



number of orphans, and setbacks on economic development are just a few examples of the negative effects of pandemics.<sup>1</sup> Since the beginning of 21<sup>st</sup> century, the Security Council has considered pandemics a threat to international peace and security. In 2014, the Security Council adopted S/RES/2177 in response to the Ebola outbreak. Paulo Portas, Portugal's Foreign Minister, encouraged the "integration of the fight against pandemics into the peacebuilding strategies of post-conflict countries,"<sup>2</sup> implying that the effects of a pandemic will reverse the newly found peace of these nations. In 2011, resolution 1983 incorporated AIDS awareness into peacekeeper training.

In April of 2000, a meeting was held in Geneva to discuss the need for a global network to deal with emerging diseases and global outbreaks. There, the Global Outbreak Alert and Response Network (GOARN) was established. Under the authority of the World Health Organization, GOARN aims to "combat the international spread of outbreaks, ensure that technical assistance reaches affected states rapidly, and contribute to long-term preparedness and capacity building."<sup>3</sup> GOARN receives resources from scientific institutions in Member States, organizations of the United Nations such as the United Nations Children's Fund (UNICEF) and the United Nations Humanitarian Committee for Refugees (UNHCR), the Red Cross, and various nongovernmental organizations such as Doctors Without Borders. The WHO also has International Health Regulations (IHR) in place. 196 countries agreed to adhere to these regulations, which are to "build their capacities to detect, assess and report public health events."<sup>4</sup> IHR also

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<sup>1</sup> "In Hindsight: The Security Council and Health Crises," last modified September 30, 2014, [http://www.securitycouncilreport.org/monthly-forecast/2014-10/in\\_hindsight\\_the\\_security\\_council\\_and\\_health\\_crises.php](http://www.securitycouncilreport.org/monthly-forecast/2014-10/in_hindsight_the_security_council_and_health_crises.php)

<sup>2</sup> "Security Council and Health Crises"

<sup>3</sup> "Global Alert and Response Network (GOARN)," 2005.

<sup>4</sup> "About IHR," 2005.

includes regulations applicable to “ports, airports and ground crossings to limit the spread of health risks to neighboring countries.”<sup>5</sup> In addition, these regulations are designed to educate the public on certain health risks, food safety, and travel safety. IHR also has an emergency committee designed to give advice to the WHO Director-General when a public health emergency of international concern or PHEIC is occurring, such as in the recent case of Ebola. Guiding Principles for International Outbreak Alert and Response ensures that appropriate experts respond to the affected areas as quickly as possible. They place great importance on coordination and details concerning information. This framework also relies on NGOs, who reach out to neglected areas during pandemics. The WHO also ensures that “all responses will proceed with full respect for ethical standards, human rights, national and local laws, and cultural sensitivities and traditions.”<sup>6</sup> The Emergency Response Framework determines their plan of action bases on grades: grade one affects one or more countries, but requires little action by the WHO; grade two requires a moderate response and an Emergency Support Team starts to get involved; and grade three requires an extensive response, with external and internal support and Emergency Support Team involvement. Currently there are 18 countries or areas of concern that are under a grade 2 or 3.

The WHO collects data concerning “mortality, disease, and health system indicators including life expectancy, illnesses and deaths from key diseases, health services and treatments, financial investment in health, [and] risk factors and behaviors

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<sup>5</sup> Ibid.

<sup>6</sup> “Guiding Principles for International Outbreak Alert and Response,” 2015.

that affect health”<sup>7</sup> from 194 countries known as the World Health Statistics. UNICEF, a key partner, specifically focuses on reaching out to the most excluded children worldwide. Both of these organizations agree that the main issue regarding healthcare is inequality. WHO and UNICEF both aim to focus on neglected areas’ (mainly poor and rural communities) innovative technology, and affordable sanitation solutions. Together, they have created a Joint Monitoring Program for Water Supply and Sanitation, which “monitor[s] country, regional, and global progress,”<sup>8</sup> placing an importance on Millennium Development Goals (MDGs).

