



DO NO HARM: A Call for Bahrain to End Systematic Attacks on Doctors and Patients

EXECUTIVE SUMMARY
April 2011

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Physicians for Human Rights (PHR) is an independent, non-profit organization that uses medical and scientific expertise to investigate human rights violations and advocate for justice, accountability, and the health and dignity of all people. We are supported by the expertise and passion of health professionals and concerned citizens alike.

Since 1986, PHR has conducted investigations in more than 40 countries around the world, including Afghanistan, Congo, Rwanda, Sudan, the United States, the former Yugoslavia, and Zimbabwe:

- 1988 — First to document Iraq's use of chemical weapons against Kurds
- 1996 — Exhumed mass graves in the Balkans
- 1996 — Produced critical forensic evidence of genocide in Rwanda
- 1997 — Shared the Nobel Peace Prize for the International Campaign to Ban Landmines
- 2003 — Warned of health and human rights catastrophe prior to the invasion of Iraq
- 2004 — Documented and analyzed the genocide in Darfur
- 2005 — Detailed the story of tortured detainees in Iraq, Afghanistan and Guantánamo Bay
- 2010 — Presented the first evidence showing that CIA medical personnel engaged in human experimentation on prisoners in violation of the Nuremberg Code and other provisions

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Acknowledgments

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The report has benefited from review by Frank Davidoff MD, Editor Emeritus of *Annals of Internal Medicine* and Interim Chief Executive Officer at PHR; Michele Heisler MD, MPH, Associate Professor of Internal Medicine at the University of Michigan Medical School and PHR Board member; and Susannah Sirkin MEd, Deputy Director at PHR.

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Thousands of protesters in the small island Kingdom of Bahrain in the Persian Gulf took to the streets calling for government reform in February and March 2011. The Government's response was brutal and systematic: shoot civilian protesters, detain and torture them, and erase all evidence. On the frontline, treating hundreds of these wounded civilians, doctors had first-hand knowledge of government atrocities.

This report details systematic and targeted attacks against medical personnel, as a result of their efforts to provide unbiased care for wounded protestors. The assault on healthcare workers and their patients constitutes extreme violations of the principle of *medical neutrality* and are grave breaches of international law. Medical neutrality ensures

1. the protection of medical personnel, patients, facilities, and transport from attack or interference;
2. unhindered access to medical care and treatment;
3. the humane treatment of all civilians; and
4. nondiscriminatory treatment of the injured and sick.

While in Bahrain, PHR investigators spoke with several eyewitnesses of abducted physicians, some of whom were ripped from their homes in the middle of the night by masked security forces. For each doctor, nurse, or medic that the government disappears, many more civilians' lives are impacted as patients go untreated.

Armed security forces abducted Dr. Ali El-Ekri from the operating room while he was performing surgery at Salmaniya Hospital on 17 March. Another doctor was abducted in the middle of the night from his home in front of his wife and three children. Police and masked men in civilian clothes stormed the home of Dr. Abdul Khaliq al-Oraibi on 1 April. The security forces dragged him out of bed, handcuffed, and then blindfolded him. They did not say where or why they were taking him. His family has not heard from him since.

Physicians for Human Rights uncovered egregious abuses against patients and detainees including torture, beating, verbal abuse, humiliation, and threats of rape and killing. For example, security forces shot Ali in the face and head at close range with birdshot. He woke up later in Salmaniya Hospital where he was held for five days. On his second day, three armed security forces handcuffed Ali and a dozen other wounded men behind their backs with plastic wrist ties and began to beat them. Then the security forces threw Ali and the other patients face first onto the floor and dragged them out into the hallway, leaving trails of blood on the floor. Interrogation, torture, and forced confessions followed.

PHR's findings are an indictment of the Bahraini government's all-out assault on health care and health professionals. The ruthless targeting of physicians is but one element of a vicious crackdown on dissent. The militarization of the health system has caused a breakdown in access to health care and the trust of patients in Bahrain's medical facilities.

