.

The names and identity of all participants in these case-studies will be kept confidential. I will produce chapter drafts of my findings, which I can provide to you for editorial consideration and follow up discussion before final submission.

All information from the research will be used primarily for the purpose of completing my thesis. Additionally, it may be utilised for related publications, reports and conference presentations. The thesis will be available online once it has been completed and met with the university requirements.

**Your rights as a participant in this research:**

You are under no obligation to accept this invitation. If you do decide to participate: it is expected that you will provide consent to archived information regarding your case study to be included in the research. You may request to have specific information or details of your case study restricted from final publication, as well as ask any questions about the study at any time during the research period.

You provide this consent on the understanding that your name will not be used, and access to the chapter within which your case study is used will be given to you. Once the final draft of the research has met the university requirements, the completed thesis will be publically available on the Massey University library website.

**Research Project Contacts:**

If you have any other questions about the research please do not hesitate to contact me or my supervisor on the following details.

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c/o New Zealand Red Cross

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Cell:

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Email:

**Research Supervisor: Dr Maria Borovnik**

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**Thank you again for your involvement and time.**

**Aaron James Davy**

## Appendix 2 - Consent Form for Research Participants

### INDIVIDUAL PARTICIPANT CONSENT FORM

#### Human Security for Humanitarian and Development Practitioners: The Experience of New Zealand Red Cross Aid Workers

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- ☐ I have read the Information Sheet and have had the details of the study explained to me.
- ☐ I agree to a case study in relation to my experience as a New Zealand Red Cross delegate being included in this research under the conditions set out in the Information Sheet.
- ☐ I agree that a photograph that I am in, may be included in the research.
- ☐ I will be given the opportunity to review a draft of any chapters relating to my case-study, and consent to potentially being contacted for a following up discussion or questions.
- ☐ I understand that this research will be publically available on the Massey University webpage.

**Full name of participant:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**In the case that I am to be contacted for any further questions about my case study, the best method to contact me is as follows:**

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**This consent form will be held by the researcher Aaron Davy for a period of seven years from the date marked above.**

## Appendix 3 - Incident Questions for Determining Case Study Inclusion

For inclusion in the case study analysis, the security incident was required to match certain criteria germane to the research and methodology, such as;

- **thematic relevance** (*was the research participant undertaking a health-based role?*),
- **field context** (*was the research participant working in a highly militarised location?*),
- **nature of event** (*was the incident due to an external protagonist directly targeting Red Cross resources, or directly/ indirectly targeting the research participant?*),
- **sensitivity and consent** (*does the incident directly present any sensitivity issues for the NZRC delegate, and does the research participant approve of its inclusion in the research?*).

## Appendix 4 – New Zealand Red Cross Deployments (1989 – 2014)

Year	# of Delegate Personnel	# of Missions	# of Countries
1989/ 1990	29	<i>figures missing</i>	<i>figures missing</i>
1990/ 1991	33	39	13
1991/ 1992	34	38	18
1992/ 1993	<i>figures missing</i>	<i>figures missing</i>	<i>figures missing</i>
1993/ 1994	20	26	16
1994/ 1995	26	29	14
1995/ 1996	20	27	15
1996/ 1997	26	34	21
1997/ 1998	21	21	11
1998/ 1999	30	30	16
1999/ 2000	31	31	20
2000/ 2001	23	23	14
2001/ 2002	23	23	15
2002/ 2003	38	38	24
2003/ 2004	31	39	19
2004/ 2005	46	57	19
2005/ 2006	60	78	23
2006/ 2007	46	56	23
2007/ 2008	49	54	24
2008/ 2009	52	58	26
2009/2010	41	55	24
2010/ 2011	36	57	23
2011/ 2012	42	48	24
2012/ 2013	40	50	27
2013/ 2014	45	58	21

(NZRC Annual Reports, 1990 – 2014)

The above figures illustrate the growing volume of delegates deployed internationally by the NZRC since 1989. The doubling in number of countries that NZRC places its delegates in suggests a growing exposure to a greater number of insecure environments.

The number of missions peaked at seventy-eight in 2005-2006; this was due to the multiple involvement in the Boxing Day tsunami recovery, the Kashmir earthquake in Pakistan ongoing operations in both Afghanistan and Iraq, and growing involvement in the Darfur crisis in Sudan.

## Appendix 5 - Incidences of New Zealand Red Cross Delegate Fatalities



In April 2012, the Red Cross received confirmation that Khalil Dale, an ICRC health-programme manager, had been murdered after being kidnapped by unknown assailants approximately 4 months earlier (ICRC, 2012c). Dale had been abducted from a vehicle clearly marked with the Red Cross emblem outside his residence in Quetta, Pakistan. The killing of Dale, was soon after followed by the murder of ICRC delegate Hussein Saleh in Yemen (ICRC, 2012d), that same year. Most recently, in June 2014, Michael Greub, ICRC head of sub-delegation, was murdered in Misrata, Libya (ICRC, 2014:1).

In the 50 years that the NZRC Delegates programme has been in existence, it has experience three fatalities in the field. The three NZRC delegates that have been killed during field operations are; Mac Riding (1943 - 1975) in Vietnam, Dr. Jock Sutherland (1952 – 1993) in Pakistan, and Sheryl Thayer (1956 – 1996) in Chechnya (McMahon & Picken, 2009; 5).

