



GALCON 2026

The Weaponization of Health: Using Medicine and Disease as Tools of War



**WHO Committee
Research Report**

Definitions

Healthcare Centers

Local medical facilities that provide basic healthcare services such as treatment, check-ups, and preventive care to communities.¹

Medical Neutrality

Medical neutrality is the principle of protecting doctors, hospitals, ambulances and all medical services during wars and conflicts. They cannot be attacked, stopped or used for military purposes. This includes cases such as using them as bargaining tools or stopping their function through several means.²

State & Non-State Actors:

State actors are government or government-adjacent organisations which act in relation and coordination with the government to participate in international affairs and decision making. Non-State actors also participate in international affairs and decision making, but are not tied to government organisations.³

Combatants

“All members of the armed forces of a party to the conflict are combatants, except medical and religious personnel.”⁴

Biological Weapons

“Biological weapons disseminate disease-causing organisms or toxins to harm or kill humans, animals or plants. They can be deadly and highly contagious. Diseases caused by such weapons would not be confined to national borders and could spread rapidly around the world. The consequences of the deliberate release of biological agents or toxins by state or non-state actors could be dramatic.”⁵

¹ <https://bphc.hrsa.gov/about-health-center-program/what-health-center>

² <https://phr.org/our-work/resources/the-principle-of-medical-neutrality/>

³ EBSCO, Jim Greene; “Non-state actor (NSA)”, <https://www.ebsco.com/research-starters/politics-and-government/non-state-actor-nsa>

⁴ <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule3>

⁵ <https://disarmament.unoda.org/en/our-work/weapons-mass-destruction/biological-weapons>

Background

Health is one of the most critical factors for human perseverance; as such, it has been studied to microscopic detail, from the study of cells in the human body to the complete understanding of its function as a whole. Even expanding the study to include the effects of external factors, such as disease and weather, on a person. In contrast, this field was being studied while many conflicts were prevalent and affecting the world, from the fierce European Battles to the old Egyptian world many battles used disease and medicine as a means to gain advantage in a war; from poisoning water supplies to sending diseased individuals to spread disease into a city secretly, many tactics were created to seize an advantage during wars. Health and healthcare always found itself intertwined with conflicts and military matters. For example, during the siege on Caffa; which was a siege conducted by the Mongolian empire to interrupt and gain control of a main trade colony, many of the soldiers were inflicted with the Black Plague; a primary disease during the mid-14th century, that caused a pandemic wiping out over an estimated third of Europe's population, it is said that the infected soldier's dead bodies were catapulted over the great walls of the colony infecting the citizens and weakening them, leading to the success of the invasion and being one of the first recorded cases showing the weaponisation of health.⁶

Since the Industrial Revolution, the upheavals that followed it, and the consequent attempts at establishing international treaties and norms to reduce the negative effects of war, the weaponisation of health can manifest in two forms. The first is the use of **weapons that directly affect the health** of combatants and non combatants. These include biological and toxic weapons that aim at spreading diseases and contamination amongst the ranks and towns of opposing forces. The second is **the targeting of healthcare systems** that are used by combatants and non combatants in war situations. This could be done by direct attacks on healthcare infrastructure, by blocking healthcare professionals from catering to their patients, the blocking of healthcare supplies that are then used as bargaining chips in their dealings with conquered civilian populations.

Violations of the two kinds mentioned above were very prevalent during WW2. Consequently, the international community passed a number of resolutions and treaties that aimed at addressing all kinds of weaponization of health. The Geneva Conventions were passed in order to regulate the rules of war and include clear provisions that protect the right to health of all who find themselves in conflicts. Article 16 of the Fourth Geneva Conventions affirms the rights of the wounded and sick in times of war, and neither side of the conflict is to impede the care that they need to receive from health care providers. Articles 17 till 23 of the same convention affirms the obligations of all combatants to not target hospital and medical healthcare centers, to not impede the evacuation of civilians, to not block the services of healthcare professionals and to not target them.⁷ The international community also addressed the issue of weapons and arms that affect the health of combatants and civilians using biological and toxic materials. The Biological Weapons Convention (1972), signed by 198 countries, prohibits the use of biological and

