

Doctors *in* Distress

SYSTEMATIC VIOLATIONS OF
MEDICAL IMPARTIALITY



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The European Centre for Democracy & Human Rights seeks to foster awareness and promote Human Rights issues and Democracy in Bahrain, Saudi Arabia and the larger Gulf Region. ECDHR is formally registered in Dublin, Ireland and has offices in Brussels, Belgium and Beirut, Lebanon.

The Defenders for Medical Impartiality is an international NGO working to ensure that noninterference with medical services during armed conflict or civil unrest is protected. In Bahrain and in the CGG region, health workers often face detentions and reprisals simply for peacefully exercising their duties and provided medical assistance to those in need.

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Table of Contents

I. Introduction	5
II. What is Medical Impartiality?	6
a. Medical Impartiality under International Law	7
III. Country overview	9
Syria	9
Bahrain	9
Egypt	10
Iraq	10
Yemen	11
IV. Medical Personnel	12
V. Medical Facilities	18
VI. Medical aid and equipment	22
VII. Conclusion	25
VIII. Recommendations	27

Methodology

This report is the product of extensive research accomplished by examining reports by independent organizations, government records, and interviewing medical personnel from the region, as well as a literature review taken from a wide variety of reputable sources, including well-established newspapers, magazines, and journals. When possible the report provides a citation to publicly available sources. In such instance where the interests of confidentiality force us to anonymize information or redact our source, the report may omit the source and indicate the need for confidentiality. Such sources may be available privately upon request.

I. Introduction

Caught in the middle of the conflict, medical personnel and medical facilities have become the direct targets of government and non-state actor violence. International bodies, such as the United Nations (UN) and international non-governmental organizations (NGOs) have documented ongoing human rights violations occurring in the Middle East and North Africa (MENA) region including, the methodical use of torture and clampdown on freedom of speech. Nonetheless, apart from the varying media reports and reporting from organizations dedicated to medical issues, the international community has given little attention to the widespread and systematic targeting of medical personnel and medical services.

Medical impartiality violations abound across the MENA region. As of November 2015, 95 percent of the doctors in Eastern Aleppo have fled the country, been detained or been killed due to the Syrian war.¹ In Yemen, the World Health Organization (WHO) stated “health services... are at their breaking point.”² Iraq is experiencing armed conflict as it battles the extremist armed group known as ISIS. Tension and violence continues in many of the region’s other countries following the 2011 Arab spring, including Egypt and Bahrain. The massive populist movement that spread across the MENA region calling for democratic reform and the protection of human rights, has in many cases, resulted in great instability, ongoing violence, and medical impartiality violations.

This report will highlight the current state of medical impartiality in the MENA region. It will begin by providing an overview of the concept of medical impartiality. Following this, the report will reference relevant international law, specifically the Geneva Conventions, to present the international framework under which conflict takes place. The report divides medical impartiality into three areas of focus: 1) medical personnel 2) medical facilities and 3) access to medical aid and equipment. For each area of focus, the report will reference data and information from the above-mentioned five countries: Syria, Iraq, Bahrain, Egypt, and Yemen as deemed appropriate.

Doctors in Distress: Systematic violations of Medical Impartiality intends to highlight the devastating effects of 21st century conflict as it pertains to healthcare in the MENA region. Access to medical care is critical during armed conflict and times of civil unrest, when individuals are most susceptible to unimaginable injuries and illnesses. The report will demonstrate that despite this crucial need and protection from international law, state and non-state actors continue to violate medical impartiality as they target medical personnel, medical facilities, and medical equipment, as well as the right to receive medical treatment without interference, with impunity.

The following section will provide evidence and data to support the assertion that state and non-state actors have and continue to violate medical impartiality and utilize the aforementioned countries as case studies. Each country provides a different context, thus allowing the report to cover international armed conflicts, non-international armed conflicts, and cases of civil unrest. The situations in these countries are representative of the current crisis faced by the medical community in the MENA region.

1 Elise Baker and Dr. Michele Heisler. *Aleppo Abandoned: A Case Study on Health Care in Syria*. New York: Physicians for Human Rights. November 2015. 1. https://s3.amazonaws.com/PHR_Reports/aleppo-abandoned.pdf

2 “Conflict in Yemen: Update and funding request.” *World Health Organization*. Yemen. November 2015. http://www.who.int/hac/crises/yem/yemen_donor_alert_november2015.pdf

II. What is Medical Impartiality?

According to Defenders for Medical Impartiality (DMI):

Medical impartiality is the international principle that no person or group shall interfere with the access to or delivery of medical services in times of conflict and civil unrest, and that medical personnel shall not discriminate or refuse care to anyone injured or sick during times of conflict and civil unrest.³

Impartial in this context does not mean “neutral” in regards to not taking sides in a political context; rather it means medical care must be provided on a non-discriminatory basis, without regard to a person’s national, social, ethnic, political or religious identity. At the 25th international conference of the Red Cross in Geneva, the International Red Cross and Red Crescent Movement⁴ stated that impartiality means:

“It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.”⁵

There are two components to medical impartiality: **non-interference and non-discrimination.**

The principle of non-interference means every person has the right to the highest attainable standard of living adequate for his health and well-being, including medical care. Access to medical services falls under the non-interference component, and includes medical personnel, facilities, and transportation. Non-interference is a legal obligation on governments and parties to a conflict, which prohibits any obstruction to medical services, such as temporarily stopping personnel, transportation, or supplies from reaching the sick or injured, in addition to more obvious violations, such as bombing a hospital or ambulance. A subtler example of violation of non-interference would be the establishment of roadblocks by state security forces, which would prevent an individual’s access to medical care.

While the principle of non-interference applies to state-and non-state actors, the non-discrimination principle is applicable to medical professionals and health workers. This includes any doctor or health worker who is engaged in the operation and administration of hospitals.⁶ Medical practitioners have an ethical duty to provide objective and impartial care to those sick or injured and in need of medical attention. They may not refuse care to any person for any reason relating to religious, ethnic, national or political affiliation.

The non-discrimination principle of medical impartiality specifies that all health workers deliver proper medical attention and care to all those sick or injured. This component incorporates the

3 Defenders for Medical Impartiality. *Definition Breakdown*. <http://defendmedicalimpartiality.org/definition-breakdown>

4 The Movement is composed of the National Red Cross and Red Crescent Societies, the International Committee of the Red Cross, and the International Federation of Red Cross and Red Crescent Societies. The International Conference is the supreme deliberative body for the Movement. The ICRC’s role was built into the Geneva Conventions as the guiding body on International Humanitarian law.

5 International Conference of the Red Cross. *Statutes of the International Red Cross and Red Crescent Movement*. 2006. <https://www.icrc.org/eng/assets/files/other/statutes-en-a5.pdf>

6 Eric Stover. “Medical Personnel.” *Crimes of War*. 2011. www.crimesofwar.org/a-z-guide/medical-personnel/#sthash.IMB5K9Ju.dpuf

Hippocratic Oath,⁷ an ethical declaration to which all medical practitioners agree. The Oath declares that all medical professionals have an ethical duty to deliver medical attention and care to all those sick or injured and in need of such care. In a situation where two individuals are in need of medical care, one being the victim and the other being the attacker, the doctor must provide treatment based strictly on severity of injuries; doctors may not act as judges. Medical considerations serve as the basis for prioritization of which individual receives care first.

The two concepts work hand-in-hand; when a medical professional properly discharges the duty to provide treatment under the non-discrimination principle, the state must then refrain from attacking the medical professional in order to properly comply with its duties under non-interference. Practically, just as a doctor has a duty to treat terrorists, protestors, and state forces alike, so too does a government have a duty to refrain from retaliation against the doctor for providing medical care to the state's enemies.

a. Medical Impartiality under International Law

The concept of medical impartiality is referenced in some degree or another in both international humanitarian law (IHL) and international human rights law (IHRL). However, the way in which international law addresses medical impartiality changes depending on the situation, which can include international armed conflicts, non-international armed conflicts, and civil unrest. Whereas the Geneva Conventions and the Additional protocols address instances of international armed conflict (IAC) and non-international armed conflict (NIAC), IHL falls short of covering times of civil unrest and periods of normalcy. This is extremely problematic, as contemporary armed conflicts have evolved beyond international armed conflict and non-international armed conflict.