Mac Riding was part of the 7<sup>th</sup> NZRC Welfare Team touring Vietnam. He lost his life during a plane crash returning from Laos, and various reports suggest that the plane was shot down by indeterminate actors (Caughley, 2001:81). NZRC Delegate Jock Sutherland was found dead in his office at Kalabagh Hospital in Pakistan, and had died instantly after having been shot at close range. He was the Director General of the hospital in Kot Chandra Refugee Camp which served approximately 150,000 Afghanistan refugees. It eventuated that he had been murdered by an Afghanistan doctor working at the same camp (Jones, 2009; 7). NZRC Delegate Sheryl Thayer was also murdered, alongside five Red Cross colleagues, during the before mentioned attack on the ICRC Nova Atagi field hospital in Chechnya. She was on her 4<sup>th</sup> mission with the NZRC and was working as a ward nurse.

*By making reference to these individuals here; not only does it acutely illustrate the severe impact that compromised field security and the presence of military actors and militia can have on civilian humanitarian or development personnel, it is also an opportunity to memorialise their profound sacrifice.*

## Appendix 6 - Recognition of Exposure to Insecurity by Nurses from New Zealand

It is notable in the annals of the New Zealand Red Cross that 26 medical personnel from New Zealand, including those deployed through the NZRC delegate programme across its 50 year history, have been awarded the Florence Nightingale medal. This medallic recognition was initiated during the 9<sup>th</sup> *International Conference of the Red Cross* in 1912, and was designated to recognise the “*exemplary service*” of nurses, in particular those who have “*distinguished themselves... by exception courage*” (ICRC: 2003). The New Zealand recipients of the Florence Nightingale Medal are listed below, and are covered in further detail within the thesis by Caughley (2001).

### New Zealand Recipients of the Florence Nightingale Medal.

1920	Hester Maclean
1947	Irene Flora Campbell
1949	Helen Iris Crooke, M.B.E.
1951	Edan Jean House
1957	Catherine Lynette Wells
1959	Flora Jean Cameron, O.B.E.
1961	Edith Mary Rudd, R.R.C.
1961	Doris Ogilvy Ramsay
1963	Mary Ann Gidall
1965	Muriel Jessie Jackson
1969	Sister Moya Clare McTamney
1975	Sister Ngaire Kirkpatrick Simpson
1981	Megan Margareth Crisp
1987	Glenys Lorraine Checchi-Ewans
1991	Jennifer McMahon
1993	Philippa Parker
1993	Wendy Smith
1995	Judith Christine Owen
1997	Sheryl Lindsay Thayer <sup>35</sup>

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<sup>35</sup> Sheryl Thayer was the 19<sup>th</sup> New Zealand recipient of the Florence Nightingale medal; the first to be awarded posthumously since the recognition begun in 1920.

1999	Margaret Anne Bryson
1999	Louisa Ngatokoiva Akavi
2001	Geraldo Cruz Pires-Ribeiro
2007	Marianne Robyn Whittington
2009	Joyce Hood
2011	Andrew Cameron
2013	Janet Askew

The nature of the qualifying criteria for this medal renders that it is perhaps bias towards personnel that are working within a conflict situation under the ICRC humanitarian operation, as opposed to medical professionals involved in more of a development paradigm with the IFRC commonly. So while NZRC medical delegates working with the ICRC have been distinctly acknowledged, the level of such recognition is more limited in regards to those that have been seconded through the IFRC. This is despite similar conditions of insecurity and compromised rights that might exist in ‘complex emergency’ or recovery programmes, such as IFRC health-based development programmes in Sierra Leone (NZRC, 2014b:8), the Horn of Africa and the Sahel (NZRC, 2012c:30).

## References

- Anderson, M. (1996). *Do no harm: Supporting local capacities for peace through aid*. Cambridge, MA: The Collaborative for Development Action.
- Angell, N. (1912). *The Great Illusion*. New York: Cosimo Classics.
- Annan, K. (1999, September 18). Two concepts of sovereignty. *The Economist*. Retrieved from: <http://www.economist.com/node/324795>.
- Annan, K. (2000). *We the peoples: The role of the United Nations in the twenty-first century*. New York, NY: United Nations Department of Public Information.
- Bajpai, K. (2000). *Human security: Concept and measurement*. (Kroc Institute Occasional Paper, no.19: OP:1). New Delhi, India: Jawaharlal Nehru University.
- Batniji, R., Rabaia, Y., Nguyen-Gillham, V., Giacaman, R., Sarraj, E., Punamaki, R., Saab, H., & Boyce, W. (2009). Health as human security in the Occupied Palestinian Territory. *Lancet*, 373, 1133–1143.
- Blair, J.S.G. (2006). Sir John Pringle. *J R Med Corps*, 152, 273–275.
- Bellamy, A.J. (2008). The responsibility to protect and the problem of military intervention. *International Affairs*, 84(4), 615–639.
- Bennett, V.N. (2009). *The role of the military within official development assistance: Policies, parameters and procedures* [master's thesis]. Massey University, Palmerston North, New Zealand. Retrieved from: <http://mro.massey.ac.nz/handle/10179/1105>
- Bloch, J. (1897). *The Future of War*. Michigan, USA: Doubleday & McClure.
- Boissier, P. (1984). *History of the International Committee of the Red Cross: From Solferino to Tsoushima*. Geneva, Switzerland: Henry Dunant Institute.
- Bowen, G. A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, 9(2), 27–40.