⁶ National Library of Medicine, Mark Wheelis; "Biological Warfare at the 1346 Siege of Caffa"
<https://pmc.ncbi.nlm.nih.gov/articles/PMC2732530/>

⁷ Geneva Conventions Relative To The Protection Of Civilian Persons In Times Of War (August 1949)
https://www.un.org/en/genocideprevention/documents/atrocity-crimes/Doc.33_GC-IV-EN.pdf

toxic weapons. It also prohibits its production and calls for their dismantlement. It also puts systems in place that monitor the use of said weapons.⁸

Treaties and Organisations

United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)

UNOCHA is the main UN office for humanitarian affairs, they coordinate the movement and distribution of aid and support humanitarian organizations to respond effectively to the needs of people caught in crises, to understand and analyse their needs, and to mobilize international assistance. They also provide tools and services to help humanitarian organizations ensure that no one affected by a crisis is left behind. Fighting to counteract the effects of political affairs and making sure that humanitarian aid is always delivered.⁹

Physicians for Human Rights (PHR)

Physicians for Human Rights (PHR) is a public medical journal and organisation which deploys experts in fields of medicine, such as forensics, to seek justice for human rights and to reduce humanitarian violations and international crimes. This organisation works to empower health professionals as a network to serve human rights through advocacy and partnerships with affected communities, mobilization of the moral authority of medical and public health professionals, and collaboration with local and international organizations and associations.¹⁰

Biological Weapons Convention (1972)

The full name of this treaty is “Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction.” It was signed by 189 countries and affirmed the desire of the international community to completely prohibit the production and the use of biological and toxic weapons and put systems in place that facilitate their dismantlement.¹¹

The Geneva Conventions (1949)

“The 1949 Geneva Conventions and their Additional Protocols are international treaties that contain the most important rules limiting the barbarity of war. They protect people who do not take part in the fighting (civilians, medics, aid workers) and those who can no longer fight (wounded, sick and shipwrecked troops, prisoners of war).”¹²

⁸Biological Weapons Convention <https://disarmament.unoda.org/en/our-work/weapons-mass-destruction/biological-weapons/biological-weapons-convention>

⁹ UNOCHA; “This is OCHA” <https://www.unocha.org/ocha>

¹⁰ Physicians for Human Rights; “About Us” <https://phr.org/about/>

¹¹ Biological Weapons Convention full text https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.37_conv%20biological%20weapons.pdf

¹² Geneva Conventions and their Commentaries <https://www.icrc.org/en/law-and-policy/geneva-conventions-and-their-commentaries>

Current Situation

Today, health services have become a standard for most people, diseases have been cured, wounds that would have been fatal are now mere scratches, and there are little to no countries which do not have access to this level of medicine. Healthcare has become an essential part of any functioning society, which turned the weaponisation of health into a very attractive recourse by countries engaged in wars as it allows them to achieve advantage in conflicts. This could be conducted by state and non-state actors who either limit or redirect healthcare infrastructure belonging to the civilian populations of their opponents. This weaponisation can be seen in many forms, from direct attacks on health organisations and hospitals to the control of healthcare services and internal systems. The aim, in this case, is to pressure and demoralise the population, inflict physical harm, and lead to drastic social change, to gain the support of opposing populations or barter with other actors involved in the conflict.

