As far as Dr. Harald Veen is concerned, the International Committee of the Red Cross is apolitical and is strictly all about business – the business of saving lives.

“Medicine is neutral and must remain so,” Veen told The Times of Israel. “There are groups with agendas who try to frame field work and emergency care in a context that advances their agenda, but it is the job of doctors and emergency care workers to ignore those agendas and concentrate on saving people.”

Veen, the chief surgeon of the ICRC, was in Israel last week for an international conference on “Surgical Management in Austere Environments,” where he described his experiences all over the world in battlefield and mass emergency medicine.

“Providing medical assistance under emergency conditions where there are few resources and no order or protocol is far different than the ordered medical facilities where most doctors learn to treat people,” said Veen. “Israelis are very good at this kind of medicine, and they have successfully used their skills both on the battlefield locally and in emergencies such as earthquakes and floods, where they have set up effective and successful field care operations. Not all countries can do that.”

Israelis remember that for years the organization would not recognize the Star of David symbol of Israel’s Magen David Adom – claiming that the organization feared “symbol proliferation” and thus preferred that all countries use one of the two previously approved symbols (the Red Cross and the Red Crescent). The impasse was resolved in 2006 when the organization adopted a third emblem – the Red Diamond – which MDA could use internationally, inserting the Star of David inside.

For Veen, however, it’s not about the politics, but the care.

“A conference like this in Israel is important because you have a lot of experts here on medical care in conflict zones and disasters,” said Veen, speaking of the event that took place in Ashdod on April 10 and 11. “We discussed a number of very important topics, such as pain, anesthesia,
damage control, amputation, and other medical matters in the austere environment, as well as ethics issues – such as triage – and doing proper damage control in emergency situations."

That latter issue turns out to be a major challenge for doctors, said Veen. Many times, doctors in Western countries will volunteer to help out in a disaster zone, but without the proper training in austere environment medical procedures, that could lead to doctors doing more harm than good.

“In war and disasters, for example, the biggest problem is often infection,” said Veen. “You have to surgically clean the wounds and try to keep bacteria out in very challenging circumstances. For example, many doctors will see a broken arm and try to treat it, but that may not be the most important thing at that moment.”

Thanks to efforts by Veen and the ICRC, medical schools have begun teaching students how to practice medicine under such circumstances. “Being a hero is great, but it isn’t for everyone – and anyone who hasn’t learned how to deal with such situations shouldn’t try it until they have had an opportunity to do so.”

The 2010 earthquake in Haiti illustrates this. Volunteers showed up without supplies – in a country where there were none – and were lacking the skills needed to treat injuries typical of a mass disaster, such as infection, open injuries, dysentery due to a lack of clean water, and other misery-related problems. Many of those who came to help had to be evacuated themselves because they couldn’t handle the situation – impinging on already scarce resources.

According to one aid group active during that disaster, “volunteers without prior disaster relief experience are generally not selected for relief assignments. Most offers of ‘another body’ to drive trucks, set up tents, and feed children are not accepted.”

The Israeli field hospital in the 2010 earthquake – and in a second major earthquake disaster in 2013 – was one of the most successful. CNN reporter Elizabeth Cohen was “just amazed” at the hospital run by the IDF. “This is like another world compared to the other [makeshift] hospitals.”

According to The New York Times, “Israel sent scores of doctors and other professionals to Haiti. Years of dealing with terrorist attacks, combined with an advanced medical technology sector, have made Israel one of the most nimble countries in disaster relief.”

Veen is not surprised, because “Israelis have the knowledge and experience in this area. Over the past several decades, many more countries have learned how to deal with the issues that Israel was one of the pioneers in dealing with. It’s all about basic surgical and field medical skills, areas that Israeli has had a lot of experience in dealing with.”