IHL has largely remained unchanged since the mid-20th century, and provides very specific protections for medical impartiality. For example, Geneva Convention I Article 24 provides explicit and uncompromising protection to ambulances and related personnel, while Geneva Convention II Article 22 speaks of protections for medical ships. The specificity of the Geneva Conventions lends itself to their understanding; by explicitly stating what rights are and are not protected, the Geneva Conventions assure the ease of their observance. Unfortunately, the vast majority of the Geneva Conventions only applies in very specific situation related to international armed conflict – that is to say, international war, and not civil war – to the point where the Geneva Conventions in their entirety fail to encompass the majority of modern conflict. This is a significant problem, as, while the protections afforded by the Geneva Conventions are comprehensive, their application to real theaters of war is extremely limited.

Medical impartiality in IHRL suffers from the exact opposite problem; while geographic coverage is substantial the law itself is vague and provides limited, if any, protection. IHRL consist of numerous treaties, customary law, and *jus cogens*. Application of IHRL depends on its source, but, at least in regards to a right to health, is mostly constant. Unfortunately, IHRL does not firmly elucidate protection for medical impartiality – none of the specificity found in the Geneva Conventions can be seen in any form of IHRL. Human rights law remains in operation but is far less specific than IHL and is therefore subject to interpretation. Articles in the International Covenant on Civil and Political Rights (ICCPR) and International Covenant on Economic, Social

⁷ Louis Lasagna. "Hippocratic Oath, Modern Version." Johns Hopkins Sheridan Libraries & University Museums. 18 December 2015. <http://guides.library.jhu.edu/c.php?g=202502&p=1335759>

and Cultural Rights (ICESCR) touch upon medical impartiality as it relates to a vaguely defined right to health, but are still ambiguous and therefore difficult to enforce.

Those deficiencies in the various international legal regimes are highlighted in modern-day conflict and close-to-conflict scenarios. Today, conflicts involve numerous players and function under an arguably ambiguous and outdated legal framework. Further, many non-state actors in today's conflict operate in flagrant violation of international parameters of armed conflict as a military strategy. This failure of international law to evolve with the new nature of armed conflict demonstrates the need to update international law in order to reflect the circumstances in which it operates, and to protect the concept of medical impartiality in the modern world.

III. Country overview

The report will focus on violations of medical impartiality in the MENA region, as it remains a focal point of armed conflicts and civil unrest in the world. Syria, Bahrain, Egypt, Iraq, and Yemen illustrate the regional violations of medical impartiality in different types of conflicts, as Bahrain underwent a time of civil unrest and Syria is home to a growing international armed conflict. Parties to conflict in all five of the chosen countries consistently violate medical impartiality.

The protections of medical impartiality are miscellaneously applicable in these countries. Neither Syria nor Iraq are party to Geneva Convention Additional Protocol II; their conflicts being largely internal, this is problematic. Yemen is a party to the Geneva Conventions and their Additional Protocols, giving it the utmost protection. However, conflict in Egypt and Bahrain is not currently at a level in which IHL controls; these countries are governed by the inadequate protections afforded by IHRL.

The five countries demonstrate the complexity of current IHRL and IHL and expose the unfortunate gray areas of international law.

Syria

Current President Bashar al-Assad inherited the Presidency from his father in 2000 with the inner government circle still dominated by members of the Assad family's minority Alawite Shia community. In early 2011, inspired by the wave of protests spreading across the Middle East, Syrians peacefully protested against President Bashar al-Assad's tightly controlled and repressive government. In response to the growing popular dissent, government forces launched violent attacks on the civilian population, which led to full-scale armed rebellion. A peaceful call for democracy, human rights, and government accountability has deteriorated into a bloody civil war, and has resulted in the largest refugee crisis since World War II.⁸

Parties to the Syrian conflict habitually violate medical impartiality. Reports from Syrian human rights non-governmental organizations (NGO) along with international human rights organizations have repeatedly concluded that government forces, non-state actors, rebels, and foreign powers have directly attacked medical facilities. In 2015, Physicians for Human Rights (PHR) declared Syria as "the most dangerous place for a Doctor." The Syrian conflict is approaching its fifth year with no clear solution on the horizon as the UN-led peace talks remain stalled. Currently over twelve million Syrians are in need of humanitarian assistance⁹ and more than 300,000 Syrians have been killed.¹⁰

Bahrain

The Kingdom of Bahrain was not exempt from the 2011 protests in the Middle East. To voice their disapproval of the structural inequalities, corruption, oppression, and a lack of government representation, more than half of the Bahraini population demonstrated peacefully in early

8 "Syria crisis: ECHO factsheet." *European Commission: Humanitarian Aid and Civil Protection*. November 2015. 1. http://ec.europa.eu/echo/files/aid/countries/factsheets/syria_en.pdf

9 "About the Crisis." *United Nations Office for the Coordination of Humanitarian Affairs*. 2015, <http://www.unocha.org/syrian-arab-republic/syria-country-profile/about-crisis>

10 Chris York and George Bowden, "Syria Civil War Death Toll Paints A Horrifyingly Complex Picture." *The Huffington Post*. 31 October 2015, http://www.huffingtonpost.co.uk/2015/10/31/syrian-civil-war-death- n_8440378.html

2011.¹¹ The Kingdom responded to the demonstrations by dispatching security forces to violently quell the demonstrations. The government's response to the protests resulted in thousands of arrests, hundreds of injuries, and several deaths.

Bahraini state forces violated medical impartiality as they arrested and charged medical professionals. Medical personnel became the focus of retribution for providing care to injured protestors. Following the civil unrest, Bahraini authorities purposely discouraged those seeking medical treatment by setting up roadblocks and stationing tanks near medical facilities. Presently, the Bahraini government consistently denies political prisoners their right to receive medical treatment; this is especially problematic in the context of torture, which remains widespread in the Bahraini criminal justice system.

Egypt

In 2011, millions of Egyptians protested President Hosni Mubarak's thirty-plus years of autocratic rule. Their democratic aspirations were short-lived, however, as a military could led by General Abdel Fatah al-Sisi ousted democratically-elected Mohamed Morsi in 2013. On the pretext of 'national security,' Egyptians have experienced state-sponsored violence, widespread arbitrary arrests and detentions, torture, mass trials, and crackdown on freedom of the press.¹²

During Egypt's time of civil unrest, state security forces violated medical impartiality by impeding civilian and detainee access to medical care and preventing the delivery of aid and medicine. Medical personnel established makeshift medical facilities in Tahrir Square in 2011 to provide medical care to injured protestors. Government forces targeted doctors and field hospitals in retribution against treating demonstrators and continue to deny medical care to those it arbitrary detains and tortures.

Iraq

The current humanitarian situation in Iraq has resulted from more than a decade of armed conflict. Widespread government corruption, autocratic rule, and failing security conditions have led to the rise of militant groups. The rise of the militant group, ISIS, which has been active in Iraq for a number of years before taking over Mosul, Iraq's second largest city, in June 2014, resulted from the scarce resistance of Iraqi security forces.¹³ ISIS now controls territory in central and northern Iraq and parts of Syria, declaring itself an Islamic caliphate.

As of October 2015, the number of Iraqis requiring humanitarian assistance has grown to over 8.6 million people including over 3.2 million internally displaced persons (IDPs).¹⁴ The Iraqi forces, ISIS, Shia pro-government militias, and foreign powers have all targeted hospitals and medical personnel. More than half of all of Iraq's doctors have fled the country due to targeted threats,

11 "Bahrain Uprisings and Reforms: An Overview with Policy Recommendations." *Americans for Democracy & Human Rights in Bahrain*. <http://www.adhrb.org/our-work/bahrain-uprisings-and-reforms-an-overview-with-policy-recommendations/>

12 Aditya Tejas. "Egypt Imprisoning Record Number of Journalists Amid Crackdown, Media Watchdog Says." *International Business Times* 25 June 2015. <http://www.ibtimes.com/egypt-imprisoning-record-number-journalists-amid-crackdown-media-watchdog-says-1983256>

13 Zaid Al-Ali. "How Maliki Ruined Iraq." *Foreign Policy*. 19 June 2014. <http://foreignpolicy.com/2014/06/19/how-maliki-ruined-iraq/>

14 "Humanitarian Situation in Iraq 'deteriorating and growing more complex,' UN relief wing reports." *UN News Centre*. 21 October 2015. <http://www.un.org/apps/news/story.asp?NewsID=52327#.VnhlifkrKM8>

kidnappings, and murder of medical staff. The current health care system is ill equipped to deliver adequate service, as corruption remains rampant.