This leads to a situation where the right to health, one that is guaranteed to all humans regardless of any problem, is breached, causing misery on civilian populations trapped in conflicts and potentially impacting the state attacked wildly. Take, for example, this study, released in 2017, about Health workers and the weaponization of health in Syria by the American University of Beirut. The weaponization of health was studied, and its effects were reflected upon in this quote: “The Syria conflict has seen large-scale aerial bombing of civilian areas, committed by the government and its allies. The pattern of government attacks on civilian areas suggests that the government deems all civilians, including those providing medical care, living in opposition-controlled areas to be affiliated with terrorism, and hence as legitimate military targets.”¹³

Another example of this is in Yemen; where similar to Syria many hospitals and health sectors were attacked and bombed, leading to the harming and/or death of health officials, doctors, and nurses. This also led to the destruction and disabling of large sectors of hospitals and consequently their systems and their ability to hold patients, this has led to a significant decrease in the availability of health products and a large crisis in access to health.

In certain countries, such as Ukraine, sources noted that attacks targeting hospitals dictated who receives health care and how it is given, showing conditions such as surgeries in flashlight-lit areas and the inability to treat patients. These conditions, while mainly affecting the patients and wounded, also lead to a shrinkage in healthcare workers and services by over 20%, with most doctors showing signs of burnout, stress and other challenges.¹⁴

While many cases show the effects of weaponisation, many organisations counteract it, helping to rehabilitate these areas. These actors fund programs to build hospitals, housing, and educational spaces; they also help fund medicine, food, and other forms of relief for the people who need them. One of the primary sources of funding is the UN

¹³ American University of Beirut, Fouad Fouad; "Health workers and the weaponisation of health care in Syria.", [https://www.thelancet.com/article/S0140-6736\(17\)30741-9/fulltext](https://www.thelancet.com/article/S0140-6736(17)30741-9/fulltext)

¹⁴ Physicians for Human Rights, Uliana Poltavets; “Occupied Hospitals and Surgery in the Dark: Russia’s Relentless Attacks on Health are Hitting Ukrainians Where It Hurts”, <https://phr.org/our-work/resources/occupied-hospitals-and-surgery-in-the-dark-ukraine/>

itself, through 3 direct sources: firstly, humanitarian pooled funds, which support humanitarian action. They allow governments and private donors to pool their contributions into common, unearmarked funds to deliver life-saving assistance to people who need it most. Secondly, the UN's Global Emergency Fund enables humanitarian organisations to respond to sudden emergencies within hours. It helps quickly launch urgent aid operations and supports crises that receive insufficient attention or funding. And finally, Country-Based Pooled Funds; these funds are established when an emergency occurs or when an existing crisis deteriorates. OCHA manages them under the leadership of the Humanitarian Coordinators (HCs) or UN Resident Coordinators (RCs) and in close consultation with the humanitarian community.

We can also see signs that the use of biological weapons in war, a major aspect of the weaponisation of health, is also subject to pressures that might bring about its reemergence as a major threat on the international scene. Indeed, since the passing of the Biological Weapons Convention (1972), there was a notable reduction in the production and use of biological and toxic weapons in conflicts. However there were some serious cases of such use, leading to major crises and required the intervention of the international community. These cases include: the use of Agent Orange, a highly toxic chemical substance, by US troops during the Vietnam wars¹⁵; the use of Sarin gas by Iraqi Baathist forces against the Kurds and the Iranians in the 1980s¹⁶; the use of chemical weapons by the Assad regime in Syria against civilians during the Syrian civil war and more.¹⁷ Since then, there were reports of use of such weapons during the Russo-Ukrainian wars since 2022 and in other conflicts.¹⁸ While the use of Biological Weapons is not currently prevalent, the new changing international order and the militarization of nations threatens the peace and security of the globe and can open the door to extensive use of such weapons.

Critical Events and Timeline

- **600 BC:** Solon uses the purgative herb hellebore during the siege of Krissa.¹⁹ During this siege this herb was used against the defenders; poisoning their water supplies and causing the permanent paralysis and deaths of many due to the effects of the herb.

