Attacks on Hospitals

The issue

On February 25, 2016, an MSF-supported hospital in Marat Numan in Idlib province, west of Aleppo, was among those struck repeatedly in an area where the Syrian-led coalition is known to operate\(^1\), killing 9 medical personnel, 16 patients and caretakers and depriving over 40,000 people of access to care. This was by no means an isolated incident. In 2015, MSF supported facilities cared for over 154,000 war wounded of which 30-40% were women and children. During this time, 63 MSF-supported facilities were hit by 94 aerial and shelling attacks, resulting in the death of 23 medical staff and injuries for 58 others\(^2\).

On January 10th, 2016, the MSF-supported Shiara Hospital in Razeh, northern Yemen, was hit by a projectile, killing six and injuring seven. This was the third medical facility run by MSF to be partially or completely destroyed in the span of three months. On December 2nd, the MSF tented clinic in Hoban, Taiz governorate, was bombed, killing one person and injuring eight others, and on October 26, the MSF Haydan facility, the only remaining operational medical structure in the district was bombed by the Saudi-led coalition. This hospital was the only remaining operational facility in the district, covering a population of nearly 200,000 people.

On October 2, 2015 the Kunduz trauma center was hit by precise and repeated U.S. airstrikes, killing 42 people in the hospital. Patients burned in their hospital beds; fourteen MSF staff were killed; some of them shot from the air as they fled the burning building. It has now been seven months since the destruction of the Kunduz Trauma center by US airstrikes, and still 1 million people in north-eastern Afghanistan have no access to high-quality surgery care.

For how horrific each and every one of the attacks on MSF and MSF-supported hospitals might be, they are only but a pale reflection of the brutality of contemporary conflicts. Attacks on other hospitals and clinics — and schools, markets, houses of worship — are routine. Whether medical facilities are being targeted within a context of counter-terrorist operations, as a way to deprive enemy-

\(^1\)“Mego Terzian, President of MSF France, told Reuters he thought that either Russia or Syrian government forces were responsible” [http://www.theguardian.com/world/2016/feb/15/airstrike-destroys-msf-clinic-northern-syria](http://www.theguardian.com/world/2016/feb/15/airstrike-destroys-msf-clinic-northern-syria)

controlled territories of key infrastructures, or as a strategy to make life unbearable for civilians, consequences are constant: medical providers, patients, and care takers are killed or injured.

Medical structures often become non-operational due to the tragic and irreplaceable loss of qualified medical personnel and the level of destruction experienced, leading to interruption of both key emergency care and routine health services. Even when medical facilities remain fully or partially functional, their targeting contributes to a climate of fear and potentially keeps people away from live saving care\(^3\). The killing of civilians and general deprivation of services are directly linked to the movement of populations which have no other choice but flee towards safer countries, where survival and access to essential services is possible. While the rules of wars are being disrespected in conflicts, refugee law is in the meantime being eroded with borders closed to Syria’s neighboring countries and with refoulement underway with the complicit backing of the EU.

Broad attacks on communities and precise attacks on health facilities are described as mistakes, are denied outright, met with justifications or simply silence. When national security interests of states open the doors to wars without limits, it is civilians who pay the highest price. How can medical practitioners continue to treat wounded from all sides if State authorities are allowed by domestic law to arrest or attack wounded and sick enemies in hospitals and to accuse doctors of complicity or support to criminals?

Medical teams have a responsibility to treat everyone on the basis of needs, no matter who they are, or for which side they may be fighting. Doctors are not present in conflict areas to dispense treatment based on their judgment of the justness of a cause or the morality of the combatants. They are present to care for the sick and wounded, those who are not or are no longer participating in the fight, irrespective of their affiliations - including those labeled as “criminals” or “terrorists”.

While the recent UN Security Council Resolution on the protection of medical action in conflict sends a positive signal, it remains to be seen whether States will turn their words into action, especially considering that four out of five members of the UN Security Council have been implicated, at various levels, in military coalitions that have carried out attacks on MSF run or supported hospitals in the past 6 months alone.

**MSF key messages**

In the face of this reality, we need to find ways to **contribute to ensure that attacks on medical facilities are prevented** and if they occur, result in the **highest possible political price for the identified perpetrators.** **Seeking** genuine recommitments to upholding the norms that govern the conduct of war is one way. This needs to go beyond empty rhetoric if we want to be able maintain a space for humanity at the heart of hostilities.

Specifically, we ask that:

- State and non-state actors publicly and unambiguously recommit and restate their respect for the protection of impartial health care delivery in conflict, and support the obligations of health care workers to treat all sick and wounded without discrimination or interference, including wounded combatants and those designated as criminals or terrorists. We specifically

\(^3\) Cf. people in Yemen expressing fear of going to MSF hospitals, since those were being bombed.
ask that no domestic law limits rights of civilian or humanitarian health care facilities and personnel to treat all wounded and sick without discrimination or sanction.

- Law enforcement operations or other security operations conducted within hospitals in time of armed conflict erode the neutrality of those facilities, increase the risk of violence against the patient and staff, and increase the fear to seek care among people who are considered as enemies or criminals by the state. MSF asks that no weapons be allowed in hospitals and that no search, arrest or capture operations targeting patients be carry out against medical advice and without appropriate judicial guarantees.

- When an incident/attack occurs, an impartial and independent fact-finding mechanism should establish the facts (whether the IHFFC or another appropriate independent mechanism). States should commit to upholding these standards of independence when it comes to fact-finding efforts.

- A regular and formal reporting of attacks against health care should be put in place at the highest levels, so that the issue be repeatedly given the visibility it deserves and responsibilities be assigned. Attacks against the medical mission cannot be business as usual, and there should be a political cost to those who fail to protect or conduct attacks against the medical mission.

MSF wants to be able to continue providing assistance to those that need it most, i.e. the sick and the wounded at the heart of conflicts. We will speak out loudly and with force about what we witness in the field. Medicine must not be a deadly occupation. Patients must not be attacked or slaughtered. Medical care cannot constitute an unacceptable form of support for the sick and wounded, even when they are your enemies.