- Brugger, P. (2009). ICRC operational security: Staff safety in armed conflict and internal violence. *International Review of the Red Cross*, 91(874), 431–445.
- Brundtland, G.H. (2000). Health and population in Reith Lectures 2000 *Respect for the Earth*, BBC Radio 4, May 3<sup>rd</sup> 2000. Retrieved from: <http://www.bbc.co.uk/radio4/reith2000/lecture4.shtml>
- Burgess, M. (1996). Potential for professional profit: the making of the New Zealand Army Nursing Service, 1914–1915. *Nursing Praxis in New Zealand*, 11 (2), 4–12. Retrieved from: <http://www.nursingpraxis.org/112-potential-for-professional-profit-the-making-of-the-new-zealand-army-nursing-service-1914-1915.html>
- Caughley, J. (2001). *Humanitarian, international nursing and the New Zealand recipients of the Florence Nightingale Medal: 1920–1999* (masters thesis). Victoria University of Wellington, Wellington, New Zealand.
- Carmichael, J.L., & Karamouzain, M. (2014). Deadly professions: Violent attacks against aid-workers and the health implications for local populations. *International Journal of Health Policy and Management*, 2(2), 65–67.
- Chandler, D. (2012). Resilience and human security: The post-interventionist paradigm. *Security Dialogue*, 43(3), 213–229.
- Chen, L.C. (2004). *Health as a human security priority for the 21<sup>st</sup> century*. Human Security Track III, Helsinki Process. Retrieved from: <https://www.helsinkiprocess.fi/netcomm/lmgLib/24/89/LCHelsinki>
- Clegg, S.R., Hardy, C., & Lawrence, T. (2006) *The Sage handbook of organisation studies*. London, England: Sage.
- Clewley, G. (2001). *Correspondence with NZDF on file* [internal document], Wellington, New Zealand: NZRC
- Commission of Human Security. (2003). *Human security now*. New York, NY: Author.

- Correll, H. (1999, October 29). *From territorial sovereignty to human security*. Address to the Canadian Council of International Law Annual Conference, Ottawa, Canada. Retrieved from <http://www.un.org/law/counsel/ottawa.htm>
- Crossland, J. (2010). Expansion, suspicion and the development of the international Committee of the Red Cross: 1939-45. *Australian Journal of Politics and History*, 56 (3), 381—392.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. Crows Nest, NSW, Australia: Allen & Unwin.
- Daly, M. (2012, June 22). Kiwis Caught in Afghan Bombing. *Stuff*. Retrieved from <http://www.stuff.co.nz/world/asia/7155161/Kiwis-caught-in-Afghan-bombing>
- Darwish, M. (1995). *Memory for forgetfulness: August, Beirut, 1982*. Berkeley, CA: University of California Press.
- Davies, K. (2012). Continuity, Change and Contest: Meanings of 'humanitarian' from the 'Religion of Humanity' to the Kosovo War. *HPG Working Paper*, August 2012, 1 – 25
- DeChaine, R. B. (2005). *Global Humanitarianism: NGOs and the Crafting of Community*. Lanham, MD: Lexington Books.
- Desai, V., & Potter, R.B. (2008). The nature of development and development studies. In V. Desai & R.B. Potter (Eds.), *The companion to development studies* (2<sup>nd</sup> ed., pp.1-2). London, England: Arnold Publishers.
- Devetak, R. (2007). Between Kant and Pufendorf: Humanitarian intervention, statist anti-cosmopolitanism and critical international theory. *Review of International Studies*, 33, 151–174.
- Donini, A. et al. (2008) *Humanitarian Agenda 2015 Final Report: The State of the Humanitarian Enterprise*. Medford, MA: Feinstein International Center.
- Dunant, H.J. (1986), *A Memory of Solferino*. Geneva, Switzerland: International Committee of the Red Cross.

- Durand, A. (1984). *History of the International Committee of the Red Cross: From Sarajevo to Hiroshima*. Geneva, Switzerland: Henry Dunant Institute.
- Eccles-Smith, P. (1969). *Letters from a Vietnam hospital*. Wellington, New Zealand: A.H. & A. W. Reed.
- Elliot, J.A. (2008). Development as improving human welfare and human rights. In V. Desai & R.B. Potter (Eds.), *The companion to development studies* (2<sup>nd</sup> ed., pp. 45–49). London, England: Arnold Publishers.
- Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry*, 13, 599–615.
- Faber, M.J., & Dekker, M. (2014). Violent conflict and the individual security dilemma. In M. Martin & T. Owen (Eds.), *Routledge handbook of human security* (pp. 125–138). London, England: Routledge Handbooks.
- Fogarty, S.T. (2014). *Exploring New Zealand's Capacity to Strategically Manage Logistical Responses to Major Civil Defence and Emergency Management Events*. Massey University, Palmerston North
- New Zealand Press Association (2010, November 26). Russian major claims special forces killed NZ nurse. *The Dominion Post*. Retrieved from: <http://www.odt.co.nz/news/national/138056/russian-major-claims-special-forces-killed-nz-nurse>
- Fieldhouse, D.K. (1981). *Colonialism 1870–1945: An introduction*. London, England: Weidenfeld & Nicolson.
- Fischhendler, I., & Katz, D. (2013). The use of “security” jargon in sustainable development discourse: Evidence from UN Commission on Sustainable Development. *International Environmental Agreements: Politics, Law and Economics*. 13(3), 321–342.
- Forsythe, D.P. (2005). *The humanitarians: The International Committee of the Red Cross*. Cambridge, England: Cambridge University Press.