¹⁵ Agent Orange

<https://www.aspeninstitute.org/programs/agent-orange-in-vietnam-program/what-is-agent-orange/>

¹⁶ Anfal Campaign

<https://www.hrw.org/reports/1993/iraqanfal/ANFALINT.htm>

¹⁷ 'Death was everywhere': Syria's chemical weapon victims share their trauma

<https://www.aljazeera.com/features/2024/12/18/death-was-everywhere-syrias-chemical-weapon-victims-share-their-trauma>

¹⁸ Testing the waters: Russia's use of banned chemicals in Ukraine

<https://www.iiss.org/online-analysis/online-analysis/2025/09/testing-the-waters-russias-use-of-banned-chemicals-in-ukraine/>

¹⁹ National Library of Medicine, Stefan Riedel; "Biological warfare and bioterrorism: a historical review",

<https://pubmed.ncbi.nlm.nih.gov/articles/PMC1200679/>

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- **1155:** Emperor Barbarossa poisons water wells with human bodies in Tortona, Italy.¹⁰ Impacting necessary and primary infrastructure, inflicting permanent damage and enticing surrender.
- **1346:** Tartar forces catapult bodies of plague victims over the city walls of Caffa, Crimean Peninsula (now Feodosia, Ukraine)¹⁰; spreading the plague across the city and empowering the success of the siege.
- **1495:** Spanish mix wine with blood of leprosy patients to sell to their French foes in Naples, Italy.¹⁰ This caused the infection to spread in France, weakening their foes.
- **1675:** German and French forces agree to not use “poisoned bullets” by signing the Strasbourg agreement,¹⁰ showing one of the first agreements against the weaponisation of health and recognising the importance of addressing it.
- **1710:** Russian troops catapult human bodies of plague victims into Swedish cities¹⁰; another example of weakening opposing forces or citizens using diseases.
- **1763:** Britain distributes blankets from smallpox patients to Native Americans.¹⁰
- **1797:** Napoleon floods the plains around Mantua, Italy, to enhance the spread of malaria¹⁰, assisting in his eventual triumph in the battle and easing his siege and fight against the Italian forces.
- **1863:** Confederates sell clothing from yellow fever and smallpox patients to Union troops during the US Civil War¹⁰, using the same strategies as the British prior to them; weakening the opposing forces and attempting to gain an advantage.
- **World War I:** German and French agents use glanders and anthrax.¹⁰
- **World War II:** Japan uses plague, anthrax, and other diseases; several other countries experiment with and develop biological weapons programs.¹⁰ One of these was unit 731; a secret facility under the control of Imperial Japan, running experiments subjecting subjects to extreme conditions, including: surgeries without anesthesia, exposure to lethal diseases, and various forms of torture leading to the deaths of several thousand people.²⁰
- **2011-Present:** Targeting of Hospitals by State Actors in the Syrian Civil War causing a systemic denial of healthcare, hospitalisation or surgery for those in need and increasing mortality rates.²¹
- **2022:** Armed incidents targeting Hospitals and the National Health structure in Yemen.²² Due to attacks from State and non-state forces from ongoing conflicts in Yemen many hospitals and hospital workers were targeted causing the abduction and deaths of many; having over 12 incidents of extreme damage against health facilities even leading to the closure of some and near-permanent damage on Yemeni health systems.
- **2023-Present:** Attacks on Health Services during the Russian-Ukrainian War; over a thousand attacks were carried out during this war targeting health and health facilities leading to unbearable conditions and even the inability to operate in

²⁰ Montana State University, Dr. Robert K. D. Peterson, “Japan’s Role in Developing Biological Weapons in World War II and its Effect on Contemporary Relations between Asian Countries “, <https://www.montana.edu/historybug/yersiniaessays/shama.html>

²¹ Physicians for Human Rights; “Medical Personnel Are Targeted in Syria”, <https://phr.org/our-work/resources/medical-personnel-are-targeted-in-syria>