Yemen

Yemen is the poorest country in the entire MENA region, and has a history of internal conflict and foreign intervention. Humanitarian problems existed prior to the current war; poverty was widespread, with just fifty percent of the population living on less than \$2 a day.¹⁵ In response to the deposing of President Abdrabuh Mansour Hadi by the Ansarullah, or Houthi movement in January 2015, a coalition of ten countries led by Saudi Arabia began a military campaign in Yemen seeking Hadi's reinstatement.

The Saudi-led Arab coalition and Houthi regularly violate medical impartiality. WHO states the country's health system is nearing complete collapse, as UN aid agencies report the war has devastated the country's economy and left 21 out of the nation's 26 million¹⁶ in need of humanitarian assistance.¹⁷ A continued naval blockade by Saudi Arabia in conjunction with the bombing of civilian targets including hospitals, ambulances, and medical outposts has prevented vital humanitarian aid from reaching Yemenis.¹⁸ The establishment of checkpoints by Houthi rebels thwarts the delivery of humanitarian aid when it is allowed into the country. The spread of endemic diseases with the continued lack of humanitarian aid, access to medical care, and other necessary resources to provide medical services to Yemen's population could prove disastrous in the near and long-term.

15 Department for International Department. *Yemen Background Information*. Government of the United Kingdom. 15 March 2012. <https://www.gov.uk/government/publications/yemen-background-information>

16 "Yemen: overview." *The World Bank*. 30 September 2015, <http://www.worldbank.org/en/country/yemen/overview>

17 "Millions need relief from 'terrifying' violence in Yemen- Top UN humanitarian official." *UN News Centre*. 15 July 2015. <http://www.un.org/apps/news/story.asp?NewsID=51430#.VpUyUvkrKM9>

18 "Saudi Arabia to Inspect Own War Crimes Record in Yemen." *Americans for Democracy & Human Rights in Bahrain*. 2 October 2015. <http://www.adhrb.org/2015/10/saudi-arabia-to-inspect-own-war-crimes-record-in-yemen/>

IV. Medical Personnel

Medical personnel include general care physicians, surgeons, nurses, pharmacist, psychologist, health care volunteers, transportation operators, and any individual licensed to provide care or service in the health care field. Armed conflict and times of civil unrest has severely limited the capacity of medical professionals to deliver adequate medical aid and service. Doctors have been threatened, arrested, tortured, and killed simply for carrying out humanitarian work. Medical personnel are largely impartial but increasingly parties to conflicts view medical professionals as military objectives- a complete violation of international humanitarian law.

Syria

Medical personnel in Syria have been targeted throughout the conflict. In 2013, the UN Independent International Commission of Inquiry on the Syrian Arab Republic stated that the “use of medical care as a tactic of war” was an “alarming” feature of the Syrian civil war.¹⁹ The Commission found medical personnel to be “deliberately targeted” and treated as “military objectives,”²⁰ a direct violation of IHL. Medical personnel lack safety and protection and are unable to deliver effective care. As one Syrian doctor explained, “You must be safe to save others...If you kill the physician or destroy the hospital, the medicine doesn’t benefit any people. The main problem is the inability to protect the staff.”²¹ Systematic attacks on Syrian healthcare infrastructure are normalizing violations of medical impartiality.

While all parties to the conflict have targeted medical personnel for treating the ‘enemy’ or refusing to declare loyalty to one side, government forces commit the majority of offenses. As of December 2015, Syrian government forces are responsible for 94 percent of the 697 medical personnel killed in the conflict.²² The map of attacks on health care in Syria provided by PHR identifies the governorates of Rif Dimashq, Aleppo, Daraa, Homes, and Idlib as deadliest areas for medical personnel.²³ Bombing and shelling, shooting and torture are the primary causes of death for medics.

A 2015 report by PHR corroborated these findings in its case study of Aleppo, formerly the most populous city in Syria. Aleppo is the center of some of the most intense fighting in Syria as government and opposition forces control various parts of the city. Government forces have reportedly arrested, tortured, threatened, and killed medical professionals. The loss of medical personnel results in a failing health infrastructure as the injured and sick are unable to access their right to health. Due to these consistent violations, “more than 95 percent of the Aleppo’s doctors have fled, been detained, or killed,”²⁴ leaving the 300,000 or so remaining residents seeking help from the few health care workers that have stayed. The largest functioning hospital in Aleppo has only thirteen physicians.

19 United Nations Human Rights Council. “UN Oral Update of the Independent International Commission of Inquiry on the Syrian Arab Republic.” A/HRC/22/CRP.1. 11 March 2013. 3 http://www.ohchr.org/Documents/HRBodies/HRCouncil/CoISyria/PeriodicUpdate11March2013_en.pdf

20 United Nations Human Rights Council. “UN Oral Update of the Independent International Commission of Inquiry on the Syrian Arab Republic.” 3

21 Heisler, Michele, Elise Baker, and Donna McKay. “Attacks on Health Care in Syria — Normalizing Violations of Medical Neutrality?” *The New England Journal of Medicine*. 18 November 2015. <http://www.nejm.org/doi/full/10.1056/NEJMp1513512#t=article>

22 *Anatomy of a Crisis: A Map of Attacks on Health Care in Syria*. Physicians for Human Rights. 2014 https://s3.amazonaws.com/PHR_syria_map/web/index.html

23 Ibid.

24 Baker and Heisler. *Aleppo Abandoned*. 8

Rebel-held territory is “the most bombed patch of territory in the world,” where government forces specifically target doctors and nurses.²⁵ To cope with the circumstances and to continue delivering life-saving treatment, medics have set up field hospitals in creative places including one inside a cave in the town of al-latamna.²⁶ Syrian government forces have additionally coerced medical personnel away from providing treatment to members of anti-government armed forces, thus directly violating the nondiscrimination component of medical impartiality. Syrian government forces have repeatedly forced medical professionals to register the bodies of executed armed group members as deceased patients.²⁷

While accounting for the majority of violations, government forces are not alone in committing violations of medical impartiality. Armed groups have abducted medical staff working in government hospitals based on perceived loyalty to the state. ISIS militants have impeded doctor’s abilities to deliver indiscriminate care, threatening and at times killing female doctors for treating male patients.²⁸

Bahrain

In what is described as “the creeping militarization of Bahrain’s healthcare system,” Bahraini forces impede on both the nondiscrimination and noninterference components of medical impartiality.²⁹ Government coercion and threats against medical personnel began following the 2011 popular pro-democracy uprising, when Bahrain security forces raided and occupied Salmaniyya Medical Complex, the largest public hospital in the country. Doctors were beaten and arrested for upholding principles of medical impartiality in treating injured protestors. Paramedics were beaten and fired upon as they arrived to help the wounded. Security forces harassed medical personnel in Salmaniyya by setting up random checkpoints meant to identify injured protestors whom forces associated with “criminal activities.”³⁰ The crackdown on medical personnel and violation of medical impartiality by Bahraini state forces led to the abduction, arrest, and detention of more than sixty doctors³¹ and the death of medical worker, Abdulasool al-Hajiri.³² Further, more than 200 medics were dismissed from their job.³³

State security forces tortured medical personnel for treating injured protestors and speaking about the violence to the international press during the uprising. In 2015, Dr. Ali al-Ekri’s, currently serving a five-year prison sentence in Bahrain’s Jau prison, detailed his torture at the hands of state military forces. He described how security forces “sexually assaulted” him and “forced him to eat

25 Richard Spencer. “Syria’s brave doctors keep working as Russian and regime bombs fall.” *The Telegraph*. 4 January 2016. <http://www.telegraph.co.uk/news/worldnews/middleeast/syria/12062735/Syrias-brave-doctors-keep-working-as-Russian-and-regime-bombs-fall.html>

26 Ibid

27 Adam Ciralsky. “Documenting Evil: Inside Assad’s Hospitals of Horror.” *Vanity Fair News*. 11 June 2015. <http://www.vanityfair.com/news/2015/06/assad-war-crimes-syria-torture-caesar-hospital>