- Freire, P. (1970). *The pedagogy of the oppressed*. New York, NY: The Seabury Press.
- Gaspar, D. (2014). Human security: From definitions to investigating a discourse. In M. Martin & T. Owen (Eds.), *Routledge handbook of human security* pp. 28—42. London, England: Routledge Handbooks.
- Greene, J.C. (2010). Knowledge accumulation: Three views on the nature and role of knowledge in social science. In W. Luttrell (Ed.), *Qualitative educational research: Readings in reflexive methodology and transformative practise* (pp. 63-77). New York, NY: Routledge.
- Goldberg, E.S., & Moore, A.S. (2013). Meditations on a fractured terrain: Human rights and literature. *College Literature: A Journal of Critical Literary Studies*, 40 (3), 15-37
- Hall, W.E. (1909). *A treatise on international law* (6<sup>th</sup> ed.). Oxford, England: Oxford University Press.
- Hampson, F.O., & Hay, J.B. (2002). Human security: A review of the scholarly literature. *Human Security Bulletin*, 1(2), 4.
- Hampson, F.O., Daudelin, J., Hay, J., Martin, T., & Reid, H. (2002). *Madness in the multitude: Human security and world disorder*. Toronto, Canada: Oxford University Press.
- Harmer, A., Stoddard, A., & Toth, K. (2013). *Aid worker security report 2013 – The new normal: Coping with the kidnapping threat*. Humanitarian Outcomes. Retrieved from <http://www.humanitarianoutcomes.org/sites/default/files/AidWorkerSecurityReport2013.pdf>
- Hettne, B. (2008). Current trends and future options in development studies. In V. Desai & R.B. Potter (Eds.), *The companion to development studies* (2<sup>nd</sup> ed., pp. 8–12). London, England: Arnold Publishers.



- Hilhorst, H., Ozerdem, A., & Michelle-Crocetti, E., (2014). Human security and natural disasters. In M. Martin & T. Owen (Eds.) *Routledge handbook of human security* (pp. 184-187). London, England: Routledge Handbooks.
- Holliday, I., & Howe, B. (2011). Human security: A global responsibility to protect and provide. *The Korean Journal of Defence Analysis*, 23(1), 73–91.
- Holloway, I., & Wheeler, S. (1996). *Qualitative research for nurses*. Oxford, England: Blackwell Science Limited.
- Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3<sup>rd</sup> ed.). West Sussex, England: Blackwell Publishing Limited.
- Horta, K. (2002). Rhetoric and reality: human rights and the World Bank. *Harvard Human Rights Journal*, 15, 227–237.
- Howard-Hassmann, R.E. (2012). Human security: Undermining human rights? *Human Rights Quarterly*, 34(1), 88–112.
- Hutchinson, J. (1989). Rethinking the origins of the Red Cross. *Bulletin of the History of Medicine*, 63(4), 287–342.
- Inglehart, R.F., & Norris, P. (2011). *The four horsemen of the apocalypse: Understanding human security*. (HKS Faculty Research Working Paper Series RWP11-039). Cambridge, MA: Harvard Kennedy School.
- International Commission on Intervention and State Sovereignty. (2001). *The responsibility to protect: Research, bibliography, background* (Supplementary Volume to the Report of the International Commission on Intervention and State Sovereignty). Ottawa, Canada: International Development Research Centre.
- International Committee of the Red Cross. (1995). Chechnya: ICRC tailors its operation to the situation [Press release]. Retrieved from <http://www.icrc.org/eng/resources/documents/misc/57jmeu.htm>
- International Committee of the Red Cross., (1999, May 20). *Russian Federation/Northern Caucasus: ICRC suspends work* [News release]. Retrieved

from <http://reliefweb.int/report/russian-federation/russian-federationnorthern-caucasus-icrc-suspends-work#sthash.YaiJS2pe.dpuf>

International Committee of the Red Cross. (2002). *International humanitarian law*. Geneva, Switzerland: Author.

International Committee of the Red Cross. (2007). *The Geneva Conventions of August 12 1949*. Geneva, Switzerland: Author.

International Committee of the Red Cross. (2004). *The ICRC and the Geneva Convention (1863-1864)*. Retrieved from <http://www.icrc.org/eng/resources/documents/misc/57jnvt.htm>

International Committee of the Red Cross & International Federation of the Red Cross and Red Crescent Societies. (2008). *Handbook of the International Red Cross and Red Crescent Movement* (14th ed.). Geneva, Switzerland: Author.