²² UNOCHA: Reliefweb; “Yemen: Violence Against Health Care in Conflict 2022”, <https://reliefweb.int/report/yemen/yemen-violence-against-health-care-conflict-2022-enar>

these facilities, these conditions lead to operations being done in dark unlit rooms and the lowering the health force (workers) by 20% and for those who stayed almost all showing signs of stress, fatigue and burnout.²³

Questions to Consider

- What measures can be taken to protect doctors, nurses, and healthcare workers operating in conflict zones from targeted attacks or interference?
- Has your country been subject to the use of Biological Weapons? Does your country have biological weapons? What is its policy towards them?
- How can the international community ensure that biological weapons do not make a comeback as the world sees intense militarization and increased geopolitical tensions?
- How can states be held accountable for actions that limit or manipulate access to health care during armed conflicts? Are current international consequences sufficient?
- How can international aid be delivered safely to conflict areas without being blocked, misused, or turned into a political tool?
- How effective is the United Nations in addressing violations of the laws of war related to access to healthcare and medical services?
- What responsibilities do countries have to assist other nations facing health crises caused or worsened by conflicts?
- How can my delegation provide support to other nations in need of medical assistance or in conflict without damaging relations?

²³ Physicians for Human Rights, Uliana Poltavets; “Occupied Hospitals and Surgery in the Dark: Russia’s Relentless Attacks on Health are Hitting Ukrainians Where It Hurts”, <https://phr.org/our-work/resources/occupied-hospitals-and-surgery-in-the-dark-ukraine/>

Helpful Resources

The Geneva Conventions and their Commentaries:

<https://www.icrc.org/en/law-and-policy/geneva-conventions-and-their-commentaries>

Health workers and the weaponisation of health care in Syria:

<https://www.thelancet.com/article/S0140-6736%2817%2930741-9/>

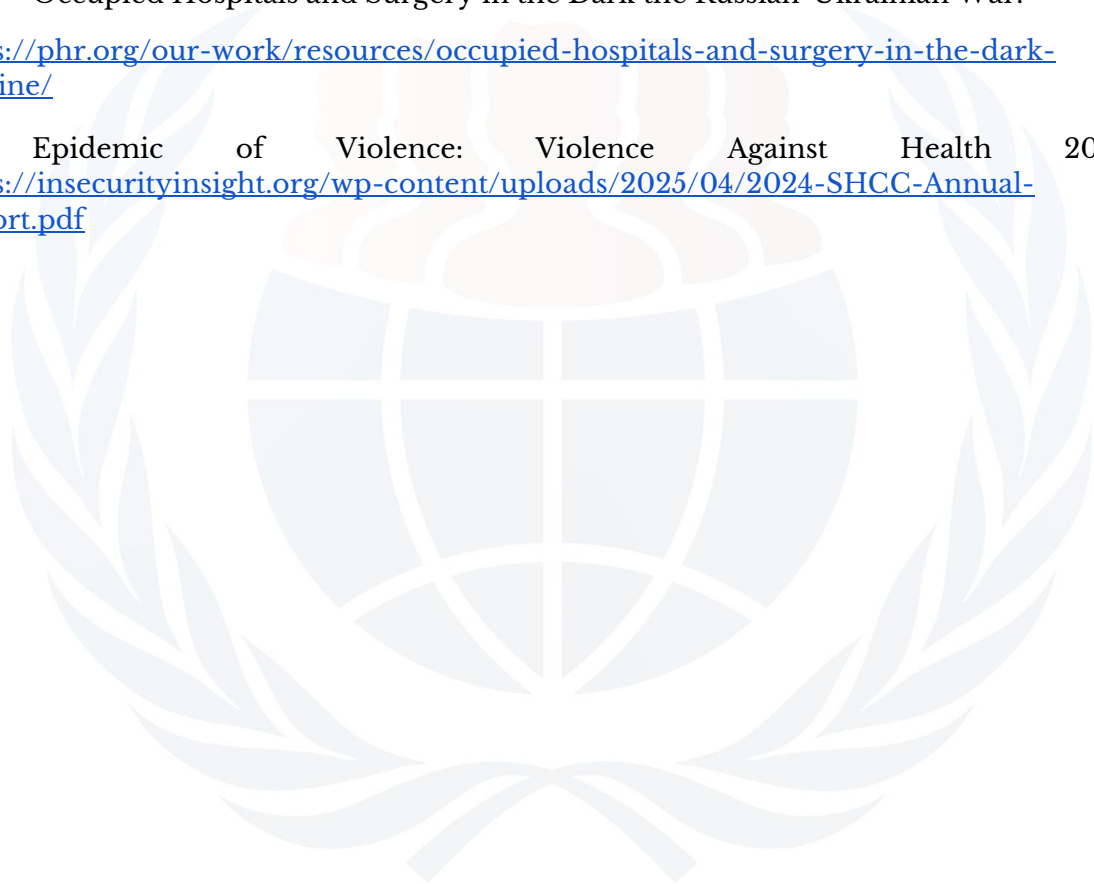
Yemen: Violence Against Health Care in Conflict 2022:

