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Assault on medical care in Syria

I. Introduction

1. The deliberate targeting of hospitals, medical personnel and transports, the denial of access to medical care, and ill-treatment of the sick and wounded, has been one of the most alarming features of the Syrian conflict. According to multiple accounts collected by the Commission of Inquiry, Government forces and affiliated militias interfere with and instrumentalise medical care to further strategic and military aims. Evidence collected by the Commission leads to an overwhelming conclusion: Government forces deny medical care to those from opposition-controlled and affiliated areas as a matter of policy. The policy is implemented through attacks on medical units, by endangering hospitals, targeting medical personnel, and interfering with patients receiving treatment. Victims relay harrowing accounts of the wounded and sick languishing at checkpoints unable to reach medical treatment, coming under renewed attack in hospital and doctors providing impartial aid being arrested and targeted. There is also evidence that some anti-Government armed groups have attacked hospitals in certain areas.

2. Article 3, common to the four Geneva Conventions of 1949, binding all parties to the non-international armed conflict in Syria, requires the wounded and sick be collected and cared for. Customary international humanitarian law also affords special protection to hospitals, medical units and healthcare personnel. Under Syria's constitution, adopted in 2012, the Government must "protect citizen's health and provide means of prevention, treatment and medication." International Human Rights Law prohibits the arbitrary deprivation of life. The right to health, enshrined in the International Covenant on Economic, Social and Cultural Rights, to which Syria is party, contains a non-derogable core obligation to ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups, as set out in General Comment No. 14. Intentionally directing attacks against hospitals and places containing the sick and the wounded and against medical units using the Red Cross or Red Crescent emblem is a war crime in non-international armed conflict.

3. The Commission is presenting this thematic conference room paper to the 24th session of the Human Rights Council to highlight an enduring and underreported trend in the ongoing conflict. The findings that follow are emblematic examples documented by the Commission working within its methodological limitations and within the constraints on access imposed by the Government. The incidents described are indicative of wider patterns. The denial of medical care as a weapon of war is a distinct and chilling reality of the war in Syria. By rejecting the irrefutable and universally accepted principle that those wounded in hostilities must be treated, the parties to the conflict in Syria are setting a dangerous precedent.

II. Attacks on hospitals and medical units

4. Since the beginning of Syria's unrest, Government forces have strategically assaulted hospitals and medical units to deprive persons perceived to be affiliated with the opposition of medical care. In an early example, Special Forces raided and closed down a hospital in Mouadamieh, Damascus because it treated injured protesters. They arrested patients, doctors and nurses.

5. As the violence escalated in early 2012, Government forces bombed and shelled opposition-operated field hospitals providing treatment to the wounded. The pattern of attacks indicates that Government forces deliberately targeted hospitals and medical units to gain military advantage by depriving anti-Government armed groups and their perceived supporters of medical assistance. These attacks continue to date.

6. In Homs, hospitals and medical units came under violent attack throughout 2012. In February and March, Government forces shelled field hospitals in Bab Amr from nearby villages. Three field hospitals providing emergency first aid were hit multiple times, causing considerable damage. The operating room of one field hospital was entirely destroyed. According to one victim, "The only warning was the noise made by the shell as it was fired." Following aerial surveillance by Government helicopters, a field hospital in Al Qusayr received repeated artillery fire throughout May and June. Medical staff explained that the hospital did not use distinctive emblems, so as not to attract fire from Government forces.

7. Government forces repeatedly targeted hospitals in Tal Rifat during military operations in northern Aleppo governorate between April and August 2012. On 5 April, a private hospital was aerially bombarded, reportedly from Mennagh airport. Also in April, Tal Rifat public hospital was destroyed by airstrikes and forced to close. Field hospitals attempted to continue providing care but were attacked by fighter jets from May to early August. There was a strong belief among survivors that the hospitals were targeted because they provided treatment to opposition fighters and civilians affiliated with the opposition.

8. As anti-Government groups took control of eastern and southern Aleppo city on 19 July 2012, Al Zarzou Hospital in Ansari neighbourhood came under mortar fire by Government forces, damaging the fifth floor and forcing an evacuation of patients. The hospital became administered by the opposition-affiliated Aleppo City Medical Council and was subsequently attacked by Government mortars in December 2012 and aerially bombarded in February and March 2013, causing considerable damage.