### **Sanitation and Lack of Water**

Currently worldwide, “1 in 3 people are still without sanitation facilities.”<sup>9</sup> Sanitation, specifically clean water, is vital when preventing the spread of disease, especially when it comes to pandemics. Contaminated water carries diseases such as cholera, diarrhea, dysentery, hepatitis A, typhoid, and polio. Over 800,000 adult and 300,000 children deaths could have been prevented if sanitation systems were improved. Lack of sanitation also transmits neglected tropical diseases (NTDs) including trachoma and soil transmitted helminthes, otherwise known as intestinal worms. NTDs infect “[over] 1.5 million people in 149 countries.”<sup>10</sup> Over a period of 15 years, “91% of the global population now has improved drinking water.”<sup>11</sup> Even with this drastic improvement, the MDG target on access to basic sanitation has missed its goal by about

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<sup>7</sup> “World Health Statistics reports on global health goals for 194 countries,” May 13, 2015.

<sup>8</sup> “Lack of sanitation for 2.4 billion people is undermining health improvements,” June 30, 2015.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

700 million people. African and Eastern Mediterranean Regions continue to fall short in meeting MDGs. Sanjay Wijesekera, head of UNICEF's global water, sanitation, and hygiene programs, suggests that the ambitious goal of universal access to sanitation by 2030 will only be possible "if we ensure the poorest start making progress right away."<sup>12</sup> Improved drinking water doesn't always equate to clean drinking water. "Improved drinking water is defined as a facility/delivery point that protects water from external contamination ex piped water into a dwelling, public tap or standpipe."<sup>13</sup> Therefore, this water could still be contaminated during transport or be home to vectors (insects that breed in clean water). Simple education of covering containers can "reduce vector breeding and may also have a co-benefit of reducing fecal contamination of water at the household level."<sup>14</sup> In September of 2015, the United Nations General Assembly will discuss the goal of "eliminating open defecation by 2030."<sup>15</sup> Due to lack of drinking water, lack of nutrition becomes a cause of concern as well. Annually, "over 7.5 million children under the age of 5 die due to malnutrition and preventable diseases."<sup>16</sup> About 360,000 of these deaths could have been prevented if adequate sanitation systems were in place. Climate change continues to put pressure on water supply systems. If trends continue, in ten years, "half of the world's population will be living in water-stressed areas."<sup>17</sup> The WHO developed a series of water quality guidelines in order to prevent risks prior to contamination and has been testing water treatment products since 2014.

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<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> "Drinking-water," June 2015.

<sup>15</sup> "Lack of Sanitation Undermining Health Improvements"

<sup>16</sup> Anup Shah, "Health Issues," *Global Issues*. September 27, 2014.

<sup>17</sup> "Drinking Water"

## **HIV/AIDS**

HIV/AIDS is an ongoing pandemic that affects more than 35 million people worldwide. Human Immunodeficiency Virus weakens the immune system, making it imperative for affected individuals to receive appropriate nutrition and clean water. So much as the common cold can have fatal effects on an HIV patient, but “tuberculosis is the leading cause of death among HIV [patients],”<sup>18</sup> killing nearly 360,000 a year. New HIV infection rates have gone down from 2001 by more than 1 million people, but many patients still do not receive adequate care. A goal of universal access to treatment for HIV patients appears hindered by the fact that demand for antiretroviral therapy is higher than expected. Even though infection rates have decreased, demand for treatment continues to surpass supply. One way HIV is transmitted is by contaminated needles, syringes, and other sharp instruments. Worldwide, “15% of patients develop an infection during a hospital stay.”<sup>19</sup> If medical professionals and employees were better educated about the spread of infection and contamination, that percentage could significantly decrease.

### **Ebola Outbreak as a representation of weak healthcare systems**

During the Ebola outbreak, scientists analyzed the capacity of health systems, as well as medical procedures and patterns in some of the most impacted countries. A study of a district in Uganda, known as Masindi, led scientists to draw several conclusions of possible sources of error in medical protocol. Lack of isolation wards, employees, and space in the local hospitals led to increased risk of contamination. Movements of the patients to different areas were very loosely controlled, and “blood samples [were] taken

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<sup>18</sup> “HIV/AIDS,” July 2015.

<sup>19</sup> “Drinking Water”

without being isolated.”<sup>20</sup> Infection of nurses were most likely due to violations of protocol such as not wearing protective equipment when cleaning out the ambulances or washing soiled linen of patients, and answering cell phones in the contaminated sections of the Ebola ward. Medical records of these patients were also contaminated in the process and as a result, later destroyed.

