

Consular Crisis Management Operations: Special Considerations and Challenges

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Abbreviations:

DVI: disaster victim identification
EU: European Union
MFA: Ministry of Foreign Affairs
PTSD: posttraumatic stress disorder

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Abstract

Assisting the increasing number of tourists and foreign nationals exposed to crises situations in third countries—many of them far from home and extremely vulnerable—presents significant challenges. Despite the need to explore consular crisis management from an operational perspective, there are few studies that address the issue. This paper aims to describe the characteristics and context of consular crisis management operations based on personal experiences, scientific papers, grey literature, and key informant interviews. Consular crisis management operations are conducted in a context where the stakeholders and the legal environment may differ from humanitarian or civil protection operations. The physical distance causes logistical challenges and demands specific considerations for both civilian and medical evacuation. Consular crisis management operations often include medical care, psychosocial support activities, and disaster victim identification (DVI) activities. Political and media interest may also add significant challenges to such operations. Therefore, specific knowledge, skills, and preparations are needed for both diplomatic crisis management professionals and health professionals. Further research on consular crisis management activities—as well as the concept of consular crisis management itself—is strongly needed.

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Introduction

Given increased travel, tourists and foreign citizens are increasingly exposed to crisis situations such as natural disasters, accidents, epidemics, and terrorist attacks.¹ Diplomatic protection is a traditional concept of international law, the cornerstone of which is consular protection and support of individual nationals living or travelling abroad.² Consular assistance is usually provided by embassies or consulates and includes support in case of arrest, serious accident or illness, death, or need for travel documents. There is no official definition of consular crisis management; rather, it exists as the shared idea that foreign citizens in a third country require assistance in case of a major accident or disaster.² Recent history shows that disaster events involving foreigners are not unusual: the 2016 truck attack in Nice, France killed 86 people from 19 countries; the Sri Lanka Easter bombings of 2019 caused 259 deaths, among them 45 foreigners; and the 2019 flight crash in Ethiopia caused the deaths of 157 people from 35 countries. However, scientific papers covering the concept of consular assistance are rare, and scientific knowledge regarding consular disaster management operations from a medical perspective is even more limited.³ Therefore, this paper will discuss specific considerations for consular crisis management operations.

This report is based on the author's professional experiences of several consular crisis management operations, as well as over 60 exercises and trainings in consular crisis management involving Ministries of Foreign Affairs (MFAs), embassies, and humanitarian and general crises management trainings in which the author has been involved as a trainer. Also, scientific papers and grey literature covering consular disaster management operations were used to inform the report.

Report

Context and Legal Considerations

Several actors are usually involved in consular crisis management operations. The country in which the disaster event has occurred is responsible for assisting affected people in general, and is therefore an essential stakeholder. The MFA in all countries has the overall responsibility for consular crisis operations abroad and an interest in both the nationals of their

country and in diplomatic relations. Interstate organizations, such as the European Union (EU), have several interests in consular crisis management: to protect and offer consular assistance, to coordinate consular assistance, and to analyze and take action on interests occurring outside the EU.⁴ Travel agencies and travel insurance companies are important actors, even if “force major” clauses may hamper their ability to provide services at the usual level for affected individuals.⁵ Non-governmental organizations, including faith-based organizations, may also be involved in the consular crisis management operation, as well as military resources. Finally, humanitarian organizations may be part of the general disaster response and are therefore partly involved in consular matters, even if it is not part of their primary focus.

Disaster management in general is characterized by complex situations in which the common challenges include, for example, collaboration, logistics, priorities, and complex problem solving under stress.^{6,7} All of these aspects are also present in consular crisis management operations. A well-defined and robust response organization with a functional command and control system forms the basis of an effective response. While most consular crisis management operations are active during a short timeframe, from days to weeks, there are exceptions. The Swedish consular crisis management operation in Thailand following the 2004 tsunami lasted for over one year.⁸

One important difference between humanitarian response and consular crisis response is that consular crisis management operations are not founded primarily on expressions of empathy, but on legal frameworks and agreements focused not on the general population, but on the responding country's own residents. This may lead to ethical issues, especially among medical professionals. However, removing affected foreigners from a disaster area does frequently ease the burden for the affected country, and can therefore be seen as a valuable contribution to the overall response. Major disasters often activate interstate relief, which may have political and diplomatic implications that can be referred to as disaster diplomacy.⁹ Diplomatic relations are also an important part of consular crisis management operations. Understanding “the diplomatic language” and respecting diplomatic concerns are therefore important skills for all professionals involved in consular crisis management operations. The legal basis for consular crisis management operations relies on the Vienna Convention on Consular Relations of 1963.¹⁰ Several specific legal aspects need to be considered in consular crisis management operations, such as determination of nationality, dual nationals, and identifying who is covered under country-specific consular crisis laws or bilateral or interstate agreements of consular crisis operations. Such questions may be regulated differently in different countries.^{1,11} It is the nature of consular crisis management operations that they are conducted in other territories. When operating in another country, that country owns the crisis, and their jurisdiction must also be followed in consular matters.¹² This may require specific approvals to conduct, for example, medical interventions by foreign medical professionals, even if caring for their own nationals.