<https://reliefweb.int/report/yemen/yemen-violence-against-health-care-conflict-2022-enar>

Occupied Hospitals and Surgery in the Dark the Russian-Ukrainian War:

<https://phr.org/our-work/resources/occupied-hospitals-and-surgery-in-the-dark-ukraine/>

Epidemic of Violence: Violence Against Health 2024:
<https://insecurityinsight.org/wp-content/uploads/2025/04/2024-SHCC-Annual-Report.pdf>



Relevant Media

Figure 1: Profile of a war-crime: health workers killed in the Syria conflict, 2011–16

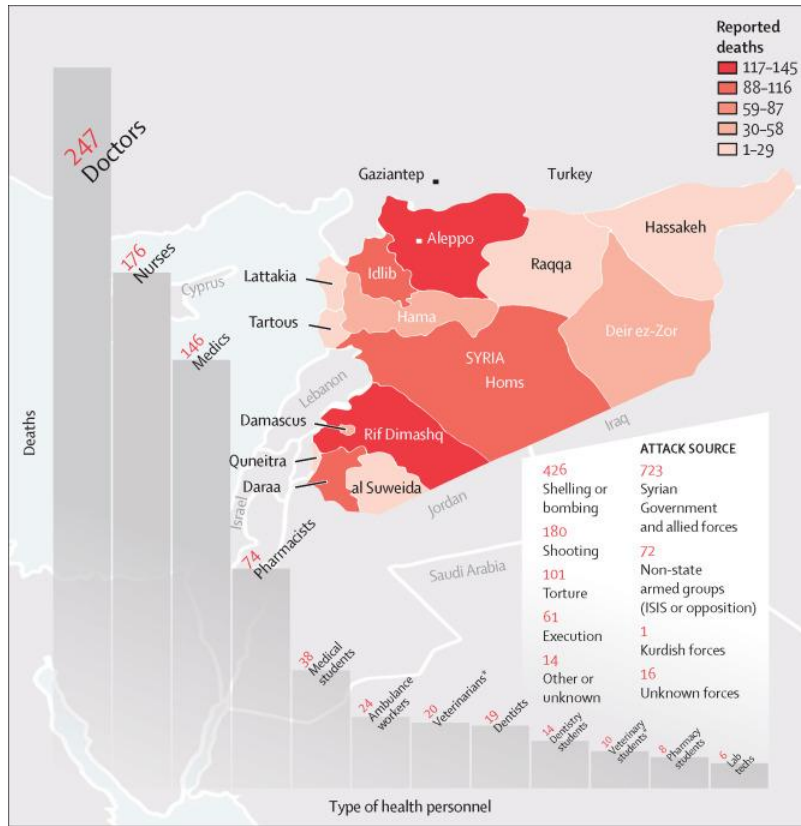


Figure 2: Violence Against Health Care in Conflict 2024 - Executive Summary



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