Our report also includes documentation of other violations of medical neutrality including the beating, abuse, and threatening of six Shi'a physicians at Salmaniya Hospital; government security forces stealing ambulances and posing as medics; the militarization of hospitals and clinics that obstruct medical care, and rampant fear that prevents patients from seeking urgent medical treatment.

Other key findings of this report include:

- Government authorities used excessive force, including high-velocity weapons and shotguns, while using birdshot, rubber bullets, and tear gas against unarmed civilians – often at a close range. One story highlighted in the report details attacks on guests at a wedding.
- Bahraini forces fired tear gas into enclosed spaces, including homes.
- Security forces used unidentified chemical agents, which causes disorientation, aphasia, and convulsions.
- Security forces violently assaulted civilian detainees while in custody.

The report concludes with policy recommendations for Bahrain, the United States, and the United Nations. Among its policy recommendations, PHR calls for the Government of Bahrain to immediately end all attacks on medical personnel and facilities. PHR also calls on the Obama Administration to lead an international effort to appoint a Special Rapporteur on Violations of Medical Neutrality through the United Nations Human Rights Council.

Medicine and delivery of health care should unite rather than divide a country. Bahrain's attacks on clinicians exhibit a profound disrespect for the basic principles of medical ethics. There are immeasurable long-term consequences of these atrocities. Punishing physicians for adhering to their ethical duty to treat the sick and wounded violates international law. Bahrain's abuses in the spring of 2011 are the most extreme violations of medical neutrality in the past half century, and history will remember them as such.

The findings of the report are based on a one-week investigation (2-8 April 2011) which included 47 in-depth interviews with patients, physicians, nurses, medical technicians, and other eyewitnesses to human rights violations. The report was written by Mr. Richard Sollom, Deputy Director at PHR, and Dr. Nizam Peerwani, a senior forensic pathologist and chief medical examiner for Tarrant County, Texas.

Methods and limitations

The findings of this report are based on a one-week investigation a PHR team conducted in Bahrain (2-8 April 2011). The PHR team comprised Mr. Richard Sollom, an experienced human rights investigator in situations of armed conflict, and Dr. Nizam Peerwani, a senior forensic pathologist and chief medical examiner. The team conducted 47 interviews with patients, physicians, nurses, medical technicians, and other eyewitnesses to human rights violations. The qualitative domains of the interview instrument were developed by adapting health and rights instruments used by PHR in similar settings where violations of medical neutrality have occurred. An Expert Review Board convened by PHR reviewed the instrument, which the team adapted to the field while in Bahrain. For protection of key informants, all interviews were anonymous by removing identifying information from the interview record. PHR investigators asked participants for their verbal informed consent after hearing an explanation of PHR, the investigation, and the intent to conduct advocacy based on the assessment findings. Interviews were conducted in English and Arabic. Interview data were analyzed using qualitative methods and were augmented with a literature and lay media review.

PHR conducted an emergency investigation, which by its nature is subject to limitations in duration, scope, and access. The field investigation took place during a short time frame of seven days in Bahrain. The scope of the current investigation did not permit a full analysis of the health system. Restricted access to health facilities and medical personnel precluded a com-

prehensive account of all human rights violations. This investigative study should be construed as a snapshot in time, partial rather than complete accounts or prevalence reports of human rights violations. Notwithstanding these limitations, the study produced sufficient firm data to make informed recommendations.

Introduction to medical neutrality

Doctors have an ethical duty to prevent illness and care for the sick and wounded without regard to politics, race, or religion.¹ These ethics of medical practice date back at least 2,300 years and include Islamic tradition.² Society in turn has an obligation to protect physicians' independence and special role within society as they impartially heal the sick and treat the injured.³

When countries engage in war or experience civil unrest, the independence of doctors and other medical personnel is often hindered. Although the laws of war protect the sick and wounded in time of armed conflict, and oblige doctors to provide them neutral and ethical care,⁴ these same legal protections are not as clearly articulated in human rights law during civil unrest.⁵ A physician's ethical responsibility during time of peace is identical to that during time of war,⁶ yet a state's obligations toward its medical workers under international law in each of these situations are less evident.⁷