9. Aleppo's Dar Al Shifa public hospital also suffered repeated attacks between August and November 2012. On 12 August, helicopters fired artillery shells at the hospital, and in early October rockets hit the hospital. On 12 November, the hospital was targeted by a missile strike. These attacks injured and killed civilians receiving treatment in the hospital and medical personnel, significantly damaged the hospital's infrastructure and substantially reduced its ability to treat patients. On 11 August 2012, the state hospital in Tafas, Dara'a was attacked after helicopters surveyed the area. Patients receiving treatment at the time were evacuated, while others were killed in the attack. On 20 June 2013, a fighter jet dropped a bomb on the National Hospital of Al Raqqa, causing the total destruction of the intensive care unit and injuring three medical staff members.

10. In June 2012, Government forces began a concerted targeting campaign on field hospitals in Al Haffe, Latakia. One field hospital, located in a private home in Jingil village, was shelled on 5 June, and another field hospital, operating from a mosque in Al Zankoufa village, was hit on 13 June. The field hospitals were providing first aid to the sick and wounded and were staffed by volunteers and several doctors and nurses. Throughout December 2012 and January 2013, Government forces attacked field hospitals in Yarmouk Camp, Damascus. Fayiz Halwa and Al Basil hospitals were repeatedly hit with mortar fire, causing extensive damage to their infrastructure and ability to provide medical aid.

11. Al Huda private hospital in Sbaneh, Damascus was shelled on 25 July 2012. As well as a floor dedicated to wounded fighters, the hospital contained a maternity ward and an emergency trauma care unit. Survivors and eyewitnesses believed the hospital was deliberately shelled from a Government military base in Mount Qassioun. The Al Majana private hospital in Ariha, Idlib, was hit by rocket fire on 28 August 2012. The attack damaged the emergency wing. The following day on 29 August, Government and pro-Government forces raided the hospital, destroying equipment, harassing the medical staff and accusing them of providing medical treatment to anti-Government armed group fighters. One doctor present during the attack explained, "If doctors treated opposition fighters, they were considered to be part of the opposition." Al Saeed private hospital in Al Arfi, Dayr az Zawr treating wounded civilians and fighters alike was repeatedly targeted

between 19 July and 26 November by Government forces positioned on the bank of the Euphrates River. It was shelled on five occasions, injuring numerous patients and medical personnel. The hospital closed due to damage suffered.

12. In 2013, hospitals in Dara'a came under concerted attack. Since February, after Government forces withdrew from Jasem, field hospitals inside the town have been repeatedly shelled and aerially bombarded. Doctors and medical volunteers operating the field hospitals have been forced to relocate every few days to avoid being targeted. Since February, field hospitals in Tariq Asad in Dara'a Al Balad have been shelled almost continuously, killing doctors and patients. As such attacks continue, field hospitals have literally been driven underground, forced to operate in the basements of houses.

13. Anti-Government armed groups have also attacked medical facilities. On 14 April 2012, 250 Al Farouk Brigade fighters attacked the National Hospital in Jurat Al Shayyah, as part of a military offensive on Homs city. After several days' resistance from Government forces, the Al Farouk Brigade took control of the hospital. The Brigade took no precautions to avoid civilian casualties or to protect the sick and wounded during the attack. Government forces responded with aerial bombardment, which largely destroyed the hospital on 17 April.

14. In a recent incident, in late May 2013, anti-Government armed groups attacked the National Hospital in Dara'a, causing considerable damage. A member of the FSA brigade that carried out the attack on the hospital said that his group believed that there were approximately 50 patients in the hospital, and that all were affiliated with the Government. When orders were given to attack the hospital, none of the fighters involved protested that it was a protected object and no warnings were given prior to the attack.

III. Endangering hospitals

15. Placing military objectives in hospitals constitutes a failure to take all feasible precautions to protect civilians from the effects of attack. Such acts also contravene the fundamental obligation to respect and protect medical units. Using hospitals, outside their humanitarian function for acts harmful to the enemy, such as sheltering able-bodied combatants, storing arms or ammunition, as military observation posts or shields for military action, leads to a loss of their protection, exposing such hospitals to a risk of attack. This may prevent the impartial provision of medical treatment, endanger patients and medical professionals, and compromise the humanitarian function of medical facilities. Ultimately, this has a grave impact on the fulfillment of the obligation under common article 3 to care for the sick and wounded. Further, failing to respect the emblem of the Geneva Conventions undermines its protective purpose.