28 Lydia Smith. “Syrian female doctor who escaped Isis: ‘Our lives in Raqqa turned to black.’ *International Business Times*. 18 November 2015. <http://www.ibtimes.co.uk/syrian-female-doctor-who-escaped-isis-our-lives-raqqa-turned-black-1529368>

29 Sayed Abu al-Shifa. “For treating protestors, Bahrain’s government made me an enemy of state.” *Middle East Eye*. 28 July 2015. <http://www.middleeasteye.net/columns/treating-protesters-bahrain-s-government-made-me-enemy-state-733675005>

30 Sayed Abu al-Shifa. “For treating protestors, Bahrain’s government made me an enemy of state.”

31 United Nations Human Rights Council. “Bahrain: Abuse of Medical Neutrality.” UN Doc. A/HRC/30/NGO/8. 1 September 2015. <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G15/196/71/PDF/G1519671.pdf?OpenElement>

32 Al-Shifa. “For treating protestors, Bahrain’s government made me an enemy of state.”

33 United Nations Human Rights Council. “Bahrain: Abuse of Medical Neutrality.”

feces” in retaliation for treating injured protestors and speaking to the media.³⁴ A private source confirmed Bahraini security forces removed Dr. al-Ekri from the operating room in Salmaniya as he was performing a surgery.³⁵

A doctor working at Salmaniya hospital reported that many Sunni doctors did not arrive to work during the two-day siege in 2011. Following the siege, the doctor observed a number of Sunni doctors cooperating with security forces by informing them of doctors who had treated protestors or doctors who had taken part in the protests.³⁶ These acts directly violated the protections of medical impartiality, breached medical ethics, and put doctor’s lives at risk for simply carrying out their professional duties.

Along with occupying Salmaniyya, security forces stormed Bahrain’s oldest medical facility, the International Hospital of Bahrain, and intimidated personnel and took away patients in critical condition.³⁷ State security forces encroached medical impartiality by interfering with an individual’s right to health and leaving doctors unable to deliver indiscriminate care. The Bahraini government targeted medical personnel upholding their professional ethos by providing indiscriminate medical care during 2011 and continues to do so today.

Since 2011, medical impartiality violations have persisted in Bahrain, albeit in a less open form. Hospital administrators have instructed medical personnel to report any patient with “suspicious injury that might be due to clashes with security forces.”³⁸ Yet injuries from tear gas and rubber bullets continue as protests persist, leaving civilians in need of medical attention but fearful of arrest. As a result, medical professionals have been forced to establish underground clinics to treat the wounded. Despite government vows that its healthcare infrastructure would remain impartial, government forces have “subsumed it within its greater security apparatus.”³⁹

Egypt

Egyptian medical personnel have experienced great instability since 2011, when Egypt underwent a tumultuous period following largely peaceful protests. That year, thousands of Egyptians gathered in Tahrir Square calling for the end of the Mubarak regime. When the government violently assaulted the protesters, a group of Egyptian volunteer medics set up field clinics in the square in response to protester injuries and health care requirements. Fields clinics provided impartial care to all those injured in the clashes between the protestors and Egyptian security forces, who employed weaponized tear canisters, rubber bullets, and in some cases live ammunition. During the sit-in in Tahrir Square, Egyptian security forces attacked field hospitals, threatened doctors, and confiscated drugs in an effort to disrupt and deter doctors from delivering impartial care to protestors.⁴⁰ A young medic recalled an Egyptian officer shout, “get me that doctor over there,” after which he was captured by military and police officers, who took turns beating and kicking him

34 Ali Al Ekir. “A Bahraini doctor — tortured and imprisoned for treating patients — pleads to the US for help.” *GlobalPost*. 2015 September 29. <http://www.globalpost.com/article/6657008/2015/09/25/bahraini-doctor-tortured-molested-and-imprisoned-treating-patients-blames>

35 Source confidential

36 Source confidential

37 Karen Leigh. “Are Bahrain’s Medical Workers Being Prosecuted?”

38 United Nations Human Rights Council. “Bahrain: Abuse of Medical Neutrality.”

39 Al-Shifa. “For treating protestors, Bahrain’s government made me an enemy of state.”

40 Catriona Davies. “Volunteer medics risk their lives to treat Tahrir injured.” *CNN*. 21 December 2011. <http://www.cnn.com/2011/12/20/world/meast/tahrir-doctors/>

in the face.⁴¹ Egyptian forces abducted, beat, and tried medical personnel in criminal proceedings for providing impartial care.

The 2013 violent dispersal of the pro-Morsi supporters at another sit-in at Rabaa al-Adawiya square led to additional violations of medical impartiality in Egypt. Security forces violently entered Rabaa al-Adawiya hospital and set fire to the first floor. The hospital's entrance and exit were compromised amid violence, as snipers perched on nearby buildings and heavy firing occurred right outside, which resulted in the death of a hospital security guard.⁴² As security forces shot at the hospital, medical personnel were forced out of the building, leaving patients without medical attention.

The 2013 government assault saw further violations of medical impartiality unrelated to the Rabaa al-Adawiya hospital. Government officials obstructed ambulance access to the square, preventing seriously injured protestors from receiving life-saving medical attention.⁴³ When health workers set up makeshift clinics to treat those injured by government violence, state security forces attacked the clinics with tear gas, live ammunition, and heavy weaponry, driving the medical professional away from the square and leaving hundred in need of medical attention.⁴⁴

Iraq

While medical personnel in Iraq have faced varying levels of persecution over the last several years, the modern situation is particularly dire as parties to the current multi-faceted conflict continue to violate medical impartiality, threatening, harassing, and at times killing medical professionals. Due to instability, corruption, the presence of numerous armed militias, and the growing strength of ISIS, the majority of Iraqi doctors have fled the country. The Brookings Institution estimates that 20,000 out of Iraq's 34,000 doctors have fled the country, resulting in a weak healthcare system with limited and inexperienced staff.⁴⁵ In 2014, Iraq's Ministry of Health announced the need for 56,000 more health workers, including doctors, nurses, pharmacists, and other medical personnel.⁴⁶

Iraq's asymmetric power structures allows for persons unhappy with a doctor's services to call upon an armed militia or local tribes to threaten and extort money from the physician. Doctors who have remained in Iraq constantly work under this fear. On 29 September 2015, a tribe in Basra threatened a surgeon after a patient died during surgery;⁴⁷ in an interview with *Al-Monitor*, Dr. Kazem Hussein of Babil stated he paid one family \$20,000 who held him responsible for the death of their family member.⁴⁸ The security and safety doctors need in order to practice medicine in volatile regions is not present in Iraq.

41 Amani Massoud. "The Perils of Doing No Harm." *Defender for Medical Impartiality*. 5 January 2015. <http://defendmedicalimpartiality.org/news/perils-doing-no-harm>

42 "Egypt's disastrous bloodshed requires urgent impartial investigation." *Amnesty International*. 16 August 2013. <http://www.amnestyusa.org/news/news-item/egypt-s-disastrous-bloodshed-requires-urgent-impartial-investigation>

43 Patrick Kingsley. "Cairo doctors struggle to treat Morsi supporters during bloody crackdown." *The Guardian*. 14 August 2013. <http://www.theguardian.com/world/2013/aug/14/cairo-doctors-morsi-hospitals>

44 Ibid.

45 Michael E. O'Hanlon and Ian Livingston. "Iraq Index: Tracking Variable of Reconstruction & Security in Post-Saddam Iraq." *Brookings*. 31 January 2011. 26. <http://www.brookings.edu/~media/Centers/saban/iraq%20index/index20120131.PDF>

46 John Lee. "Health Ministry: Iraq Needs 56,000 Physicians." *Iraq-business news*. 24 March 2014. <http://www.iraq-businessnews.com/2014/03/24/health-ministry-iraq-needs-56000-physicians/>

47 Adnan Abu Zeed. "Iraqi doctors plagued by threats, extortion." *Al-Monitor*. 6 June 2014. <http://www.al-monitor.com/pulse/originals/2015/10/iraq-doctors-death-threats-tribal-law.html>