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- 1 "I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient." WMA Declaration of Geneva, Sep. 1948, <http://www.wma.net/en/30publications/10policies/g1/index.html>.
 - 2 A physician who takes the Hippocratic Oath pledges: "I will apply ... measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice." Robert M. Veatch, *A Theory of Medical Ethics* 22 (1977). In the ninth century, Ishaq ibn Ali al-Ruhawi wrote the *Practical Ethics of the Physician*. In the thirteenth century, Ibn abi Usaybia wrote the Arabic version of the Hippocratic Oath entitled, *Lives of Physicians*, which states: "In all my treatment I will strive so far as lies in my power for the benefit of the patients." *Id.*, at 57.
 - 3 Drawing on the Declaration of Geneva, the World Medical Association formulated a more detailed code of ethics, which states, "A physician shall be dedicated to providing competent medical services *in full technical and moral independence*, with compassion and respect for human dignity." (Emphasis added.) WMA International Code of Medical Ethics, *adopted* 1949 (last amended 2006), <http://www.wma.net/en/30publications/10policies/c8/index.html>. See also, WMA Declaration of Tokyo art. 5, *adopted* Oct. 1975 (last amended May 2006), <http://www.wma.net/en/30publications/10policies/c18/index.html>, which states, "A physician must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The physician's fundamental role is to alleviate the distress of his or her fellow human beings, and no motive, whether personal, collective or political, shall prevail against this higher purpose."
 - 4 According to Protocol Additional to the Geneva Conventions of 12 Aug. 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), "Under no circumstances shall any person be punished for having carried out medical activities compatible with medical ethics, regardless of the person benefiting there from... Persons engaged in medical activities shall neither be compelled to perform acts or to carry out work contrary to, nor be compelled to refrain from acts required by, the rules of medical ethics or other rules designed for the benefit of the wounded and sick, or this Protocol...The professional obligations of persons engaged in medical activities regarding information which they may acquire concerning the wounded and sick under their care shall, subject to national law, be respected...Subject to national law, no person engaged in medical activities may be penalized in any way for refusing or failing to give information concerning the wounded and sick who are, or who have been, under his care." Protocol Additional to the Geneva Conventions of 12 Aug. 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) arts. 10.1-10.4, 8 Jun. 1977, 1125 U.N.T.S. 610. Bahrain acceded to Geneva Conventions I, II, III, and IV of 1949 on 30 Nov. 1971, and acceded to Additional Protocols I and II to the Geneva Conventions on 30 Nov. 1986. For a full list of Bahrain's ratifications of international human rights treaties, see Rule of Law in Armed Conflicts Project, Bahrain: International Treaties Adherence, http://www.adh-geneva.ch/RULAC/international_treaties.php?id_state=21 (last visited 20 Apr. 2011).
 - 5 The laws of war (non-international armed conflict, or civil war) "shall not apply to situations of internal disturbances and tensions, such as riots, isolated and sporadic acts of violence and other acts of a similar nature, as not being armed conflicts." Geneva Convention Protocol II, *supra* note 4, at art. 1.2.
 - 6 "Medical ethics in time of armed conflict is identical to medical ethics in time of peace." WMA Regulations in Times of Armed Conflict art. 8, *adopted* Oct. 1956, (last amended May 2006), <http://www.wma.net/en/30publications/10policies/a20/index.html>.
 - 7 When conflicts fall outside the scope of the laws of war (Geneva Conventions), "the duties of doctors continue to

Medical neutrality⁸ ensures

1. the protection of medical personnel, patients, facilities, and transport from attack or interference;
2. unhindered access to medical care and treatment;
3. the humane treatment of all civilians; and
4. nondiscriminatory treatment of the injured and sick.⁹

The principle of medical neutrality embodies international medical ethics and is codified in the Geneva Conventions, which set the standard for international humanitarian law, or the laws of war.¹⁰ Although international humanitarian law may not apply to the current situation in Bahrain as it is not an armed conflict, principles of medical neutrality are reinforced in various human rights treaties, which Bahrain has a duty to uphold. International human rights law applies at all times, unlike international humanitarian law which only applies during armed conflict.¹¹

Major international human rights instruments, such as the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social, and Cultural Rights, (ICESCR), and the Convention Against Torture (CAT), all of which the Kingdom of Bahrain has ratified,¹² provide a solid foundation upon which norms of medical neutrality stand.

