

# Briefing Paper: Attacks on Hospitals

## Hospitals as targets

At 02:00 am on October 3<sup>rd</sup>, 2015, precise repeated strikes from a U.S. airplane destroyed the Médecins Sans Frontières (MSF) Kunduz Trauma Center in North Eastern Afghanistan. The strikes killed 42 people, including 14 staff. Patients burned in their beds. Some were shot from the air as they fled the burning building<sup>i</sup>. Since it had opened in 2011, 15,000 free surgeries had been conducted in the 100-bed center, servicing the need of over one million people. GPS coordinates had been shared with all parties. A strict no-weapon policy was in place and weapons were checked at the door. Doctors treated all, on the basis of their medical needs.

That same month of October 2015, 17 MSF-supported medical structures were bombed in Syria, some in areas where only the Russia-backed Syria-led coalition is active, others in areas where the US-led coalition is engaged as well. These represented a portion of the staggering 94 attacks MSF recorded on the hospitals it supported in the country in 2015<sup>ii</sup>, resulting in the death of 23 medical staff and injuries for 58 others. Meanwhile, in Yemen, MSF activities came under attack four times in the months which followed the destruction of Kunduz hospital<sup>iii</sup>. On January 10th, 2016, the MSF-supported Shiara Hospital in Razeh was hit by a projectile, killing six and injuring seven. The deadly litany has since continued: as of September 2016, MSF had recorded that at least 21 of the medical structures it supports in Yemen and Syria had been bombed or shelled since the beginning of the year.

## Depriving people of care when they need it most

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. In Syria, the bombing of health structures appears to be a component of the war strategy pursued from the onset of the conflict. Some have dubbed this reality a “war on civilians”<sup>iv</sup>. And as the director of Al Quds Hospital, bombed on April 28th, 2016 pointedly illustrated: *“I understand the importance to call for respect for hospitals [...] but soon there will be no patients to go for treatment there”*. In Yemen, where rules of engagement and protocols surrounding the conduct of hostilities erode the protection of health services, medical services, along with schools, markets, weddings or places of worships, have all become fair game.

Whether medical facilities are being targeted as a way to deprive enemy-controlled territories of key infrastructures, as a strategy to make life unbearable for civilians or within a context of counter-terrorist operations, consequences remain constant: patients and care takers are killed or injured. Each new attack further depletes the ranks of local medical providers. Destruction leads to interruption of emergency care, at a time when people need it most. It also leads to the disruption of routine services: where will the child with pneumonia go? And with attacks come heightened fear: people would rather delay admission or seek early discharge, and forego the reopening of a hospital<sup>v</sup> than risk further bombing. Beyond the direct and indirect health outcomes, yet to be properly evaluated, bombing hospitals is inherently about destroying the last spaces of humanity in war. People find themselves in impossible situations where they are forced to leave - the disregard for their lives in conflicts only matched by the disregard for their lives as they flee.

## Beyond rhetoric

The resolution on the protection of civilians and medical services in conflict, unanimously adopted by the UN Security Council on May 3, 2016 has to date made no difference on the ground. States are yet to translate their words into action, including the four out of five members of the UN Security Council, which have been, to varying degrees, associated with coalitions that have carried out attacks on MSF-run or MSF-supported hospitals.

In Yemen, aerial bombings have continued, forcing MSF to suspend its activities in the Northern part of the country in August 2016. Despite statements by officials that they honor international humanitarian law, ongoing attacks shows a failure to control the use of force and to avoid attacks on hospitals full of patients, and a failure of coalition supporters to ensure an

immediate application of measures geared to substantially increase the protection of civilians.

How can medical practitioners provide care when hospitals are considered as legitimate targets? How can they 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? When national security interests of states open the doors to wars without limits, it is the population that pays the highest price.

Our 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. Our 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”.

### Medicine must not be a deadly occupation

We must find ways to prevent attacks on medical facilities and if they occur, to mobilize so that they result in the highest possible political price for the perpetrators. This needs to go beyond rhetoric by those directly responsible and their enablers if we want to maintain a space for humanity at the heart of hostilities. Attacks against the medical mission cannot be business as usual.

Specifically, MSF:

- Calls for the protection and respect of the medical mission, and for **all attacks on medical facilities, staff and emergency response teams to cease**. It calls for the immediate operationalization of UNSC Resolution 2286, unanimously adopted on May 3, 2016.
- Calls onto states to put in place unambiguous absolute red lines when it comes to the conduct of hostility. **Bombing of hospitals and aid actors should be an absolute red line**, and member states should make sure this is reflected in their military codes, Rules of Engagements and Standard Operating Procedures.
- Calls for **prompt, independent, impartial investigation and oversight mechanisms**. Some solutions have been put at national levels (e.g. domestic investigation), but they are nowhere near providing the required level of accountability and transparency.

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.

### Médecins Sans Frontières September 2016

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<sup>1</sup> [http://kunduz.msf.org/pdf/20151030\\_kunduz\\_review\\_EN.pdf](http://kunduz.msf.org/pdf/20151030_kunduz_review_EN.pdf)

<sup>2</sup> [http://www.msf.org/sites/msf.org/files/syria\\_2015\\_war-dead\\_and\\_war-wounded\\_report\\_en.pdf](http://www.msf.org/sites/msf.org/files/syria_2015_war-dead_and_war-wounded_report_en.pdf)

<sup>3</sup> <http://www.msf.org/en/article/yemen-health-facilities-under-attack-msf-wants-answers>

<sup>4</sup> The war on Syrian civilians, The Lancet, Volume 383, Issue 9915, 383