48 Adnan Abu Zeed. "Iraqi doctors plagued by threats, extortion."

As ISIS overtakes parts of Iraq and continues to enforce its extremist ideology, female doctors have reported increased threats in relation to their practice. In ISIS-controlled areas, female doctors are required to cover their faces. Following a strike against this regulation, a 2014 report documented the targeting of a female doctor accused of organizing or participating in the strike; the doctor was killed as she resisted abduction. In the same report, a female doctor from Mosul described ISIS forces ensuring the implementation of their extremist regulations at hospital entrances. ISIS continues to harass female doctors, inquiring about their marital status, and dictate color-coded clothing to distinguish the marital status of female doctors.⁴⁹

Following the expulsion of ISIS from Tikrit and neighboring areas in April 2015, pro-government Shiite militias known as the Popular Mobilization Forces attacked hundreds of shops, civilian houses, and buildings.⁵⁰ On November 12, 2015, a firefight between Shia Turkmen forces and Kurdish forces erupted around Tuz Khurmatu's general hospital. Hospital staff members said that Popular Mobilization Forces fired at the hospital and that at least three artillery shells landed in the hospital's parking lot.⁵¹ According to witnesses, a Popular Mobilization Forces leader asked Dr. Abd al-Khaliq Abd al-Karim, a Kurdish former director of the hospital, to come back as he "wasn't finished with him." The doctor's body was discovered later that night twenty meters from the hospital.⁵²

Due to the security threats and danger doctors face, Iraq has failed to build and retain an adequate workforce in the health sector. There is a high turnover rate, creating delays in service for the 4.5 million in need. The population remains at the mercy of fragmented tribal laws, armed gangs, and militant groups, while insecure Iraqi doctors are unable to practice their profession without fears of reprisals and violence.

Yemen

Medical personnel are not immune from the bombings and attacks carried out by armed groups and regional militias in Yemen's ongoing sectarian conflict. Prior to current international conflict in Yemen, medical personnel were under threat of kidnapping, violence, and robbery. Due to compromised security and constant threats, many of Yemen's healthcare workers fled the country.⁵³ Between 2010 and 2013, Doctors without Borders (MSF) documented 45 incidents of attack on health services or staff.⁵⁴ In 2013, a suicide bombing at the hospital in Yemen's defense

49 "Report on the Protection of Civilians in Armed Conflict in Iraq: 6 July- 10 September 2014." *Human Rights Office of the High Commissioner for Human Rights and United Nations Assistance Mission for Iraqi (UNAMI) Human Rights Office*. Baghdad, Iraq. 11 December 2014. 10 https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKewjg1uyh9KTKAhXJ6CYKHVkfDyWQFggIMAE&url=http%3A%2F%2Fwww.ohchr.org%2FDocuments%2FCountries%2FIQ%2FUNAMI_OHCHR_POC_Report_FINAL_6July_10September2014.pdf&usg=AFQjCNEGK-X7PNXDdw0JL16Byl4unPsrDw

50 *Ruinous Aftermath: Militia Abuses Following Iraq's Recapture of Tikrit*. New York: Human Rights Watch. September 2015. https://www.hrw.org/sites/default/files/report_pdf/iraq0915_4up_0.pdf

51 "Iraq: Ethnic Fighting Endangers Civilians." *Human Rights Watch*. 13 January 2016. <https://www.hrw.org/pt-br/node/285224>

52 Ibid.

53 Sadeq Al-Wesabi. "With no specific law to protect them, health care workers are at risk." *Yemen Times*. 10 September 2013. <http://www.yementimes.com/en/1710/health/2869/With-no-specific-law-to-protect-them-health-care-workers-ar>

54 "Yemen: Medical aid under threat." *Médecins Sans Frontières*. 5 August 2013. <http://www.msf.org/article/yemen-medical-aid-under-threat>

ministry complex resulted in the death of 52 doctors and nurses.⁵⁵ Other attacks have included gunshots fired inside MSF facilities by “disgruntled locals.”⁵⁶ Tribesman and other armed groups target medical workers in what they see as providing discriminate care, sometimes using them as bargaining tools in personal disputes. In 2013, MSF suspended its health services in Amran governorate after registering at least eighteen different incidences of violence against its team, including threats and physical assaults on medical personnel, hijacking of ambulances, and shootings at or around the hospital.⁵⁷

With the Saudi-led offensive to oust the Houthis insurgency, medical personnel continue to work under fear. No longer a shield, hospitals are targeted by all parties to the conflict. The International Committee of the Red Cross (ICRC) reports that since March of 2015, there have been 100 attacks on medical facilities.⁵⁸ Medical personnel live with the constant fear of being killed while working as hospital remain on the receiving end of coalition strikes.⁵⁹

Conclusion

Government forces target medical personnel for numerous reasons, including reprisals for their presumed political affiliations, treating ‘enemies,’ or exposing evidence of war crimes, or simply for the purpose of dismantling the health care infrastructure as a means of forcing the civilian population into submission. The targeting of medical personnel has a far wider impact than the death of one individual. It affects civilian access to treatment resulting in greater suffering and death. Government and armed groups continue to attack individuals who have taken an oath to provide indiscriminate care, with impunity. Complete disregard for medical impartiality has led to the flight thousands of doctors from these conflict-ridden countries to safer places, leaving the most vulnerable and those most in need without access to proper healthcare.

55 “Doctors killed in Yemen’s ministry assault.” *Aljazeera*. 5 December 2013. <http://www.aljazeera.com/news/middleeast/2013/12/strong-blast-rocks-yemen-defence-ministry-201312565750185751.html>

56 Sadeq Al-Wesabi. “With no specific law to protect them, health care workers at risk.”

57 “Yemen: Medical aid under threat.” *Médecins Sans Frontières*.

58 “Yemen: Attacks on health care facilities must stop.” *International Committee of the Red Cross*. 10 November 2015. <https://www.icrc.org/en/document/yemen-attacks-health-care-facilities-must-stop>

59 Jason Cone, “Hospitals Are Under Fire in Yemen’s War.” *Time*. 29 January 2016, <http://time.com/4200429/doctors-without-borders-yemen-war/>

V. Medical Facilities

Medical facilities, including hospitals, clinics, mobile clinics, field hospitals, or any facility providing health care, are protected under IHL. During times of armed conflict, medical facilities should be clearly marked and coordinates should be provided to all parties. Even if the hospital is being used outside its humanitarian duties, protection is only removed after due warning has been given “naming, in all appropriate cases, a reasonable time limit and after such warning has remained unheeded.”⁶⁰

Syria

Since March of 2011, PHR has documented 336 attacks on medical facilities in Syria. Almost 85 percent of these attacks have been carried out by the Syrian government.⁶¹ Government forces have targeted hospitals with mortar fire, missiles, rockets, and since 2013 ‘barrel bombs.’ Barrel bombs, banned under UN Resolution 2139⁶², are “100-to-1000-kg barrels filled with explosives, shrapnel, nails, and oil that break into thousands of fragments on impact,”⁶³ and have been used on at least 67 occasions to attack hospitals.

Ending the use of barrel bombs is key to establishing security for medical personnel in Syria. As one Syrian doctor stated, “If the barrels stop, doctors will come back. We just need to stop the barrels; it’s the first and the last thing we need.”⁶⁴ The use of barrel bombs by Syrian government forces have not only caused complex unimaginable injuries but also demolished hospitals. On 8 June 2015, government forces dropped ten barrel bombs on Busra hospital, the only health facility providing neonatal and dialysis services in Dara’a governorate.⁶⁵ The government used the ‘double tap’ tactic as it dropped four bombs first, waiting 30 minutes, and dropped another six bombs in order to eliminate first responders. The bombs destroyed the building and injured several members of the medical team, including one doctor. In 2012, government forces attacked Dar-al-Shifa hospital four times over a period of four months; the final attack on 21 November “... hit the hospital and put it out of service,” killing two members of the medical team among others.⁶⁶

In Syria, disruption of health care services has become a weapon of war. Civilians are left to make the decision between dying at home from injuries, risking sniper shots as they seek medical care, or being killed in a hospital attacked by barrel bombs. Syrian government forces have attacked hospitals repeatedly, up to ten times in one case.⁶⁷ Since 2012, almost sixty percent of hospitals in

60 “Practice Relating to Rule 28. Medical Units.” *International Committee of the Red Cross*. 2016. https://www.icrc.org/customary-ihl/eng/docs/v2_rul_rule28

61 *Anatomy of a Crisis: A Map of Attacks on Health Care in Syria*. Physicians for Human Rights.