International Committee of the Red Cross. (2009a). *Under the protection of the palm: Wars of dignity in the pacific*. Retrieved from <http://www.icrc.org/eng/assets/files/other/wars-of-dignity-pacific-2009.pdf>

International Committee of the Red Cross. (2009b). *Yemen: ICRC activities from June to April 2009*. Retrieved from <http://www.icrc.org/eng/resources/documents/update/yemen-update-290709.htm>

International Committee of the Red Cross. (2012a). *ICRC midterm report 2012: Human resources: January – May 2012*. Geneva, Switzerland: Author.

International Committee of the Red Cross. (2012b, August 7). *The International Red Cross and Red Crescent Movement's response in Syria – special note to National Societies* [internal document]. Geneva, Switzerland: Author.

International Committee of the Red Cross. (2012c). *Pakistan: ICRC remembers Khalil Dale*. Retrieved from: <http://www.icrc.org/eng/resources/documents/feature/2012/pakistan-feature-2012-05-04.htm>

International Committee of the Red Cross. (2012d). *Yemen: ICRC staff member killed in Abyan* [News release]. Retrieved from: <http://www.icrc.org/eng/resources/documents/news-release/2012/yemen-news-2012-06-20.htm>

International Committee of the Red Cross. (2013a). *Annual report for 2012: Reaching millions in need.* Retrieved from <http://www.icrc.org/eng/resources/documents/news-release/2013/06-27-annual-report-2012.htm>

International Committee of the Red Cross. (2013b). *Syria: ICRC and Syrian Arab Red Crescent team abducted in Idlib* [News release]. Retrieved from <http://www.icrc.org/eng/resources/documents/news-release/2013/10-13-syria-team-abducted-idlib.htm>

International Committee of the Red Cross. (2013c). *Violent incidents affecting health care: Health care in danger.* Retrieved from [http://www.icrc.org/eng/assets/files/reports/4050-002\\_violent-incidents-report\\_en\\_final.pdf](http://www.icrc.org/eng/assets/files/reports/4050-002_violent-incidents-report_en_final.pdf)

International Committee of the Red Cross. (2013d). *The ICRC in South Sudan: An overview.* Retrieved from <http://www.icrc.org/eng/where-we-work/africa/south-sudan/overview-south-sudan.htm>

International Committee of the Red Cross. (2014). *Libya: ICRC delegate murdered in Sirte* [News release]. Retrieved from <http://www.icrc.org/eng/resources/documents/news-release/2014/06-04-libya.htm>

International Federation of Red Cross & Red Crescent Societies. (1997). *Handbook for delegates.* Geneva, Switzerland: Author.

International Federation of Red Cross & Red Crescent Societies. (2007). *Stay safe: The International Federations' guide to a safer mission.* Geneva, Switzerland: Author.

- International Federation of Red Cross & Red Crescent Societies. (2010). *Glossary*, Geneva, Switzerland: Author.
- International Federation of Red Cross & Red Crescent Societies. (2013). *Security Unit appeal 2013 - mid-year report* (MAA00026). Retrieved from <http://www.ifrc.org/docs/Appeals/13/Security%20Unit%202013%20Midyear%20Report.pdf>
- International Fund for Agricultural Development. (2011). *Food and nutrition security: A comprehensive framework for action*. New York, NY: Author.
- Jones, H. (2009). 'International or transnational? Humanitarian action during the First World War. *European Review of History: Revue Européenne d'histoire*, 16(5), 697—713.
- Jones, S. (2009). In memorial: Sheryl Thayer. In P. McMahon & M. Picken (Eds.), *Not just an ordinary job: Memories from NZRC international delegates* [unpublished internal document]. Wellington, New Zealand: New Zealand Red Cross.
- Jones, S. (2014). *Deaths of humanitarian aid workers reach record high*. Retrieved from <http://www.theguardian.com/global-development/2014/aug/19/deaths-aid-workers-world-humanitarian-day>
- Judd, C.M., Smith, E.R., & Kidder, L.H. (1991). *Research methods in social relations* (6<sup>th</sup> ed.). Fort Worth, TX: Harcourt Brace Jovanovich College Publishers.
- Kaldor, M. (2014). Human security: Political authority in a global era. In M. Martin & T. Owen (Eds.), *Routledge Handbook of Human Security* (pp. 65—75). London, England: Routledge Handbooks.
- Kendell, S & Corbett, D. (1990). *New Zealand military history: A history of the RNZNC Boer War to the present day*. Auckland, New Zealand: Kendall & Corbett.
- Khong, Y.F. (2001). Human security: A shotgun approach to alleviating human misery? *Global Governance*, 7(3), 231–236.

