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Written statement* submitted by the Iraqi Development Organization, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

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* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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Medical Impartiality Violations in Syria, Yemen and Egypt

IDO, together with the European Centre for Democracy and Human Rights (ECDHR) would like to use the occasion of the 33rd Session of the Human Rights Council to express our serious concerns about the medical impartiality violations in Syria, Yemen, and Egypt.

Healthcare in Syria

Since 2011, the government of Syria and the armed opposition groups have been arbitrarily targeting medical infrastructure across the country. Between March 2011 and May 2016, 373 attacks hit 265 separate facilities. Indiscriminate barrel bombs, which were banned under UN Resolution 2139, were used on at least 72 occasions to attack hospitals. These attacks resulted in the killing of 750 medical personnel.

While healthcare is an issue throughout the country, the situation is even worse in the besieged and hard-to-reach areas of Syria. According to the UN humanitarian affairs agency, roughly 4.5 million people are living in hard-to-reach areas in Syria, including 600,000 people living in besieged areas where bombing and inadequate access to aid, nutrition, water and medical care are very common. In general, there are no public hospitals in the areas besieged by the Syrian government. Medical care is provided by existing private or public hospitals now run by local medical councils and without any public support, or by field hospitals established in safe places such as basements. These medical facilities are underequipped, undersupplied and understaffed. Many hospitals have been forced to relocate several times while trying to save themselves from targeted attacks. Additionally, the siege on east Aleppo has left an estimated 250,000 people trapped and struggling to survive, with the only road into non-government held areas cut off. Now the population, and crucially the war-wounded and seriously ill, have no way out, and essential food and medical supplies can't get in. This siege has added more to the already high numbers of people living in besieged areas in Syria. Moreover, the Islamic State (IS) has been widely using suicide bombing to attack medical facilities across the country. One of its attacks hit a hospital in Latakia, and killed and injured over 70 staff and patients. The ongoing 2016 attacks by the IS and other opposition armed groups on Aleppo's hospitals and healthcare facilities have so far killed and injured hundreds of civilians and medical personnel.

Further, belligerents in Syria have adopted a military strategy known as "double-tapping" to specifically target rescue services, including first and medical responders. When rescue workers or medical facilities respond to an initial attack, another attack hits them as they arrive on the scene or as the wounded arrive at the medical facility.

Disrupting healthcare in Syria violates the medical impartiality component of non-interference. The principle of non-interference requires that every person be afforded the right to the highest attainable standard of living adequate for his health and well-being, including medical care. It prohibits any obstruction to medical services, such as bombing a hospital or attacking medical personnel. The concept of medical impartiality is derived from the International Humanitarian Law and applies in International Armed Conflicts and Non-International Armed Conflict, in times of civil unrest as well in times of peace. Further, the deliberate attacks on Syria's medical professionals and infrastructure constitute a clear breach of the laws of war, yet the international response has been so far minimal.

Healthcare in Yemen

ECDHR is concerned about the medical impartiality violations in Yemen, and the attacks on medical facilities and personnel. The war in Yemen began on 25 March 2015, when a Saudi Arabia-led coalition launched air strikes against the country. The conflict between the Saudi-led coalition and Yemen had a serious impact on the lives of civilians in the country.

The Saudi-led coalition has indiscriminately bombed civilian areas in Yemen, including schools, market places and hospitals. As a result, the health care system has greatly suffered. Not only are there fewer functional medical facilities, but there are also a greater number of war-wounded patients to treat. This is compounded by a lack of medicine and

other medical supplies because of the naval blockade. The Yemeni health care system already struggled with severe poverty and lack of access to basic health care before the start of the air campaign. Lack of supplies, medicines, electricity, fuel for generators, and staff or equipment have all contributed to a steep decline in the quality of health services across the country.

The attacks have left fewer health care facilities functioning, with each facility having to cater to a greater number of patients. In many cases, it seems that attacks on health care facilities and transportation vehicles have been deliberate. In addition, Saudi Arabia has carried out double-tap attacks which are used to specifically target civilians and first responders. The continued deliberate targeting of medical facilities has led to civilians and staff being too scared to enter said facilities.

In June 2016, the UN has verified 101 attacks against schools and hospitals in Yemen, attributing nearly half of the attacks to the Saudi-led coalition. Further, nongovernmental organizations have documented over 50 indiscriminate or disproportionate coalition airstrikes against civilian objects, including medical facilities. In August 2016, the UN has called for the creation of an independent international body to investigate a series of human rights violations in the Yemeni conflict.

The multiple violations regarding health care in Yemen breach the non-interference principle of medical impartiality and international humanitarian law, and may constitute war crimes.

Healthcare in Egypt

ECDHR is also concerned about the medical impartiality violations occurring in Egypt, where doctors are being arbitrarily assaulted and detained.

On 14 January 2016, a wave of police harassment targeting Egyptian medical workers swept through Egypt when Taher Mokhtar, a member of the Freedoms Committee at the Doctors Syndicate and his two roommates were arrested. The detainees were accused of possessing anti-governmental and health system reform pamphlets. The arrest occurred amidst the security raids that were conducted ahead of the commemoration of the 25 January Revolution.

While Taher Mokhtar and his roommates were detained for unclear reasons, the treatment of doctors in Egypt became more intense and aggressive. On 28 January 2016, police officers physically assaulted two doctors in the Matariya hospital in Cairo. The assault came after one of the physicians described a policeman's wound as superficial. The policeman reportedly began shouting, before he and his colleague started beating him, along with another doctor that attempted to restore order to the waiting room. Later on, other policemen from nearby stations arrived at the hospital and violently dragged the doctors into a vehicle that took them to a police station.

Today, the lack of security in healthcare facilities remains the syndicate's prime concern, made even more pressing in light of continuous assaults on medical workers. Police brutality was the issue that first initiated the Doctors' Syndicate escalatory decisions, and it remains largely unresolved. The legal procedures that the authorities took vis-à-vis the Matariya assailants were shallow and played no role in the deterrence of future attacks on medical workers and facilities.

The arbitrary assault and detention of Egyptian doctors violate the non-interference principle of medical impartiality as it obstructs the delivery of medical services to the sick and injured.