16. On 22 March 2011, Government forces entered the National Hospital in Dara'a city, cleared the hospital of non-essential medical staff and positioned snipers on the roof of the hospital overlooking the Omari mosque. The following day, the snipers fired on protesters. Snipers remained stationed on the National Hospital until May 2013, firing on sick and wounded persons attempting to approach the hospital entrance. Security forces also continued to occupy the hospital until that date, ensuring only Government soldiers or civilians from Government-controlled areas of Dara'a received care. In late May 2013, anti-Government armed groups attacked the National Hospital in Dara'a.

17. As Government forces withdrew from Jasem in February 2012, Military Security retained control of Amal Hospital until 28 April 2013. At least three tanks were stationed in its courtyard, yet the hospital remained operational.

18. In Homs, Government forces conducted hostilities from several hospitals. In April 2012, Government forces established two military checkpoints at the perimeter of Al Rastan hospital. Following attacks by opposition fighters, Government forces occupied the hospital, positioning military personnel, snipers and tanks within the hospital grounds. By October 2012, the sick and wounded could not approach the hospital for fear of being fired upon, stating, “the hospital has become a military base.” Since at least December 2011, Government armed forces have been positioned inside the National Hospital in Al Qusayr, Homs Governorate. In 2012, wounded and sick persons seeking medical care were hit by sniper fire from the hospital. Passersby and nearby residents were also targeted. As the Government began its Al Qusayr operation in May 2013, it positioned tanks and heavy artillery within the hospital. Snipers, tanks, armoured personnel carriers and heavy artillery were also placed around and inside Abdul Qadir Al Shaqfa Military Hospital in Al Waer, Homs. According to former hospital staff, the hospital was used to launch attacks on Al Waer and Jurat Al Shayyah neighbourhoods in May 2013.

19. Accounts from June 2012 describe the occupation of the National Hospital in Al Haffe, Latakia by soldiers and military personnel. Snipers positioned on the hospital roof targeted all those approaching the hospital, preventing access to medical treatment.

20. In September 2012, a Free Syrian Army (FSA) brigade in Mo Hassan, Dayr az Zawr, established a compound in an elementary school, exposing the field hospital located in the adjacent high school to attack. On 9 September and 29 September, the schools were targeted by airstrikes from fighter jets, causing significant damage to the field hospital. During the FSA offensive on Helfaya, Hama, around 18-20 December 2012, another FSA brigade attacked checkpoints surrounding the National Hospital, gaining control of the hospital. The National Hospital had been used as a base by Government forces.

IV. Targeting of medical personnel and transport

21. One of the most insidious trends of the armed violence in Syria has been the targeting of healthcare personnel. Ambulance drivers, nurses, doctors and medical volunteers have been attacked, arrested, unlawfully detained, and disappeared. Anti-terrorism laws issued on 2 July 2012 effectively criminalised medical aid to the opposition. Laws 19, 20 and 21 contravene the customary international humanitarian law rule that under no circumstances shall any person be punished for carrying out medical activities compatible with medical ethics, regardless of the person benefiting therefrom.

22. From April to June 2011, Government forces carried out a wave of arrests against medical professionals in Damascus. In April, five doctors working at Al Fateh Hospital and Al Mowasah University Hospital were arrested and detained after they refused to comply with Military Intelligence orders to deny treatment to injured protesters. Three doctors were tortured in Air Force Intelligence custody. Security forces arrested and mistreated a pharmacist in Mouadamieh, accused of providing treatment to protesters. In June 2011, two doctors working at the Tishrin Military Hospital were summoned to Military Security Branch 291 in Kafr Sousa, where they were detained, interrogated about their activities in support of demonstrators and ill treated. Upon release, the Military Services Administration discharged them from duty.

23. Intelligence and law enforcement agencies have forcibly disappeared medical personnel providing treatment to perceived opposition supporters. From June 2011 until early 2012, Government security services repeatedly raided Bab Sbaa National Hospital in Homs, arresting doctors and nurses. One nurse explained that “at one point there were no more doctors left in the hospital.” During 2012, Government forces conducted a wave of arrests and extra-judicial executions of medical personnel working at Aleppo’s opposition

affiliated Al Zarzou Hospital. In June 2012, Air Force Intelligence arrested three medical professionals at the hospital. Their burned bodies were found three days later. In July 2012, Dr. Nur Maktabi, a senior doctor at Al Zarzou Hospital went missing. In December 2012, he was found dead. A surgical assistant at Al Zarzou Hospital disappeared in October 2012. In mid-December 2012, the hospital's anaesthetist disappeared at a Government-controlled checkpoint on his way home from Aleppo.