- King, G. & Murray, C. (2001). Rethinking human security. *Political Science Quarterly*, 116, 585–610. Retrieved from <http://gking.harvard.edu/files/abs/hs-abs.shtml>.
- Kirchner, S. (2004, October 25). The human rights dimensions of international peace and security: Humanitarian intervention after 9/11. *Journal of Humanitarian Assistance*. Retrieved from <http://sites.tufts.edu/jha/files/2011/04/a143.pdf>
- Klingebeil, S. (Ed.). (2009). *New interfaces between security and development: Changing concepts and approaches*. Bonn, Germany: German Development Institute.
- Krause, K. (2014). Critical perspectives on human security. In M. Martin & T. Owen (Eds.), *Routledge Handbook of Human Security* (pp.76–93). London, England: Routledge Handbooks.
- Kruk, M.E., Freedman, L.P., Anglin, G.A., Waldman, R.J. (2010). Rebuilding health systems to improve health and promote state building in post-conflict countries: A theoretical framework and research agenda. *Social Science & Medicine*, 70, 89—97.
- Kuper, A., Lingard, L., & Levinson, W. (2008). Critically appraising qualitative research. *British Medical Journal*, 337,424-429.
- Lester, S. (1999). *An introduction to phenomenological research*. Retrieved from <http://www.sld.demon.co.uk/resmethy.pdf>
- Luke, E.C. (2010). The responsibility to protect: Growing pains or early promise? *Ethics and International Affairs*, 24(4), 349–369.
- Luttrell, W. (2010). Introduction: The promise of qualitative research in education. In W. Luttrell (Ed.), *Qualitative educational research: Readings in reflexive methodology and transformative practise* (pp. 1-8 ). New York, NY: Routledge.
- Macfarlene, N., & Khong, Y.F. (2006). *Human security and the UN – A critical history*. Bloomington, IN: University of Indiana Press.

- Macpherson, R., & Burkle, F.M. (2013). Neglect and failures of human security in humanitarian settings: Challenges and recommendations. *Prehospital and Disaster Medicine*, 28(2), 1-5.
- Mărgărit, A. (2009). The concept of security revisited – New approaches: human security and risk assessment. *Acta Universitatis Danubius*, 2(1), 14-26.
- Markovits, S. (2009). *The Crimean War in the British imagination*. Cambridge, England: Cambridge University Press.
- Martin, M., & Kostovicova, D. (2014). From concept to method: The challenge of a human security methodology. In M. Martin & T. Owen (Eds.), *Routledge handbook of human security*. London, England: Routledge Handbooks.
- Martin, M., & Owen, T. (2010). The second generation of human security: Lessons from the UN and EU experience. *International Affairs*, 86(1), 211—224.
- Massey University Human Ethics Committee. (2010). *Code for research, teaching and evaluations involving human participants*. Palmerston North, New Zealand: Massey University.
- McCormack, T. (2011). Human security and the separation of security and development. *Conflict, Security & Development*, 11(2), 3—14.
- McGibbon, I. (2010). *New Zealand's Vietnam War: A history of combat, commitment and controversy*. Auckland, New Zealand: Exisle Publishers.
- McMahon, J., & Pickens, M. (2006). *New Zealand Red Cross delegate experiences* [internal document]. Wellington, New Zealand: New Zealand Red Cross.
- McMahon, J. & Pickens, M. (2009). Introduction. In J. McMahon & M. Picken (Eds.), *Not just an ordinary job: Memories from NZRC international delegates* [unpublished internal document]. Wellington, New Zealand: New Zealand Red Cross.
- McMichael, P. (1996). *Development & social change*. Thousand Oaks, CA: Sage.

- McRae, R. (2002). International relationships and the new diplomacy in R. Macrae & D. Hubert (Eds.), *Human security of the new diplomacy: Protecting people, promoting peace* (pp. 236–258). Montreal, Canada: McGill-Queen's University Press.
- Meier, B.M. (2013). Making health a human right: The World Health Organization and the United Nations Programme on Human Rights and Scientific and Technological Developments. *The Journal of the Historical Society*, XIII(2) 195–229.
- Médecins Sans Frontières. (2014a). *Medical care under fire in South Sudan*. Retrieved from <http://www.msf.org/article/medical-care-under-fire-south-sudan>
- Médecins Sans Frontières. (2014b). *South Sudan: MSF condemns unspeakable violence in Bentiu*. Retrieved from <http://www.msf.org/article/south-sudan-msf-condemns-unspeakable-violence-bentiu>
- Moorehead, C. (1998). *Dunant's dream: war, Switzerland and the history of the Red Cross*. London, England: Harper Collins.
- Munslow, B., & O'Dempsey, T. (2008). Complex political emergencies in the war on terror era. In V. Desai & R. B. Potter (Eds.), *The companion to development studies* (2<sup>nd</sup> ed., pp.464–467). London, England: Arnold.
- Murray, W.E., & Overton, J. (2003). Designing development research. In R. Scheyvens & D. Storey (Eds.), *Development fieldwork: A practical guide* (pp.17–35). London, England: Sage Publications.
- Nardin, T. (2002). The moral basis of humanitarian intervention. *Ethics & International Affairs*, 16(2),57–70.
- Nef, J. (1991). *Human security and mutual vulnerability: The global political economy of development and underdevelopment..* Vancouver, Canada: International Development Research Centre.

Neuman, W.L. (2006). *Social research methods: Qualitative and quantitative approaches* (6<sup>th</sup> ed.). Boston, MA: Allyn & Bacon.

New Zealand Gazette (1962) – 1962 *Gazette - New Zealand Government* [document on file at New Zealand Red Cross], Ministry of Defence

New Zealand Defence Force. (1992). *The New Zealand General Service Medal (Sinai) Regulations 1992* (S.R. 1992/101). Retrieved from <http://medals.nzdf.mil.nz/warrants/c6nzgsm-sinai.html>

New Zealand Red Cross. (1964). *News of Red Cross: 1960–64*. Wellington, New Zealand: Author.

New Zealand Red Cross. (1980). *Annual Report: 1979–1980*. Wellington, New Zealand: Author.