62 United Nations Security Council unanimously passed resolution 2139. The resolution calls on all parties involved in the Syrian conflict to allow delivery of humanitarian assistance and demanded all parties respect the principle of medical neutrality. This resolution is one of two passed by the Security Council in regards to the Syrian conflict. UN resolution 2165 calls for direct delivery of humanitarian aid to opposition-controlled areas. “Security Council Unanimously Adopts Resolution 2139 (2014) to Ease Aid Delivery to Syrians, Provide Relief from ‘Chilling Darkness.’” *United Nations Security Council*. 22 February 2014. <http://www.un.org/press/en/2014/sc11292.doc.htm>

63 Heisler, Baker, and McKay, “Attacks on Health Care in Syria — Normalizing Violations of Medical Neutrality?”

64 *Ibid.*

65 “Syria: Barrage of barrel bombs destroys MSF health facility.” *Médecins Sans Frontières*. 18 June 2015. <http://www.msf.org/article/syria-barrage-barrel-bombs-destroys-msf-health-facility>

66 Baker and Heisler. “Aleppo Abandoned.”⁸

67 *Ibid.* 10

Syria have been partially or completely destroyed.⁶⁸ Any attack on hospitals or medical facilities reduces the available space for basic assistance to the sick and injured.

A number of Syrian medical organizations held a UN conference on 11 December 2015 and announced that 2015 was the year with the most attacks on medical facilities since the beginning of the civil war, with an attack on average every two to three days.⁶⁹ Continuous violation from all parties to the conflict and an absence of accountability in regards to IHL violations are dangerous as “there is a greater chance of these violations becoming the new normal.”⁷⁰

Bahrain

A Bahraini doctor described the presence of security forces in Salmaniyya hospital in Manama on March 16, 2011 as a “siege.”⁷¹ Bahraini security forces militarized the hospital as they removed patients suspected to have been involved in protests to separate wards. Security forces created “interrogation chambers” within the hospital to interrogate and torture doctors who assisted injured patients.⁷² During the siege, Bahraini forces prohibited ambulances from entering or exiting the hospital, resulting in no new patients for two days. Bahraini security forces also barred medical personnel from entering or exiting the facility during the two-day siege. Forces stationed tanks around Salmaniyya, further discouraging injured individuals from seeking medical treatment.

While Salmaniyya is no longer physically occupied by security forces, there are “informants and spies” for the government working in the hospital who monitor the situation and report any treatment of protestor-related injuries to the authorities.⁷³ Bahraini law requires doctors to report any patient injured in protests to the authorities or risk penalization. In Bahrain, injured individuals can no longer resort to the safety of the hospital, now an extension of the state.

Iraq

The decade-plus long fighting amongst various armed groups and official security forces has led to hospitals being repeatedly targeted by suicide bombers, airstrikes, and bombs by a variety parties. On 2 April 2003, a US aircraft hit a Red Crescent maternity hospital in Baghdad.⁷⁴ On 2 March 2010 following a triple bombing in Baquba, a suicide bomber detonated explosives in a hospital emergency ward.⁷⁵ A hospital in Shirqat received several direct hits in 2014. On 13 June 2014, an MSF-operated clinic in Tikrit was shelled, and two weeks later a bomb dropped by a helicopter hit the main entrance and emergency room of the city’s main hospital.⁷⁶

68 “Tracking attacks on health workers- Don’t let them go unnoticed.” *World Health Organization*. December 2015. <http://www.who.int/features/2015/healthworkers-in-emergencies/en/>

69 “Press Release: Syrian Medical NGOs Gather in Geneva to Call for Protection of Hospitals.” *Syrian American Medical Society*. 15 December 2015. <https://www.sams-usa.net/foundation/index.php/component/content/article/2-uncategorised/238-press-release-syrian-medical-ngos-gather-in-geneva-to-call-for-protection-of-hospitals>

70 Heisler, Baker, and McKay, “Attacks on Health Care in Syria — Normalizing Violations of Medical Neutrality?”

71 Source confidential

72 Source confidential

73 Source confidential

74 Simon Jeffery. “Baghdad hospital bombed.” *The Guardian*. 2 April 2003. <http://www.theguardian.com/world/2003/apr/02/iraq.simonjeffery>

75 Mohammed Tawfeeq. “Iraq suicide bomber targets hospital in triple attack.” *CNN*. 3 March 2010. <http://www.cnn.com/2010/WORLD/meast/03/03/iraq.violence/>

76 “Iraq: Hospitals destroyed by air strikes leave Iraqis without healthcare.” *Médecins Sans Frontières*. 24 July 2014. <http://www.msf.org/article/iraq-hospitals-destroyed-air-strikes-leave-iraqis-without-healthcare>

In 2014, Iraqi security forces repeatedly struck Fallujah hospital with mortar shells and other munitions.⁷⁷ This is not the first time the main hospital has been targeted by government forces; one Iraqi security officer reported that hospital has been the sight of sixteen separate attacks.⁷⁸ The Ministry of Defense stated that ISIS and associated armed groups “deliberately positioned themselves within civilian areas or civilian places, such as hospitals.”⁷⁹ IHL states that if this is the case, parties need to give warnings so civilians can leave the area so as to minimize the loss of civilian life from the area. It is unclear whether Iraqi Security forces provided clear warning.

Yemen

“Bombings are a daily reality for Yemenis, even inside hospitals,” stated Mego Terzian, President of MSF-France.⁸⁰ There have been numerous reports of airstrikes hitting medical facilities including numerous attacks on MSF operated clinics and hospitals. In October 2015, coalition forces struck an MSF-run clinic in Taiz city’s Al Houban district.⁸¹ On 26 October 2015, Saudi-coalition forces hit another MSF hospital in the Haydan district of the Saada governorate. In both situations, the hospitals’ GPS coordinates were shared with the Saudi-led coalition and the roof was clearly identified with an MSF logo. The Haydan district hospital, which was the last functioning medical facility in the area, was targeted by six consecutive strikes and at the time housed more than 20 people. Amnesty International stated that the bombing of the last functioning hospital in the Saada governorate “may amount to a war crime.”⁸² Violations continued into 2016; on 4 January 2016, coalition strikes hit and seriously damaged the al-Sabeen maternity hospital in Sana’a.⁸³

Houthi forces and other armed groups have also targeted Yemen’s health care system. On 19 April 2015, the al-Jumhuri Hospital and its staff found itself in the middle of the fighting between armed groups and Houthi forces.⁸⁴ Fighters forced their way into the hospital to carry out executions of two Houthi fighters who were patients at the time. In response, Houthi forces fired upon the hospital, leading to the evacuation of staff and patients on 29 April 2015.⁸⁵ Under international law, hospitals are safe havens; these actions by all parties to the conflict are clear, ongoing violations of medical impartiality.

77 “Iraq: Government Attacking Fallujah Hospital.” *Human Rights Watch*. 27 May 2014. <https://www.hrw.org/news/2014/05/27/iraq-government-attacking-fallujah-hospital>

78 Ibid

79 “Report on the Protection of Civilians in Armed Conflict in Iraq: 6 July- 10 September 2014.” OHCHR and UNAMI. 18

80 MSF UK Press Office. Twitter post. 29 October 2015. https://twitter.com/msf_press/status/659808580711882752

81 “Yemen: Nine wounded in Saudi-led coalition airstrike on MSF clinic in Tai.” *Médecins Sans Frontières*. 3 December 2015. <http://www.msf.org/article/yemen-nine-wounded-saudi-led-coalition-airstrike-msf-clinic-taiz>

82 “Yemen: Bombing of MSF hospital may amount to a war crime.” *Amnesty International*. 27 October 2015. <https://www.amnesty.org/en/latest/news/2015/10/yemen-bombing-of-msf-hospital-may-amount-to-a-war-crime/>

83 “Airstrikes hit maternity hospital, gas company in Yemen.” *Albawaba*. 5 January 2016. <http://www.albawaba.com/news/airstrikes-hit-maternity-hospital-gas-company-yemen-789064>

84 “Yemen: Houthis, Southern Fighters Endanger Aden Hospital.” *Human Rights Watch*. 17 June 2015. <https://www.hrw.org/news/2015/06/17/yemen-houthis-southern-fighters-endanger-aden-hospital>

85 “Yemen: Houthis, Southern Fighters Endanger Aden Hospital.” *Human Rights Watch*. 17 June 2015. <https://www.hrw.org/news/2015/06/17/yemen-houthis-southern-fighters-endanger-aden-hospital>

Conclusion

In today's conflicts, medical facilities no longer remain sacrosanct. The safe spaces guaranteed by hospitals are under attack from all parties involved in MENA conflicts. Suicide bombings, shootings, barrel bombs, airstrikes have all been carried out on hospitals and clinics. In certain cases, as exemplified by Bahrain, state security has sought to "militarize" the health care facilities. Under IHL, "medical units are to be respected and protected at all times and shall not be the object of attack."⁸⁶ However, the stark reality is that medical facilities remain legitimate targets during times of unrest and armed conflict.