In Guinea, Liberia, and Sierra Leone, health systems did not meet performance standards and failed to prevent or delay the spread of Ebola. Low employment, coupled with weak “infrastructure, logistics, health information, surveillance, governance, and drug supply systems,”<sup>21</sup> also contributed to this failure. Another common factor between these nations was insufficient government funds devoted to healthcare systems. This could be a result of the allocation of funds to fight HIV, malaria, and tuberculosis. Governments also tend to focus on reducing transmission and symptom control after confirmation of the infection rather than screening and testing possible carriers prior to infection. If tested and confirmed negative for the Ebola Virus, these individuals “still need to be treated [for fear that] they will travel to seek care for unrelated conditions in areas they perceive to be Ebola-free.”<sup>22</sup> As a result, these individuals seeking care in unsanitary healthcare facilities put themselves at risk for infection. This cycle puts stress on these areas, therefore possibly resulting in death from “a breakdown of health

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<sup>20</sup> Matthias Borchert et al., “Ebola haemorrhagic fever outbreak in Masindi District, Uganda: outbreak description and lessons learned” *BMC Infectious Disease* 11 (2011): doi:10.1186/1471-2334-11-357

<sup>21</sup> Marie-Paule Kieny et al., “Health-system resilience: reflections on the Ebola crisis in western Africa” *Bulletin of the World Health Organization* 2014;92:850. Doi: <http://dx.doi.org/10.2471/BLT.14.149278>

<sup>22</sup> Kieny, “Health-system resilience.”

services”<sup>23</sup> rather than the actual epidemic. Overall, discounting organization, education, and attention to protocol can be (and has been) fatal.

### **Summary**

The United Nations places great importance on the containment and control of pandemics, as it is considered an international security matter. Mainly through the World Health Organization, a series of guidelines have been established to deal with preparative and response measures and containment of diseases. Although infection rates of ongoing pandemics such as HIV, malaria, and tuberculosis have dropped over the past decade, infection and inadequate nutrition could be prevented through improved sanitation systems as well as hygiene education. Contaminated water appears as a source of the transmission of communicable diseases, especially pandemics. The UN has set several Millennium Development Goals hoping to increase access of treatment for HIV patients, as well as clean drinking water and sufficient sanitation. The recent outbreak of Ebola, specifically in least developed countries, has brought to attention the extreme importance of clean, efficient, and accessible healthcare facilities. Nongovernmental organizations serve a substantial purpose, focusing their attention on poor rural areas, most of which are neglected otherwise. With current trends pointing towards water scarcity and a population boom in the near future, it is becoming more and more crucial to address these global health issues.

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<sup>23</sup> Ibid.



### **Questions to Consider:**

1. Should governments allocate more funds to healthcare facilities in order to be better prepared for pandemics?
2. How do you propose rural areas receive the access and assistance they need regarding healthcare and sanitation systems?
3. Should the UN set new training guidelines for hospitals, other healthcare facilities, and medical professionals help stop the spread of preventable diseases?
4. Should ongoing pandemics such as HIV/AIDS, malaria, and tuberculosis receive more or less aid than capacity building in preparation for outbreaks such as Ebola?
5. Do the Sustainable Development Goals accurately focus on the most urgent issues at hand?

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### **Reviewing the Responsibility to Protect and Other Protection Mechanisms**

The Responsibility to Protect (R2P) is an ongoing debate in the United Nations (UN) since the 1990's, when horrific violence broke out among the states of Rwanda, Yugoslavia and Somalia. In 2001 the International Commission on Intervention and States Sovereignty (ICISS) formed and created their own report on the R2P. The report focused less on the moral and legal obligations, but instead focused on the responsibility for all states to protect people at risk.<sup>24</sup> At the 2005 World Summit, the General Assembly (GA) adopted Resolution A/RES/60/1, listed in paragraphs 138-139, outlines the responsibility to protect populations from genocide, ethnic cleansing, crimes against humanity, and war crimes (mass atrocities). In 2006, the Security Council (SC) formalized their support of R2P, as long as military force was a last resort. In 2009, the report of the Secretary-General (A/63/677) dealt with the implementation of the responsibility to protect and the continuance of debate on the subject at hand.

The goal of R2P is to create an international community that will help aid in preventing mass atrocity crimes using diplomatic, humanitarian, and other peaceful means.<sup>25</sup> Written in current resolutions is no mention of using these peaceful means in the

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<sup>24</sup> Global Centre for the Responsibility to Protect. Global Centre for the Responsibility to Protect. (Accessed July 20, 2015).