24. In early 2012, a doctor was arrested by soldiers of the 6th Division while treating patients at a state hospital in Idlib. In February 2012, Government forces arrested a doctor who treated FSA soldiers at Meydani Hospital in Latakia. On 28 June 2012, police in Damascus arrested, detained and subjected a nurse to psychological torture while interrogating her about patients she had treated.

25. Persons who received treatment in field hospitals often faced arrest and interrogation as to the names and locations of the hospitals and doctors who provided them with medical care. This has led to the arrest of doctors, as recorded in Dara'a in April and July 2011. In 2012 and 2013, doctors operating in field hospitals in Homs were allegedly declared wanted persons by Government security forces for providing support to the opposition. After a Government forces ground operation on Al Haffe, Latakia in June 2012, pro-Government militia fighters killed a doctor working at the field hospital operating in a mosque in Al Zankoufa village.

26. Persons delivering medical supplies have also been targeted. In March 2012, Government security forces reportedly listed a pharmacist who established first aid clinics in Idlib as a wanted terrorist and member of the armed opposition. In August 2012, officers at a Government checkpoint in Athman, Homs, stopped and searched an ambulance delivering medical supplies. The driver of the ambulance was taken to an intelligence service detention facility. Two weeks later, the National Hospital in Dara'a released his body, bearing extensive injuries consistent with severe torture.

27. Since the beginning of the conflict, at least 20 Syrian Arab Red Crescent volunteers have been killed, in some cases by sniper fire, while aiding the wounded or delivering relief supplies. Dozens others have been arrested and detained by the Government. On 7 September 2011, a Red Crescent ambulance evacuating wounded civilians was attacked next to a Government checkpoint in Al Hamediyah, Homs, killing one paramedic and injuring three others. In May 2012, the Syrian Arab Red Crescent unit in Azaz, Aleppo discontinued frontline work having suffered consistent sniper fire while attempting to evacuate the wounded. Also in May, the Red Crescent office in Azaz was shelled. In July 2012, a Red Crescent volunteer was killed by a sniper near Abdel Aziz mosque in Dara'a city's Al Mahatta neighbourhood, while carrying out humanitarian duties. On 24 August 2012, a Government sniper shot and injured a Red Crescent nurse near Al Omari mosque in Dara'a. The sniper was located 200 metres away and would have seen his uniform and distinctive emblem. In early September 2012, a sniper in Al Midan neighbourhood in Aleppo city shot a medical emergency worker in full medical uniform and holding a medical bag bearing the Red Crescent logo. In March 2013, Government forces seized a Red Crescent ambulance in Jobar, Damascus. The ambulance personnel, all in uniform bearing the Red Crescent emblem, were arrested and detained by security services for 10 days.

28. Recently, a Syrian surgeon working in an Aleppo hospital operated by Médecins Sans Frontières, was killed. His body was found on 3 September 2013. He had been treating victims of the conflict.

29. The clearly established pattern indicates that Government forces deliberately target medical personnel to gain military advantage by depriving the opposition and those perceived to support them of medical assistance for injuries sustained. While Government

harassment and targeting of medical personnel continues, it appears to have diminished in 2013 because a considerable number of doctors have left the country or accepted the restrictions that security forces imposed on hospitals.

30. Other doctors have left Government-controlled areas and attempted to ensure continuity of medical care in opposition-controlled areas. However, there are increasing indications that certain anti-Government armed groups also fail to respect medical personnel. In late April 2013, the head doctor of a field hospital in northern Aleppo city was detained by members of Jabhat Al Nusra after he refused to display their banner in the hospital, insisting that the hospital was a neutral space. The doctor was held by the Sharia Committee for several days.

31. The Commission documented one case in which an armed opposition group targeted an ambulance. This occurred on 16 August 2013, when Hamad Abd al Jalil Battalion fighters attacked a Kurdish Red Crescent ambulance in Al Hasakah, killing the patient, the ambulance driver and paramedic. Before firing upon the clearly marked ambulance, the fighters had targeted it with an IED on the Ras Al Ain - Desbasiyeh road.

V. Interference with care and ill-treatment

32. Security forces have arrested and detained wounded persons in medical facilities, claiming bullet or shrapnel wounds as evidence of participation in opposition activities. The overbroad formulation of Law 19, article 10 allows its application in a manner that requires doctors to inform on patients in all cases, which is inconsistent with international humanitarian law's insistence that "persons engaged in medical activities shall not be compelled to perform acts or to carry out work contrary to medical ethics or to other medical rules designed for the benefit of the wounded and sick". In several instances, medical personnel refused to treat persons for fear of arrest. In Aleppo, Damascus, Dara'a, Dayr az Zawr, Hama, Homs, Idlib and Latakia governorates, wounded and sick persons were denied treatment on sectarian or political grounds by Government forces. Healthcare has become militarized to the extent that many in need elect not to seek medical assistance in hospitals for fear of arrest, detention, torture or death. Through such measures, the Government has deliberately obstructed the efforts of the sick and wounded to receive help.