86 "Practice Relating to Rule 28. Medical Units." *ICRC*.

VI. Medical aid and equipment

A region may have a doctor and a safe space to conduct medical care, but medical professionals cannot save lives if there is no access to basic services, medicine, and medical equipment. In some areas, it is simply a lack of resources that is fracturing the health care systems. Although observance of medical impartiality would mandate protection against undue restrictions upon the right to health, roadblocks, checkpoints, blockades, and sieges all impede civilian access to proper medical treatment and lead to preventable deaths.

Syria

Syrian medical facilities are functioning with severely limited supplies. Aid charities have delivered much needed supplies but supply routes are at risk as the Russian involvement is targeting border crossings and roads.⁸⁷ Many of Syria's remaining physicians travel back and forth from southern Turkey into Syria to continue providing care. Medical personnel travelling on these roads are targeted by all parties to the conflict.

Despite running low on proper equipment and unable to receive humanitarian aid, health professionals who remain in Syria have adapted to the conflict. Medical personnel have learned to improvise, with almost all remaining personnel working outside their trained specialty, and learning how to provide care with very little resources. However, Syrian medical facilities that have survived the bombings, shootings, and airstrikes remain understaffed and under-equipped.

Bombing campaigns by government forces have struck ambulances and killed paramedics.⁸⁸ Russia forces have launched airstrikes targeting paramedics, ambulances, and field hospitals. In Syria, it is common for paramedics and first-responders to be struck by a “double tap” airstrike. All parties to the conflict completely disregard medical impartiality by targeting first-responders who seek to assist those injured by initial strikes. In Syria, ambulances, remain susceptible to party fire despite protection guaranteed under IHL.

The Syrian conflict creates a challenging environment in which doctors and medical personnel institute creative methods in dealing with injuries. Doctors face obstacles attempting to deliver proper care as they face a shortage of basic equipment and limited access to clean water and electricity. In eastern Aleppo, there remains no functioning CAT scans or MRI machinery, making it extremely difficult to perform surgery or act in a timely manner in cases of traumatic brain injuries.⁸⁹ Due to the lack of specialized physicians, technicians rather than a nephrologist run the three functioning dialysis clinics in eastern Aleppo.⁹⁰

Pro-government and rebel forces have besieged numerous areas in Syria making humanitarian access near impossible. Nearly 400,000 people live in the besieged cities of Deir Ezor city, Daraya, and East Ghouta among others. In early 2016, the UN received credible reports of people dying

87 Richard Spencer. “Syria’s brave doctors keep working as Russian and regime bombs fall.”

88 “Doctors in the Crosshairs: Four Years of Attacks on Health Care in Syria.” *Physicians for Human Rights*. New York. March 2015. https://s3.amazonaws.com/PHR_Reports/doctors-in-the-crosshairs.pdf

89 Stephen Morrissey. “Interview with Dr. Michele Heisler on attacks on physicians and health care facilities in Syria and the response from the international community.” *The New England Journal of Medicine*. 2015. http://www.nejm.org/action/showMediaPlayer?doi=10.1056/NEJMp1513512&aid=NEJMp1513512_attach_1&viewClass=Audio&viewType=Popup&

90 Stephen Morrissey. “Interview with Dr. Michele Heisler on attacks on physicians and health care facilities in Syria and the response from the international community.”

from starvation or being killed while attempting to leave the city of Madaya.⁹¹ Reports have also described “trapped villagers forced to eat grass and undergo surgery without anesthesia.”⁹² As a result of social media attention, on 7 January 2016, the Syrian government announced it would allow an aid envoy to deliver humanitarian aid to the city of Madaya; the last delivery of medical humanitarian supplies occurred in October 2015.⁹³ In 2015, only ten percent of the UN’s requested aid deliveries to besieged areas of Syria were approved and carried out.⁹⁴

Iraq

Iraq’s shortage of supplies and medical personnel are a result of corruption and insecurity. Medical personnel have provided evidence to show the asymmetric distribution of supplies in Iraq, as some hospitals remain undersupplied and do not have basic medication while others have expensive high-tech equipment. Billions in aid apportioned by the US government for Iraq’s rebuilding efforts, including for Iraq’s crumbling healthcare infrastructure, have gone missing. Due to numerous armed militant groups and fractured control over the country, secure passage for humanitarian aid is not accessible. On 7 December 2015, the Director General of the ICRC announced it would reach out to ISIS in an effort to deliver humanitarian aid to the more than two million people under its control.⁹⁵

Iraq lacked access to medicine and medical equipment prior to the American invasion in 2003. Sanctions placed on Iraq following the first Gulf war deteriorated the country’s health care system, which was once described as the “jewel of the Middle East.”⁹⁶ The American invasion further exacerbated the already frail health care system. Today, Iraqi healthcare faces great insecurity, and shortages of medicine, medical equipment, and specialized staff.

Bahrain

Thankfully, the Bahraini medical impartiality violations do not often involve interference in medical supplies; the vast majority of violations occur either in the militarization of hospitals or interdiction of medical personnel attempting to treat injured protestors. However, DMI has received several reports of the Bahraini government failing to provide appropriate medicine to prisoners. In some cases, families in Bahrain reported to DMI that they had provided the government with medicine to give to incarcerated family members, and that the government had still failed to deliver the necessary supplies. As a result of this treatment, prisoners with ongoing or pre-existing conditions have failed to receive appropriate treatment.

In another instance, DMI learned that government forces confiscated medical equipment when

91 Yacoub El Hillo and Kevin Kennedy. “Joint Statement on hard-to-reach and besieged communities in Syria.” *United Nations Office of the Coordination of Humanitarian Affairs*. 7 January 2016. http://reliefweb.int/sites/reliefweb.int/files/resources/Joint%20Statement%20by%20Yacoub%20El%20Hillo%20and%20Kevin%20Kennedy_english%20FINAL.pdf

92 “Syrian government ‘to let aid into besieged Madaya.’” *BBC News*. 7 January 2016. <http://www.bbc.com/news/world-middle-east-35255012>

93 Ibid.

94 Anne Barnard. “As Rebel-Held Town of Madaya Starves, Syria Agrees to Food Aid, U.N. Says.” *The New York Times*. 7 January 2016. <http://www.nytimes.com/2016/01/08/world/middleeast/madaya-syria-starvation.html>

95 Jamey Keaten. “Official: Red Cross ready to speak with IS to get aid in.” *Yahoo News*. 7 December 2015. <https://www.yahoo.com/news/official-red-cross-ready-speak-aid-181658054.html>

96 Jeffrey Gettleman. “The Struggle for Iraq: Medical Care; Chaos and War Leave Iraq’s Hospitals in Ruins.” *The New York Times*. 14 February 2004. http://www.nytimes.com/2004/02/14/world/the-struggle-for-iraq-medical-care-chaos-and-war-leave-iraq-s-hospitals-in-ruins.html?_r=0

seizing underground clinics. Due to government interference in the right to treat and the duty of nondiscrimination, several medical personnel attempting to establish underground treatment facilities in order to treat injured protesters. An anonymous source stated that, when the government raided these underground clinics, it apparently confiscated the medical equipment being used. It is unclear as to whether or not that equipment ever re-surfaced.