<sup>25</sup> "Ibid"

cases of climate change, disease, human security, or harmful and ruinous state policies, such as suspension of civil liberties, endemic poverty and mass corruption.<sup>26</sup>

### **Mass Atrocities**

Atrocity crimes fall under four extreme human rights abuses: genocide, ethnic cleansing, crimes against humanity, and war crimes. R2P is listed under these four categories, which would have to occur in order for international intervention. Genocide is the intent to destroy, in whole or in part, a national, ethnic, racial, or religious group. Ethnic cleansing is the force removal of populations using methods of rape, killing, torture and the like. Crimes against humanity encompasses extermination, enslavement, deportation, torture, rape, extreme forms of discrimination, and other acts of suffering. War crimes focuses on torture, hostage-taking, mistreatment of prisoners, targeting of civilians, pillage, rape, sexual slavery, and intentional use of starvation.<sup>27</sup> All of which are clearly defined through the International Criminal Court (ICC).

R2P would cover each crime, as stated in Resolution A/63/677, even in the case of civil wars and internal conflicts. Dr. Edward Luck and Dr. Jennifer Welsh (the special advisors on R2P) agreed that international intervention should only occur in such cases and that a war should not stop other countries from helping innocent civilians. Dr. Edward Luck pointed out that the most killings to ever happen in a period of time was during World War II, The Holocaust, and if an R2P had been in effect, multiple lives could have been saved.<sup>28</sup>

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<sup>26</sup> “Ibid”

<sup>27</sup> “Ibid”

<sup>28</sup> Responsibility to Protect. Responsibility to Protect. (Accessed July 20, 2015).

## **The Rwandan Genocide of 1994**

Beginning in the early 1990's, the Hutus (Bantu farming people in Rwanda and Burundi)<sup>29</sup> and Tutsis (very tall, slender cattle raising people of Rwanda)<sup>30</sup> began a strained relationship over economic, social, and political pressures. Constantly, the Tutsis blamed the Hutus for the constant political stress and on April 6, 1994, President Habyarimana, who was a Hutu, was shot down in a plane and the Hutus were blamed because this would give them the ammunition they needed in order to start a war with the Tootsies and have ultimate power lay within the Hutus. This started an automatic war between the two and what began as ethnic cleansing quickly turned into a mass genocide. Hutus began invading the homes of innocents, raping, murdering, and torturing anyone, even if they were not Tutsi. Over 800,000 men and women were killed and only around 200,000 were considered Tutsi.<sup>31</sup>

The United States, Belgium, France, and all other UN countries were aware of what was happening, but nothing took place. The United States was afraid of the demand for intervention because of a possible outbreak of war so they reframed from calling the Rwanda violence for what it was -- genocide. The fighting only ended when the Tutsi rebel group RPF (the Rwandan Patriotic Front) defeated the Hutu regime one hundred days later.<sup>32</sup> However, interference could have been done before the attack even happened. It is estimated that in 1990, Hutus began training their youth in combat in response to the formation of the RPF. It is believed that the Hutus shot down their own

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<sup>29</sup> Dictionary.com (Accessed September 10, 2015).

<sup>30</sup> "Ibid"

<sup>31</sup> United Human Rights Council. United Human Rights Council. (Accessed July 20, 2015).

<sup>32</sup> "Ibid"

president in order to begin the ethnic cleansing of the Tutsi power, yet no nation intervened for fear of breaching state sovereignty.

### **The Kosovo War of 1998**

The wars of Yugoslavia were ongoing, and ethnic cleansing was taking place in Kosovo. The Serbian president, Milan Milutinović, did not want Albanians living in Kosovo and decided it was time for something to be done. Canada and neighboring nations gave Albanians a place of solemn, a place where they could be safe from the violence taking place in their homeland. In Kosovo, President Milutinović ordered that any Albanian who did not comply too be killed, which led to three massacres that the people of Kosovo cannot help but remembering in vivid detail.

