

Optional Protocol to the International Covenant on Civil and Political Rights

EXPERT REPORT

Submitted by:
Physicians for Human Rights



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Human Rights

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I. Introduction

1. This expert report is presented by Physicians for Human Rights (PHR) to provide the U.N. Human Rights Committee with an expert view on widespread and systematic attacks against Syria's health care system, including the extent to which Russian forces engaged in such attacks following Russia's formal intervention in the conflict in Syria in October 2015 and their impact on respect for Article 6 of the International Covenant on Civil and Political Rights (ICCPR or Covenant).¹
2. PHR is an international human rights organization that works at the intersection of medicine, science, and law to end human suffering, save lives, and secure justice and universal human rights for all. It was established in 1986 to use the unique skills and credibility of health professionals to advocate for persecuted health workers, prevent torture, document mass atrocities, and hold those who violate human rights accountable.
3. PHR's global network of health professionals, lawyers, and human rights researchers and activists has worked across five continents to ensure accountability for attacks on health care infrastructure and personnel and for sexual violence in conflict zones, to end torture and ill-treatment, to speak out for the right to protest safely, to halt the use of excessive force by police and security forces, and to safeguard the rights and health of asylum seekers. PHR trains health, legal, and law enforcement professionals to document evidence of human rights abuses and to work together to bring that evidence to court, hold violators accountable, and secure justice for victims and survivors. We investigate mass atrocities and advocate to protect health care facilities and personnel from attack. The evidence PHR gathers has been used by international and local justice mechanisms, United Nations bodies, policymakers, and journalists to help bring human rights abusers to justice, prosecute war crimes, reform policies and practices that undermine human rights, secure reparations for survivors, and spur action in the face of growing rights violations.
4. PHR has been actively involved in documenting human rights abuses and violations of international humanitarian law (IHL) and international human rights law (IHRL) committed during the course of the conflict in Syria, with a particular focus on attacks on medical facilities and health care providers.² In 2011, PHR researchers began documenting attacks on Syrian health infrastructure, creating an interactive map of attacks with the purpose of documenting and visualizing attacks on health care facilities in Syria during the ongoing conflict. The map is publicly available on PHR's website at <https://syriamap.phr.org>. PHR also documents attacks on medical personnel working in Syria, including unlawful detentions, ill-treatment, and the killing of health care workers. PHR has published multiple reports on this issue and has also

¹ This expert report is provided to accompany a Communication submitted to the Human Rights Committee on May 1, 2024 concerning an alleged attack on a hospital in Syria – the Kafr Nabl Surgical Hospital – on May 5, 2019, by Russia. Physicians for Human Rights (PHR) hopes that this report may be of assistance to the Human Rights Committee in its consideration of the authors' Communication.

² Significantly, PHR defines an "attack" more narrowly than IHL and focuses only on violent assaults upon a medical facility resulting in any destruction, damage, or loss of the facility's function, equipment, or medical supplies. An attack can include bombing, shelling, artillery, car bombs, shooting, arson, or attack by armed personnel. "Medical facilities" refer to permanent facilities or mobile clinics used for medical purposes at the time of attack and therefore protected under IHL. For purposes this report, "health care facility" and "medical facility" are used interchangeably. See Physicians for Human Rights, "PHR Methodology for Collection of Data on Medical Facilities," accessed April 17, 2024, <https://syriamap.phr.org/#/en/methodology>.

developed a publicly available page to track the deaths of health care workers at <https://phr.org/our-work/resources/medical-personnel-are-targeted-in-syria/>.

5. PHR’s map of attacks on health infrastructure is designed to document those attacks that either intentionally or indiscriminately damage health care facilities or workers.³ Attacks that target a civilian object intentionally or indiscriminately are prohibited under IHL.⁴ Health care facilities are ⁵ afforded special protection under IHL and may not be the object of attack (except under very narrow exceptions when they have been ‘militarized’). Medical personnel⁶ are similarly entitled to carry out their duties impartially and without interference.⁷ PHR’s map documents that the Syrian government and allied Russian forces have engaged in both intentional and indiscriminate attacks on health care facilities, in violation of IHL and IHRL, including the right to life and the right to health.
6. PHR’s rigorous, original research, monitoring, and analysis of the conflict in Syria for more than a decade reflects the grave harms of attacks on health care. It has documented the killing of 949 medical professionals since March 2011, the vast majority of which can be attributed to the Syrian government and Russian forces.⁸ PHR’s research has also established patterns of arrest, detention, and torture of health care workers in Syria.⁹ It has published nine case studies to date

³ See PHR, “Overview of Principles and Rules of International Humanitarian Law Applicable to Conduct of Hostilities with a Focus on Targeting of Hospitals and Medical Units,” 2012, https://s3.amazonaws.com/PHR_syria_map/ihl-methodology-appendix.pdf.