The ICCPR, for example, forbids arbitrary arrest and detention¹³ and describes very limited situations in which derogation from this principle is allowed.¹⁴ The arbitrary arrest and detention of medical personnel violates this international treaty.

The ICESCR codifies the right to health and explicitly calls on governments to provide access to medical care in a non-discriminatory manner for those in need.¹⁵ The willful blocking of medical care to those in need violates this treaty.

be governed by international codes of ethics. Thus doctors are equally bound to help all patients regardless of nationality, politics, race, religion, etc., and indeed regardless of their own personal safety, but the protection that they are offered by customary law and international treaties may be limited.” Vivienne Nathanson, *Preventing and limiting suffering should conflict break out: the role of the medical profession*, 839, *International Review of the Red Cross*, 30 Sept. 2000, <http://www.icrc.org/eng/resources/documents/misc/57jqj5.htm>. For an analysis of medical neutrality in situations where international humanitarian law applies and those in which it does not, see Johanna Michaels Kreisel, *The Benghazi Six: International Medical Neutrality in Times of War and Peace* (Apr. 2007), http://works.bepress.com/cgi/viewcontent.cgi?article=1000&context=johanna_kreisel&sei-redir=1#search=.

8 In a groundbreaking investigation that helped define “medical neutrality,” PHR’s 1989 medical investigation in El Salvador reported on allegations of the assault, arrest, intimidation, and execution of healthcare workers. PHR has published 27 pieces on Medical Neutrality from years 1988–Present, reporting on over 14 countries: Panama (1988); Chile (1988); El Salvador (1990); Kuwait (1991); Somalia (1992, 1997); Thailand (1992, 2010); India (1993); Yugoslavia (1996); Russia (2002); Iraq (2003); United States (2003–2007); Sri Lanka (2009); Saudi Arabia (2010); Libya (2011); and the MENA region (2011). The term “Medical Neutrality” refers to doctors’ ethical duty as set forth by the World Medical Association (WMA) to prevent and limit suffering of patients in their care, and a duty to practice medicine in a neutral way without fear or favor to those in need regardless of nationality, ethnicity, political affiliation, or other social division. WMA Declaration of Geneva, *supra* note 1.

9 George J. Annas and H. Jack Geiger, *War and Human Rights*, in *War and Public Health* 37 (Levy and Sidel)

10 Medical neutrality is also recognized as customary international humanitarian law (i.e., norms of medical neutrality apply to all parties in armed conflict irrespective of whether the parties have ratified the Geneva Conventions). Jean-Marie Henckaerts & Louise Doswald-Beck, *Customary International Humanitarian Law: Volume 1, Rules*, International Committee of the Red Cross 79–104 (2005).

11 See International Committee of the Red Cross, *International Review of the Red Cross: Customary Law* 195–6 (Mar. 2005) (detailing the applicability of international human rights law at all times), <http://www.mineaction.org/downloads/Emine%20Policy%20Pages/Geneva%20Conventions/ICRC%20Study%20on%20Customary%20Law.pdf>.

12 The Kingdom of Bahrain ratified the ICCPR in 2006, the ICESCR in 2007, and the CAT in 1998. Rule of Law in Armed Conflicts Project, *supra* note 4.

13 International Covenant on Civil and Political Rights art. 9, 16 Dec. 1966, 999 U.N.T.S. 171, (hereinafter ICCPR).

14 *Id.*, at art. 4.