The Poklek Massacre resulted in the death of forty-seven men, women and children. A group of Serbians forced these people into a small room and opened fire, among them twenty-three were children below the age of fifteen. One of the most known massacres of Kosovo was the Garden Massacre. Nineteen women and their children were lined up against a fence while the Serbian soldiers, using machine-guns, opened fire. There were four known survivors of this. Last, but not least, the Račak massacre was one the Albanians will never forget. Serbian security force purposefully went into central Kosovo, Račak, and opened fire, which resulted in forty-five casualties.<sup>33</sup>

NATO (The North Atlantic Treaty Organization) intervened in 1999, but not until after around 1500 Albanians had been killed and an estimated 400,000 had been forced from their homes. When NATO entered Serbia, they set up base and committed air campaigns that would last for seventy-eight days. NATO helped refugees escape into

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<sup>33</sup> 1999 - A Documentary about Kosovo War and Ethnic Cleansing. YouTube. (Accessed July 20, 2015).

neighboring countries, and helped pay for flights to help those into Canada, who graciously opened up their borders to Albanians.<sup>34</sup> There was a debate on whether NATO should or should not have intervened, or whether, if NATO should have intervened sooner. If NATO had intervened, many of lives may have ben saved, however, the opposite reaction could have occurred a war had broken out due to breaking state sovereignty.

### **The Three Pillars**

In Resolution A/63/677, the Secretary-General lays out a three pillar program. This program explains when each state should and should not intervene, and how drastic the measure should be. The Secretary-General references the 2005 World Summit Outcome Document during these steps, introduces how every case of mass killings had warning signs, and that either these signals of trouble were completely ignored or that the UN, with its intergovernmental organs, failed to do its part in maintaining the peace between nations.

Pillar one deals with the need for each state to address the problems of genocide, ethnic cleansing, crimes against humanity, and war crimes through appropriate and necessary means. The obligations of these States will be mandated through pre-existing treaties and customary international law, which will be carried out in accordance with the ICC. States also need to focus on creating a training, education program in order to

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<sup>34</sup> Justice for Kosovo - Massacre at Cuska. Justice for Kosovo - Massacre at Cuska. (Accessed July 20, 2015).



maintain stability throughout its nation. This pledge has been adopted by the General Assembly and reaffirmed by the Security Council at the summit level.<sup>35</sup>

Pillar two focuses on international intervention and when that should occur. It is stated that the international community should help and encourage states to exercise their right to protect and to provide aid in acts of genocide, ethnic cleansing, crimes against humanity, and war crimes. In addition, states may ask for aid in battling the crises or conflicts before they even occur. This will create states that are more dependent on their civilians rather than on their military. Reiterating that military force is not meant to be the primary form of aid from international states, pillar two encourages using all forms of peaceful communication beforehand, leaving military force only to be used as a last resort.<sup>36</sup>

Pillar three teaches the process on how to deal with a state manifestly failing in a decisive and timely manner. While one or more mass atrocity crimes are being committed, the main goal is to save lives, and in order to do this, states cannot barge in using tanks, nuclear weapons, and machinery. Doing so will likely end in war and more casualties, such as with Somalia and the Congo. On-site investigations will need to be made, and fact-finding missions will be created. If no peaceful means can be agreed upon, then government sanctions may be placed before any other action is created, and

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<sup>35</sup> United Nations, Main Body, Main Organs, General Assembly. UN News Center. (Accessed July 20, 2015).

<sup>36</sup> United Nations, Main Body, Main Organs, General Assembly. UN News Center. (Accessed July 20, 2015).

the selling of arms to such a nation will end. If all three pillars fail, then the Security Council will step in. and consider the use of military force.<sup>37</sup>

Pillar one allows other states to address the issues happening in said nation and to investigate. Pillar two allows for peaceful solutions to be found and if not for state intervention to take place. Pillar three teaches how to deal with pillars one and two and letting the nation say when they have had enough. So in conjunction with pillars one, two and three, peace can be made between states without breaking state sovereignty.

### **Crisis in Syria**

In March of 2011, peaceful protests began in Syria and quickly escalated into mass destruction by the summer. Syrian President Bashar al-Assad refused to put a halt to the violence erupting in his state and blamed the armed groups and terrorists for what was happening, yet denied humanitarian aid to his civilians. Rebel groups began to form such as the Syrian National Council (SNC), Exiled Syrians, and Free Syrian Army (FSA), with the goal to overrule the government and stop chaos. Between August of 2011 and July 2012, over 19,000 casualties had been counted and tens of thousands of displaced citizens were in Jordan, Lebanon and Turkey. In November of 2012, the National Coalition for Syrian Revolutionary and Opposition Force was created and seen as the legitimate representation of the Syrian people. This group was recognized by other nations such as the United States (U.S.) United Kingdom (UK), The Arab League, France and the European Union (EU).<sup>38</sup> However, it became divided by barriers between Islamic and secular armed groups and did not last.