A consular crisis most often occurs in the context of a general or humanitarian crisis situation. This relationship between the consular crisis management operation and other relief operations can be organized in different ways. An isolated consular crisis operation may be conducted if the affected population consists mainly of foreign citizens, as in the aftermath of the Bali bombings. If the consular component is integrated with a humanitarian relief operation—for example, when consular personnel are embedded

within a team of humanitarian responders—it can be described as an integrated operation. A third strategy involves conducting consular and humanitarian operations as parallel operations. Integrated and parallel teams may profit from joint logistical and practical arrangements.

General and Specific Assistance

Providing drinking water, food, and a safe place to stay are essential in any crisis situation, and are therefore also fundamental in consular crisis management operations. Even if such services have been arranged by local authorities, foreigners tend to depend on representatives from their home countries for assistance. A critical need for people affected by crises abroad is information. Not having access to websites, radio channels, or mobile phone apps; not understanding the language; or having difficulties judging the trustworthiness of information may put foreigners in a situation where they are dependent on information provided by their MFA. Another practical challenge in disasters that involves several nationalities is the spelling of names and difficulties in determining nationality. Constructing lists of survivors or injured may cause confusion among both local authorities and consular entities. Evacuations from a dangerous place to a safer place usually present a logistical challenge in any major consular emergency. Evacuations will affect both airports in the country where the disaster event has occurred and in the home country.¹³ Organizing an evacuation requires careful planning that must address security and logistics; even so, the process may have psychological health effects for those involved. A recent study indicated that an early evacuation from the disaster area was associated with a higher risk of posttraumatic stress disorder (PTSD) among tourists affected by the 2004 tsunami disaster in Thailand.¹⁴

Medical Care, Evacuation, and Psychosocial Support

Providing medical assistance in a foreign country often involves legal issues, such as permission to act as a health professional in another country, but also practical matters such as access to drugs and medical supplies. Therefore, the medical component of consular crisis operations often positions health professionals in a consultancy role acting as mediators between the local hospital and injured foreign citizens. Medical evacuation of severely injured people is another activity of consular crisis management operations. To conduct a controlled medical evacuation of a significant number of severely injured patients requires time and specific skills, and long distances may further complicate the medical evacuation.¹⁵ From a psychosocial perspective, temporary visitors such as tourists are especially vulnerable as they have been disconnected from their normal social networks and likely have only a limited understanding of the local rescue and medical services system. Significant stress reactions and long-lasting psychological problems, including PTSD, have been reported among tourists exposed to disaster experiences abroad.¹⁶⁻²¹

Disaster Victim Identification (DVI)

Funerals, as well as identification and potential repatriation for foreign citizens, are other common activities in consular crisis management operations. The 2001 Bali bombings and the 2004 tsunami disaster in Thailand raised the issue of massive disaster victim identification (DVI) operations necessitating international collaborative efforts.²² Formally, DVI operations are managed by Interpol and led by local police in close cooperation with international DVI teams. Medical professionals and consular personnel are often involved in the DVI process, both during and after

the identification phase.^{23,24} As DVI operations can take a considerable amount of time, they may be part of both the emergency phase—as part of a specific consular crisis management operation—and the ordinary consular work that follows the disaster.

Discussion

Since the context and characteristics of consular crisis management operations are both similar and dissimilar to general or humanitarian crisis management, there is a clear need for further dialogue, both among consular stakeholders such as MFA and within the general crisis management community. Crisis management and health professionals involved in consular crises operations may benefit from gaining specific awareness of the legal basis, the vulnerability of affected people, specific knowledge regarding consular protection or DVI operations, and an understanding of disaster diplomacy. Diplomatic professionals, on the other hand, need knowledge and skills in general crisis management, such as command and control procedures, decision making within a crisis management context, and a basic understanding of psychological and medical support. A recent initiative to include consular crisis management as part of disaster management training for EU civil protection experts, and international simulation exercises, is therefore a promising attempt to increase awareness for both sides.

Several studies have emphasized the medical and psychological consequences of being affected by a disaster when far from home. This is important for health professionals to consider when caring for patients who are temporary visitors affected by illness or accident. Psychosocial support that relies on evidence-based principles and guidelines will most likely be in great demand for future consular crises.^{25,26} One important issue regarding psychosocial support is to ensure a proper “hand over” from the consular or international medical team to in-country professionals caring for the affected person once the consular operation is no longer active. It is also important to be aware that consular crisis operations such

as evacuations may have both physical and psychosocial health effects on the individuals affected.

The consular crisis management evidence base is generally low, and there are many questions requiring further scientific attention. One issue involves determining how crises team managers can obtain an accurate view of the consular crisis management operational landscape, as well as an evaluation of best practices when organizing consular crisis management operations in relation to general or humanitarian responses. Another issue deserving further exploration concerns the logistical and medical aspects of long-distance mass-casualty medical evacuations and effective methods to reduce stress and promote psychological recovery for a remote population. Since consular crisis management involves several actors, professionals, and disciplines in practice, it seems likely that a cross-sectional academic approach would be best suited to further research initiatives.

Limitations

A search for scientific literature on consular crises management resulted in a very limited number of such publications. Therefore, a traditional review was not possible to conduct. Instead, this paper was based on extensive empirical experiences, using literature to further inform the paper. Given the limited scientific knowledge available, it was considered to add value to the field.

Conclusion

Consular crisis management operations are similar in many ways to general crisis operations, with some contextual, legal, and operational differences. Therefore, both diplomatic crises management and health professionals involved require specific knowledge, skills, and preparations for such operations. Increased travel combined with a lack of scientific knowledge concerning the concept of consular crisis management and best practices for consular crisis activities suggest that there is an urgent need for further research.

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