33. In exploiting medical care to further strategic and military aims, Government forces have engaged in agonizing cruelty against the sick and wounded. The Commission has recorded consistent accounts spanning the conflict of the ill-treatment and torture of persons in military hospitals. There are strong indications of collusion between military hospitals and various security agencies in the use of torture.

34. Between April and August 2011, security officers, at times with the involvement of medical personnel, beat persons in the emergency trauma ward of the Military Hospital of Tishrin, Damascus. Most victims of this ill-treatment were protesters that had been injured by Government forces.

35. The Military Hospital of Aleppo contains a detention ward operated by the Aleppo Military Security branch. According to former doctors and medical personnel who worked in the hospital between November 2011 and December 2012, patients in this ward are heavily guarded by security officers, chained to their beds and blindfolded. Security personnel act as intermediaries between patient and doctor, often obstructing medical care as a torture and interrogation tactic.

36. Former patients, doctors and medical personnel have consistently described the alarming treatment of persons in Military Hospital No. 601 in Al Mezzeh, Damascus. Accounts indicate that some medical professionals have been co-opted into the

maltreatment. Since 2011, Military Security, Military Intelligence, Air Force Intelligence, the Security Department of the Syrian Army's 4th Division and the Republican Guard have brought detainees to separate security wards inside the hospital. Detainees, including children, have been beaten, burned with cigarettes, and subjected to torture that exploits pre-existing injuries. Many patients have been tortured to death in this facility.

37. Consistent accounts from Abdul Qadir Al Shaqfa Military Hospital in Al Waer, Homs, indicate that security officers tortured persons brought for medical treatment from April 2011 to September 2012. Doctors were ordered to keep victims alive so that they could be interrogated further. Eyewitnesses describe how patients were chained to their beds and blindfolded, provided minimal food and water and subjected to harsh treatment.

VI. Conclusion

38. Violence against healthcare has significant compound effects, causing dramatic increases in mortality among the sick and wounded. The breakdown of medical services in wartime disproportionately affects vulnerable segments of the population, such as children under the age of five, nursing mothers, the disabled and elderly. In Syria, their suffering is exacerbated by the conduct of the parties to the conflict. As documented in the Commission's previous reports, both Government forces and anti-Government armed groups have employed siege warfare, preventing the passage of humanitarian aid and basic necessities, including medicine and medical supplies. Such tactics have long-term repercussions on the ability of entire communities to treat war-related and chronic healthcare problems.

39. Syria's healthcare system has fragmented along conflict lines. According to UNRWA, 32 of the country's 88 public hospitals have closed. Twenty-six of those closed are in Aleppo, Damascus, Homs and Dayr az Zawr, the four governorates most affected by the conflict. The Government reported in March 2013 that 10-15% of doctors have left the country. In contested areas, the healthcare system has largely fallen apart and is being replaced by an improvised, inadequate system, constantly at risk of attack by Government forces. Hospitals that remain operational under Government control often lack impartiality.

40. Government forces have abused the vulnerable, the wounded and the sick, exploiting their need for medical aid to further military aims. By attacking medical facilities, using hospitals as bases for military action, targeting medical personnel and interfering with patients receiving treatment, Government forces have perpetrated a concerted policy of denying medical aid to those affiliated with or part of the armed opposition. The first efforts to humanise warfare focused on the protection of the sick and wounded and those providing them with care. The incidents and patterns recorded reveal that the actions of the Syrian Government from 2011 to date have been a cynical betrayal of this fundamental principle.

41. The documented incidents of anti-Government armed group attacks against hospitals are of grave concern, as they demonstrate a disregard for the specially protected status of healthcare facilities and a failure to take precautions to avoid civilian casualties and protect the sick and wounded.

42. The Commission of Inquiry on the Syrian Arab Republic reaffirms its recommendations (A/HRC/24/46) regarding the need to ensure the protection of civilians and compliance with international humanitarian law. The parties to the conflict must respect the special protection afforded to medical facilities and personnel. The Commission entreats the Government to fulfill its obligations under international human rights law to ensure the right to health, a right that is closely and inextricably linked to the rights to life, human dignity, non-discrimination, equality and the prohibition against torture and ill-treatment.