New Zealand Red Cross. (1991). *Annual Report: 1990–1991*. Wellington, New Zealand: Author.

New Zealand Red Cross. (1992). *Annual report: 1991–1992*. Wellington, New Zealand: Author.

New Zealand Red Cross. (1995). *Annual report: 1994–1995*. Wellington, New Zealand: Author.

New Zealand Red Cross. (1996). *Annual report: 1995–1996*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2000). *Annual report: 1999–2000*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2002). *Annual report: 2001–2002*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2003). *Annual report: 2002–2003*. Wellington, New Zealand: Author.



New Zealand Red Cross. (2004). *Annual report: 2003–2004*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2005). *Annual report: 2004–2005*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2005). *End of mission report – South Sudan*. [internal document]. Wellington, New Zealand: Author.

New Zealand Red Cross. (2006a). *Annual report: 2005–2006*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2006b). *End of mission report – Mission to Pakistan: Earthquake relief report for IFRC Field Hospital*. [internal document] Wellington, New Zealand: Author.

New Zealand Red Cross. (2008). *Annual report: 2007–2008*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2011). *End of mission report – Tripoli, Libya: International Committee of the Red Cross: April 25 – September 11 2011*. [internal document]. Wellington, New Zealand: Author.

New Zealand Red Cross. (2012a). *End of mission report – Jalalabad, Afghanistan*, [internal document] Wellington, New Zealand: Author.

New Zealand Red Cross. (2012b). *End of mission report – Ex-pat nurse: Kandahar, Afghanistan*. [internal document]. Wellington, New Zealand: Author.

New Zealand Red Cross. (2012c). *Annual report: 2011–2012*. Wellington, New Zealand: Author.

New Zealand Red Cross. (2013a). *End of Mission report – Central African Republic*. [internal document]. Wellington, New Zealand: Author

New Zealand Red Cross. (2013b). *Annual report: 2012–2013*. [internal document]. Wellington, New Zealand: Author.

- New Zealand Red Cross. (2014a). *End of mission report – Malakal, South Sudan*. [internal document]. Wellington, New Zealand: Author.
- New Zealand Red Cross. (2014b). *Annual Report: 2013–2014*. Wellington, New Zealand: Author.
- New Zealand Red Cross. (2014c). *Nursing in Ebola Country*. Wellington, New Zealand: Author. Retrieved from: <https://www.redcross.org.nz/blog/from-the-field/nursing-in-ebola-country/>
- Oberleitner, G. (2005a). A challenge to international law? *Global Governance*, 11(2), 185–203.
- Oberleitner, G. (2005b). Porcupines in love: The intricate convergence of human rights and human security. *European Human Rights Law Review*. 6, 588–606.
- Office for the Coordination of Humanitarian Affairs. (2014). *The application of human security*. Retrieved from <http://www.unocha.org/humansecurity/human-security-unit/human-security-approach>
- Ogata, S., & Cels, J. (2003). Human security – Protecting and empowering the people. *Global Governance*, 9, 273–282.
- O’Keefe, P. and Rose, J. (2008). Humanitarian Aid. In V. Desai & R. B. Potter (Eds.), *The companion to development studies* (2<sup>nd</sup> ed., pp. 464-467). London, England: Arnold.
- Oman, N. (2010). Hannah Arendt’s “right to have rights”: A philosophical context for human security. *Journal of Human Rights*, 9, 279–302.
- Overton, J., & Van Diermen, P. (2014). Qualitative Research. In R. Scheyvens (Eds.), *Development fieldwork: A practical guide* (pp.39-58). London, England: Sage.
- Owen, T. (2014). Human security mapping. In M. Martin & T. Owen (Eds.), *Routledge Handbook of Human Security* (pp.308-318). London, England: Routledge Handbooks.

- Paris, R. (2001). Human security: Paradigm shift or hot air? *International Society*, 26(2), 87–102.
- Pinker, S. (2011). *The better angels of our nature: Why violence has declined*. New York, NY: Viking.
- Polit, D.F. & Hungler, B.P. (1991). *Nursing research: Principles and methods*. Philadelphia, PA: Lippincott.
- Regehr, E. & Whelan, P. (2004). Reshaping the security envelope: Defence policy in a human security context. Ploughshares Working Paper, 04.4). Institute of Peace and Conflict, Project Ploughshares. London: England
- Reumann, E. (2000). High risk mission in Northern Caucasus. in *The Magazine of the Red Cross and Red Crescent Movement*. Retrieved from: [http://www.redcross.int/EN/mag/magazine2000\\_2/Chechnya.html](http://www.redcross.int/EN/mag/magazine2000_2/Chechnya.html)
- Ricardo, D. (1817). *On principles of political economy and taxation*. London, England: Penguin.
- Rothschild, E. (1995). What is security?' *Daedalus*, 124(3), 53– 98.
- Roy, K. (2010, September 23). All aid has an ideological context. *The Guardian*. Retrieved from <http://www.theguardian.com/commentisfree/belief/2010/sep/23/aid-ideological-context-religion-secular>
- Ruahala, E. (2011, July). Why the CIA's vaccine ruse Is a setback for global health.. *Time*. Retrieved from <http://world.time.com/2011/07/18/why-the-cias-vaccine-ruse-is-a-setback-for-global-health/>
- Rubenstein, L.S., & Bittle, M.D. (2010, January 23). Responsibility for protection of medical workers and facilities in armed conflict. *Lancet*, 375, 329 – 340.
- Sandelowski, M. & Barroso, J. (2004). *Handbook for synthesizing qualitative research*. New York, NY: Springer Publishing.