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<sup>37</sup> United Nations, Main Body, Main Organs, General Assembly. UN News Center. (Accessed July 20, 2015).

<sup>38</sup> Crisis in Syria. Responsibility to Protect. (Accessed September 22, 2015).

Government attacks began to shift from sporadic violence to massive killing. In July of 2012, there were an estimated 108 civilians killed in Houla and in January of 2013, there was a massacre in Aleppo that led to the deaths of 71 men. It was rumored that Syria had created new chemical weapons accountable for the casualties of 500-20,000 people, including children, in Ghouta and another 1600 in Aleppo.<sup>39</sup> On August 31, 2013 there was clear and convincing evidence in Ghouta of Sarin Gas, which led the Secretary-General on September 16, 2013 to announce the tragedy as a war crime. The U.S. was positive the Assad regime was behind the mass-killings considered military operations with France. On September 14, 2013 a verdict was reached between the U.S. and Russia to remove and destroy all chemical weapons found in Syria by June of 2014 creating Resolution 2118. The Organization for the Prohibition of Chemical Weapons (OPCW) was formed and in charge of eliminating the chemical weapons. The Syrian regime complied and by April 2014, 1/3 of the Syrian chemical weapons were found and destroyed<sup>40</sup>.

In March of 2014, the commission of investigation confirmed around 17 counts of mass killing in Syria.<sup>41</sup> Since March of 2011 the death toll in Syria has reached 310,000, which is 1-1.3% of the population, and another 3.9 million have been displaced in neighboring countries; Turkey has taken 1.7 million, Lebanon 1.2 million, Jordan 625,000 and Iraq 245,000 refugees.<sup>42</sup> Responses have been made but none in accordance with the responsibility to protect. The League of Arab Nations created a peace plan that

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<sup>39</sup> Crisis in Syria. Responsibility to Protect. (Accessed September 22, 2015).

<sup>40</sup> Crisis in Syria. Responsibility to Protect. (Accessed September 22, 2015).

<sup>41</sup> Crisis in Syria. Responsibility to Protect. (Accessed September 22, 2015).

<sup>42</sup> Double the Death Toll: Anyone Care about Syria? CNN. April 18, 2015. (Accessed September 22, 2015).

failed, placed economic sanctions, along with EU, and urged the Security Council to take action. In the United Nations, the Human Rights Council committed investigations, the GA condemned conflicting escalation and have made efforts of peace and the SC condemned terrorist's attacks in Aleppo and passed Res. 2118 and 2165.<sup>43</sup>

### **Summary**

The Holocaust, Rwandan Genocide, Kosovo's Ethnic Cleansing and the Crisis in Syria are prime examples of needs for the R2P. While the Holocaust dealt with all four mass atrocities, nothing was solved until acts of war were committed. During the Rwandan Genocide, so many lives were taken due to genocide and ethnic cleansing, if there had been an international intervention system set up, the casualties would not have been as grave. Furthermore, NATO intervention would have been unnecessary if neighboring countries had sent aid to Kosovo, without worry of breaking their state sovereignty.

The three pillar initiative is an excellent start to creating an R2P resolution. By explaining what the states' rights are with R2Ps and their citizens, how the international community could help send aid, and stating when military use is acceptable, R2P will help abolish the dangers of impeding on state sovereignty. However, there are conceptual, institutional, and political problems surrounding the topic of R2Ps. The UN will continue to work on a resolution in which all states can agree and where all major bodies feel protected without rights being violated.

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<sup>43</sup> Crisis in Syria. Responsibility to Protect. (Accessed September 22, 2015).

### Questions

1. Has your nation implemented any actions to use R2Ps?
2. Does the ICC need to be more involved? Why or why not?
3. What can be implemented to allow more nations to agree upon the same resolution?
4. Should R2Ps only effect neighboring countries, and not countries across seas? Why or why not?
5. What other factors need to be taken into account when creating a resolution on R2Ps?
6. Should Acts of War be counted under R2Ps? Why or why not?
7. Should military force be included in any resolution?
8. Has your Nation dealt with anything involving R2Ps?
9. Should anything else be added to mass atrocities crime list?
10. What other alternatives should be offered prior to military use?

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