Yemen

On 28 April 2015, Saudi-led coalition forces destroyed the runway of Sana'a airport, preventing the arrival of planned aid flights. Simultaneously, the naval blockade imposed by the Saudi-led coalition, and backed by the US and UK, has prevented Yemenis access to vital humanitarian aid. UN aid agencies have reported that the war has left 21 million out in need of humanitarian assistance, almost 85 percent of the population.⁹⁷ Shortage of supplies and damage caused by airstrikes has led to the closure of nearly one-quarter of medical facilities in Yemen.

On 15 December 2015, WHO stated Yemen's health system had collapsed.⁹⁸ Over 600 health facilities have shut down since the war began, leaving over fifteen million people without access to health services.⁹⁹ Due to shortages of supplies, 153 health centers that supplied nutrition to over half a million at-risk children have shut down.¹⁰⁰ Currently half a million children are at risk for malnutrition as vital humanitarian aid is unable to enter Yemen due to the blockade.

The conflict has additionally blocked surgical and medical supplies from reaching hospitals in certain areas as well. Houthi forces have reportedly closed off cities, halting the passage of medicine or food.¹⁰¹ The conflict has "crippled the health system" as bombs, blockades, and sieges have disrupted the supply of medicine and medical supplies.¹⁰² One in four health facilities in Yemen has closed due to "insecurity, power shortages, and a lack of fuel to power generators."¹⁰³

Conclusion

Safe and secure access to medical services, medicine, and medical equipment is vital in areas facing war, conflict, and civil unrest. The use of blockades and targeting of aid envoys and transportation routes as a tactic of war has deadly consequences on the civilian population.

97 Julian Borger. "Saudi-led naval blockade leaves 20m Yemenis facing humanitarian disaster." *The Guardian*. 5 June 2015. <http://www.theguardian.com/world/2015/jun/05/saudi-led-naval-blockade-worsens-yemen-humanitarian-disaster>

98 "WHO: Urgent support needed to provide health services for 15 million people in Yemen." *World Health Organization*. 15 December 2015. <http://www.emro.who.int/media/news/support-needed-to-provide-health-services-in-yemen.html>

99 Charlotte Alfred. "War is Destroying Yemen's Medical System When The Country Needs it Most." *The World Post*. 11 December 2015. http://www.huffingtonpost.com/entry/yemen-hospitals-doctors-without-borders_5669c99de4b0f290e52260dd

100 Charlotte Alfred. "War is Destroying Yemen's Medical System When The Country Needs it Most."

101 Robert Siegel. "Doctors Without Borders Hospital Bombed in Yemen." *National Public Radio*. 28 October 2015. <http://www.npr.org/2015/10/27/452316282/doctors-without-borders-hospital-bombed-in-yemen>

102 "WHO: Urgent support needed to provide health services for 15 million people in Yemen." *World Health Organization*.

103 "Insecurity drives health workers out of Yemen." *World Health Organization*. 2016. <http://www.who.int/features/2016/yemen-health-insecurity/en/>

VII. Conclusion

The MENA region is undergoing a tumultuous period of conflict, the severity and frequency of which seems to be ever increasing. The cases of international armed conflict in Yemen and Syria, armed conflict in Iraq, and civil unrest in Bahrain and Egypt provide a broad overview of the violation of medical impartiality by state and non-state actors; as the conflicts and unrest in the MENA region continue, medical practitioners find themselves under particular assault. Placed in the unenviable position of impartiality, the ethics of the medical profession require doctors, medics, nurses, technicians, and all manner of other medical professionals to treat all parties to a conflict, regardless of affiliation. For this, they ought to receive deferential treatment themselves. Yet as doctors in the region often hold up to their end of medical impartiality, the parties to the conflict just as often do not, choosing instead to treat medics that would care for the enemy as enemies themselves. A doctor in Bahrain treating a protester may well become the next prisoner; a doctor in Syria treating a rebel may well become the next victim.

Because of these rampant violations of medical impartiality throughout the region, the causes of death in these conflicts are no longer simply bullets and bombs. Blockades, lack of basic medicine, anesthesia, clean water, electricity, armed sieges, and the destruction of transportation routes have all led to countless deaths. What is increasingly visible in region's conflicts today is an increasing politicization of humanitarian aid as a tactic of war and internal strife. The increasing attacks on health care not only affects medical personnel, but also affects the rights of millions of individuals in need of medical attention, and could have lasting repercussions for decades to come.

It was for these reasons that the Geneva Conventions enshrined the concept of medical impartiality within IHL, and it is for these reasons that medical impartiality is now even more indispensable. Yet despite attacks on medical personnel and healthcare facilities being against international law, accountability for violations of medical impartiality has yet to be seen. Saudi Arabia and its coalition continue to bomb hospitals in Yemen; the Syrian government and its allies systematically target doctors in Syria; ISIS, the militias, and the Iraqi government punish doctors for their impartiality; the governments in Bahrain and Egypt continue to politicize the right to health. Across the entire spectrum, from the war-torn to the relatively stable, medics continue to be targeted with impunity.

There is some measure of hope. While medical impartiality violations appear to be endemic to the regional parties to the conflict, many foreign powers outside of the MENA region appear to follow the directives of medical impartiality when intervening in MENA conflicts. As the conflicts continue, these powers would do well to insist that their partners and allies better follow the rules of international humanitarian law in war, and hew closer to the standards of the right to health in unrest. The United States in particular, being involved to some degree or another in the three wars in Yemen, Syria, and Iraq, and also being a close ally of both Bahrain and Egypt, must play some positive and significant role if the healthcare scenario in any of these countries is to be improved. To a lesser extent, the United Kingdom, France, and Russia must also influence their allies, for all three in Syria and for the UK in Bahrain especially, in order to ameliorate the situation.

Parties to conflicts must respect the rules of medical impartiality. At the same time, those rules must be expanded to non-conflict scenarios if we are ever to see universal respect and appreciation for the rights of both medics and their patients. For that reason, while it's important for Western powers to push their allies towards the better respect of medical impartiality in conflict scenarios, the international community as a whole must act in order to codify those concepts into human rights law. By passing a comprehensive treaty on the right to health that includes both the standards

of non-interference and non-discrimination, the international community can end the difficult and often messy determination process between international armed conflict, non-international armed conflict, and civil unrest, and force the protections of medical impartiality into general applicability.

VIII. Recommendations

Recommendations

- 1. To the parties to the conflict in Iraq, Syria, and Yemen, especially including the Syrian government, Saudi-led coalition, and Iraqi government;**
 - a. Review all duties under international humanitarian law with the aim of respecting medical impartiality;
 - b. Refrain from the direct targeting of any medical personnel, especially in retaliation against medics' performance of their nondiscrimination-related duties in treating enemy combatants;
 - c. Withdraw any and all military forces from hospitals or other health-related facilities;
 - d. Ensure that any attacks on civilian targets comport with requirements of international humanitarian law, and refrain from the indiscriminate bombing of civilian sectors as required by the Geneva Conventions;
 - e. In Syria especially, refrain from "double-tap" barrel-bombings that explicitly target first-responders.
- 2. To governments experiencing or having experienced periods of civil unrest, notably including Bahrain and Egypt;**
 - a. Ensure the maximum possible provision of the right to health by refraining from taking retaliatory action against medics for treating injured protesters;
 - b. Voluntarily commit to honoring the medical impartiality-related provisions of the Geneva Conventions and international humanitarian law during times of civil unrest;
 - c. Withdraw military forces or security forces from hospitals or other health-related facilities;
 - d. Refrain from interdicting medical personnel attempting to treat injured protesters;
 - e. Drop any and all charges currently pending against medics for treating injured protesters, and vacate any convictions that may be related to such treatment.
- 3. To foreign powers involved in MENA conflicts, chiefly including the United States, United Kingdom, Russia, and France;**
 - a. Hold to better account ally governments and non-governmental actors regarding humanitarian law violations, including violations of medical impartiality;
 - b. Condition aid and provision of weapons on the fulfillment of humanitarian law-related duties;
 - c. Where applicable and especially in the case of Russia, refrain from the direct targeting of hospitals and other medical facilities that may engage in the provision of medical aid to non-ally forces.
- 4. To the international community, chiefly including the General Assembly of the United Nations;**
 - a. Solidify the status of medical impartiality in international human rights law by codifying the medical impartiality concepts of non-interference and non-discrimination in a new human rights treaty on the right to health;