- Sapsford, D. (2002). Smith, Ricardo and the world marketplace. In V. Desai, & R. B. Potter (Eds.), *The companion to development studies* (pp.70-74). London, England: Arnold.
- Scott, P. (2004). *Darfur: 2004*. Wellington, New Zealand: New Zealand Red Cross.
- Sen, A. (1999). *Development as freedom*. Oxford, England: Oxford University Press.
- Smith, A. (1776). *The wealth of nations*. Penguin, London.
- R.L. Meek, D.D. Raphael & P.G. Stein, (1978). *Lectures on jurisprudence*. Oxford, England: Clarendon Press.
- Smith, P.E. (1969). *From a Viet Nam hospital*. Melbourne, Australia: A.H. & A.W. Reed Publishers.
- Steinhardt, R. G. (2005). Corporate responsibility and the international law of human rights. In P. Alston (Ed), *Non-state actors and human rights*. (pp.177-226). Oxford, England: Oxford University Press.
- Stoddard, A., Harmer, A. & DiDomenencio, V. (2009, April). *Providing aid in insecure environments: 2009 update*. Retrieved from: <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/4243.pdf>
- Stoddard, A., Harmer, A. & Hughes, M. (2013). *Aid worker security report 2013 - Preview: Figures at a glance*. Retrieved from: <http://reliefweb.int/report/world/aid-worker-security-report-2013-preview-figures-glance>
- Strains, R.W.M. (1947). The heraldry of medicine. *Ulster Medical Journal* 16(2), 138–140.
- Tadjbakhsh, S. (2013). *In defense of the broad view of human security*. In M. Martin & T. Owen (Eds.), *Routledge handbook of human security* (pp.43-57). London, England: Routledge Handbooks.

- Talbot, J. (2009). Highland husbandry. In P. McMahon & M. Picken (Eds.), *Not Just An Ordinary Job: Memories from NZRC International Delegates*. (pp.34-39). Wellington, New Zealand: New Zealand Red Cross.
- Taylor, C. (2014, May). Interview with NZRC delegate. [unpublished manuscript] *New Zealand Doctor*.
- Tennent, M. (2012). *History of the New Zealand Red Cross*. [manuscript in preparation for publication in 2015].
- Television New Zealand. (2006, March 16). *NZ nurses heading for battle zone*. Retrieved from: <http://tvnz.co.nz/content/175603/425826/article.html>
- The Evening Post. (1938, October 26). *Service in China – New Zealand doctors return from war zone*. *The Evening Post*, p.10
- Thomas, C. (1998). Introduction. In C. Thomas (Ed.), *Globalization, human security, and the African experience* (pp. 1–23). Boulder, CO: Lynne Rienner.
- Tomuschat, C. (2003). Between idealism and realism. *The collected courses of the academy of European law*, 13/1. (pp.56). Oxford, England: Oxford University
- Turner, J. (2012, Spring). A sneak peak at life as an aid worker. *New Zealand Red Cross Always Red*, 3, 12—13.
- Upton, S. (2000). Voluntary aid detachments (VADs). In Gibbon, I. (Ed.), *The Oxford companion to New Zealand military history*. Auckland, New Zealand: Oxford University Press.
- UN General Assembly. (1986, December 4) *Declaration on the Right to Development (A/RES/41/128)*, [Resolution adopted by the General Assembly]. Retrieved from: <http://www.un.org/documents/ga/res/41/a41r128.htm>
- United Nations Children Fund. (1959). *Recommendation of Executive Director for Emergency Relief Allocation to Morocco (E/ICEF/R.816)*. New York, NY: Author.

- United Nations Development Programme. (1994). *Human development report 1994*, New York, NY: Oxford University Press.
- United Nations Development Programme. (1996). *Human development report 1996*. New York, NY: Oxford University Press.
- United Nations Development Programme. (1998). *Integrating human rights with sustainable human development*. New York, NY: Author.
- United Nations Development Programme. (2007). *Fighting climate change: Human solidarity in a divided world.- Human development report 2007/2008*. New York, NY: UNDP.
- United Nations Environment Programme. (2009). *UNEP organisation Profile*. New York, NY: Author.
- United Nations General Assembly. (1948). *Universal declaration of human rights – Preamble*. New York, NY: Author.
- United Nations Office of Disaster Risk Reduction. (2014). *What Is disaster risk reduction?* Retrieved from <http://www.unisdr.org/who-we-are/what-is-drr>
- United Nations Secretary General. (2005, September). *In larger freedom: towards development, security and human rights for all* (Report of the Secretary-General for decision by Heads of State and Government in September 2005. UNSG, New York
- United Nations Web Services. (2014). *World Humanitarian Day 19 August*. Retrieved from <http://www.un.org/en/events/humanitarianday/>
- Wright, Q. (1983). *A Study of War* (2<sup>nd</sup> ed.). Chicago, IL: University of Chicago Press.
- Wilson, W. (1918) *The State*. New York, NY: D.C. Heath.

*Dedicated to L*

