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### FROM THE EDITOR

#### Bioethics in Conflict Zones

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Wars defined as a temporal event with a start and a finish are a thing of the past. Instead, they have become chapters in prolonged and protracted conflicts that ebb and flow yet trap the hostage populations for decades, consuming the lives of generations and shaping their health needs and the provision of health care. What started as the Soviet invasion of Afghanistan in 1979 is now a mere chapter in a conflict that has lasted for over 4 decades. The Iran-Iraq War of the 1980s was followed by the First Gulf War, sanctions against Iran and Iraq in the 1990s, the second Gulf War, and a litany of different levels of ongoing violence. Even in Central America, the civil wars of the 1980s and 1990s were followed by gang wars in El Salvador and Guatemala that claim lives and similarly lead to **forced migration**.

Health professionals working in these conflict zones—as **clinicians**, humanitarian actors, or **policymakers**—are faced with making ethically challenging decisions as they negotiate with different political actors and navigate competing yet equally pressing health needs. “Chronic emergencies” in places like the Gaza Strip or Yemen are no longer a contradiction in terms but a fair description of recurring wars that force health professionals to continuously divert limited resources from long-term capacity building to meeting immediate needs created by the latest military onslaught—to the long-term detriment of any health system infrastructure.

In this issue of the *AMA Journal of Ethics*, ethics and health policy experts and clinicians working in protracted conflict zones share their experiences of battling to offer health care in ethical, humanitarian ways.

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