15 International Covenant on Economic, Social and Cultural Rights arts. 2(2), 12(2)(d), 16 Dec. 1966, 993 U.N.T.S. 3 (hereinafter ICESCR).

Additionally, CAT forbids governments from torturing its citizens and from engaging in acts of cruel, inhuman, and degrading treatment.¹⁶ This prohibition on government action relates to all potential victims including individuals in need of medical care. Subjecting patients or those in need of medical services to torture or cruel, inhuman, and degrading treatment stands in clear violation of CAT. The recent attacks on civilians documented in this report violate these human rights treaties and place the Kingdom of Bahrain in breach of its international legal obligations.

In addition to violating well-founded international human rights law, attacks on medical professionals interfere with their ethical obligations to provide unbiased care to those in need. The World Medical Association's International Code of Medical Ethics and Medical Ethics Manual describe the duties of physicians, which include administering emergency care and adhering to principles of non-discrimination.¹⁷ Governments should not infringe upon the duties of medical professionals and should not target or punish those who seek to uphold these internationally recognized principles.

A Patient's Story

PHR investigators interviewed a young Bahraini man who was attending a wedding ceremony on 13 March 2011. Riot police attacked the wedding guests by firing tear gas canisters inside the communal hall. As the crowd fled, more police arrived from the other side of the building and began firing birdshot – from only several meters away – into the fleeing crowd. The riot police withdrew after one hour, at about 9:00 p.m. The youth whom Physicians for Human Rights interviewed and examined was injured by birdshot in the right upper arm (biceps brachii) and left lower extremity (gastrocnemius). He reported that he was too afraid to visit Salmaniya Hospital or the local medical center because he had heard that government authorities were disappearing patients. He said that with an unsterilized knife, he dug out approximately 70 metal pellets from his arm and leg.

Policy Calls

Implications for Bahrain:

Long-simmering tensions within Bahrain between the Shi'a majority, which is ruled by a Sunni royal family and Sunni elites who dominate the public, military and business sectors, erupted in public protests only four months after the 23 October 2010 elections. This outcry clearly highlights that the Shi'a majority does not consider itself a full and equal partner in the political process. The violent suppression of the protests and the vicious attacks on the medical staff which PHR was able to document in this report indicate that future human rights violations can only be avoided if Bahrain embarks on a credible political process which engages all groups in the country. Such a political process that re-establishes Bahrain's credibility within the international community has to be based on full accountability for human rights violations. As Bahrain seeks to emerge from this period of violence into a phase of accountability, all individuals in the country must respect norms of medical neutrality.

Policy Calls for Bahrain:

1. Immediately cease and desist all attacks on medical personnel and facilities, the wanton destruction of medical equipment, as well as any intimidation, arrests, or harassment of patients.
2. Immediately stop the arbitrary arrests, disappearances, and detentions of civilians.

¹⁶ Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 10 Dec. 1984, 1465 U.N.T.S. 85 (acceded 6 Mar. 1998) (hereinafter CAT).

¹⁷ WMA International Code of Medical Ethics, *supra* note 3.

3. End the use of tear gas and other chemical agents, bird shot, rubber bullets, and high velocity weapons against civilians.
4. Allow unobstructed access to medical care for all individuals, including those injured in political protests.
5. Investigate deaths in police custody and hold perpetrators of any abuses accountable.
6. Invite the relevant Special Rapporteurs of the United Nations Human Rights Council to fully investigate any human rights violations and work with the office of the U.N. High Commissioner for Human Rights to develop mechanisms that will fully protect internationally guaranteed human rights in Bahrain and establish accountability for human rights violations.
7. Provide reparation for victims of torture, arbitrary arrest, and detention.

Implications for the United States:

Bahrain is a close ally of the United States with strategic importance for the entire region. Bahrain has hosted the US Naval headquarters for the Gulf for over 60 years and has contributed small forces as a coalition partner of the United States in Afghanistan and in Iraq.¹⁸ The United States has provided small amounts of security assistance, and has declared Bahrain a “major non-Nato ally.”¹⁹ The United States also signed a Free Trade Agreement (FTA) with Bahrain, which went into effect in January 2006 (P.L. 109-169). While the United States has undoubtedly significant influence with the Al-Khalifa regime, the US Administration’s early attempts to mitigate the situation in Bahrain clearly failed when Bahrain’s government invited security assistance from other Gulf Cooperation Council (GCC) neighbors, most notably Saudi Arabia, after the March violence to suppress the protest. By doing so, Bahrain has also widened the implications of the unrest to the entire region.

Policy Calls for the United States:

1. Immediately suspend any non-humanitarian foreign assistance and arms sales as well as Excess Defense Articles (EDAs) to Bahrain, until such time as Bahrain invites a full and independent investigation by the United Nations human rights mechanisms and special procedures into the violence, torture, disappearances, and egregious violations of medical neutrality in the country.
2. Increase support for Bahraini civil society through the Middle East Partnership Initiative (MEPI) program, an initiative of the State Department aimed at supporting participatory government in the region.
3. Impose export restrictions to Bahrain according to Sec. 6(n) of the Export Administration Act (EAA) through Executive Order based on the International Emergency Economic Powers Act (IEEPA) authority to prevent the export of any articles to Bahrain which raise human rights concerns, including but not limited to tear gas, bird shot, and rubber bullets.
4. The United States Congress should hold hearings into the ongoing and severe violations of medical neutrality in the MENA region as authoritarian governments crack down on the protests sweeping the region.
5. The Obama Administration should lead an international effort to appointment a Special Rapporteur on Violations of Medical Neutrality through the United Nations Human Rights

¹⁸ *Bahrain: Reform, Security, and U.S. Policy*, *supra* note 48.

¹⁹ The President has the authority to designate major non-NATO allies of the United States for purposes of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq) and the Arms Export Control Act (22 U.S.C. 2751 et seq.). Designation of Major non-NATO Allies, 22 U.S.C. 2321k(b) (2006). Determination No. 2002-10, Mar. 14, 2002, 67 F.R. 13247.—Bahrain.

Council, or, at a minimum, expand the portfolio of the UN Special Rapporteur on the Right to Health to also include violations of medical neutrality.

6. Senior US Embassy and other State Department officials, as well as visiting Members of Congress and Officers of the Department of Defense should visit Salmaniya Hospital and meet with representatives of the medical community in Bahrain.
7. The State Department should include a section dedicated to violations of medical neutrality for the MENA region in its annual human rights country reports, given the prevalence of these violations in the region.

Implications for the International Community:

Bahrain is a state party to nearly every major international human rights instrument, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the Convention of the Rights of the Child.²⁰ While Bahrain has allowed a visit by the Working Group on Arbitrary Detention in 2001,²¹ and a visit by the Special Rapporteur on Trafficking in Persons in 2006,²² no other individuals or groups under the Human Rights Council's Special Procedures mandate have conducted an official visit to Bahrain.

Policy Calls for the International Community:

1. The Working Group on Arbitrary Detention and the Working Group on Enforced or Involuntary Disappearances should formally and immediately request a visit to Bahrain to investigate the ongoing disappearances and arrests in the wake of the protests.
2. The Special Rapporteurs on torture and on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health should immediately and formally request a visit to Bahrain.
3. The United Nations Human Rights Council should create the position of Special Rapporteur on Medical Neutrality or, at a minimum, to expand the mandate of the Special Rapporteur on the right of the highest attainable standard of physical and mental health to include medical neutrality.

²⁰ Rule of Law in Armed Conflicts Project, *supra* note 4.

²¹ See Report of the Working Group on Arbitrary Detention, Civil & Political Rights, Including the Question of Torture and Detention: Visit to Bahrain, U.N. Doc. EC/N.4/2002/77/Add.2 (5 Mar. 2002).

²² See Report of the Special Rapporteur on trafficking in persons, especially women and children, U.N. Doc. A/HRC/4/23/Add.2 (25 Apr. 2007).