⁴ See ICRC, “Rule 11: Indiscriminate attacks are prohibited,” International Humanitarian Law Databases, accessed April 2, 2024, <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule11>; Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), December 7, 1978, Article 51. The description of “indiscriminate” targeting involves considerations beyond this report; however, under IHL, an indiscriminate attack is one that is not directed at a specific military project or that employs a “method or means of combat” which either cannot be directed at a specific military objective or the effect of which cannot be limited such they “are of nature to strike military objectives and civilians or civilian objects without distinction.” An attack that is not directed at any military objective is strictly prohibited. See e.g., ICRC “Rule 12: Definition of indiscriminate attacks,” International Humanitarian Law Databases, accessed April 2, 2024, <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule12>; Protocol Additional I, Article 51.

⁵ Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), December 7, 1978, Article 51, <https://ihl-databases.icrc.org/en/ihl-treaties/apii-1977/article-11>.

For the limited exceptions to this rule, see ICRC, “Rule 25: Medical Personnel,” International Humanitarian Law Databases, accessed April 17, 2024, <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule25>. PHR’s map excludes Syrian hospitals or clinics that the data show may have been militarized or used for military purposes.

⁶ Medical personnel include any individual involved in the provision of health care such as physicians, nurses, technicians, dentists, pharmacists, ambulance drivers, non-professionally trained medical volunteers, and other hospital staff. Additional Protocol I, Article 8(c); ICRC, “Rule 25.”

⁷ Common Article Three states “[t]he wounded and sick shall be collected and cared for.” Geneva Convention (IV) relative to the Protection of Civilian Persons in Time of War, October 21, 1950, Article 3, <https://ihl-databases.icrc.org/en/ihl-treaties/gciv-1949/article-3>.

⁸ PHR, “Medical Personnel Are Targeted in Syria,” last modified February 2024, <https://phr.org/our-work/resources/medical-personnel-are-targeted-in-syria/>.

⁹ See, e.g., PHR, “My Only Crime Was That I Was a Doctor,” December 2019, <https://phr.org/our-work/resources/my-only-crime-was-that-i-was-a-doctor/>; PHR, “The Survivors, the Dead, and the Disappeared: Detention of Health Care Workers in Syria, 2011-2012,” November 2021, https://phr.org/our-work/resources/the-survivors-the-dead-and-the-disappeared/?utm_source=website_promo.

documenting attacks on medical facilities throughout the country,¹⁰ and since 2019, has closely examined the impact of attacks on civilian access to health care.¹¹ Most recently, PHR examined the link between conflict and diminished access to sexual and reproductive health services in northwest Syria.¹²

7. This report first describes the numbers and patterns of attacks on health care in Syria and examines evidence pointing to Russia's involvement in these attacks, which both increased and accelerated following its entry into the conflict on the Syrian government's behalf in September 2015. The report then offers a case study of a 2021 attack on al-Atareb Hospital in western Aleppo, which killed seven patients. This attack is an example of the targeting of isolated health facilities that has been a hallmark of the Syrian conflict and the use of the "double tap" strategy by Russian forces.¹³ The third section illustrates the devastating impact of these attacks on community health in Syria. The report then considers the various ways in which these attacks violate the right to life and the right to health and shows how current, continued attacks by Russia on the civilian population in Ukraine mirror the patterns observed in Syria.

II. Attacks on Health in Syria and Russia's History of Involvement

8. Since March 2011 and as of the time of this submission, PHR's team has researched, documented, corroborated, and mapped a total of 604 attacks on health care facilities in Syria, and 291 attacks perpetrated by all actors since the Russia's intervention in September 2015. Of those 291 attacks, 30 were perpetrated by the Syrian government and 231 were perpetrated by the Syrian government or the Russian Forces.¹⁴ In so doing, it follows a rigorous methodology: to verify a reported attack, PHR seeks data from a wide range of open sources in addition to consulting with medical organizations and personnel working inside Syria. It frequently relies upon field sources to corroborate, correct, or supply additional information on attacks or facilities.¹⁵ PHR recorded the most recent attack on December 25, 2023. Figure 1 illustrates a

¹⁰ See, e.g., "No Place Is Safe for Health Care - The Attack on Syria's Al-Atareb Hospital"; "At Syria's Cave Hospital"; "Conducting Surgery under Bombardment and Siege; Al-Quds Hospital – The Last Hospital Standing in Aleppo"; "Kafr Nabl Hospital – in the crosshairs of a murderous barrage of attacks"; "The Destruction of Hospitals – A Strategic Component in Regime Military Offensives"; "Repeated attacks on underground medical facility demonstrate deliberate targeting"; "Attacking Health Care with Chemical Agents; Three Attacks in One Day"; "Heavy Bombardment by U.S. and Coalition Forces Devastate Hospitals in Raqqa." All of these PHR case studies are available at PHR, "Case Studies," accessed April 17, 2024, <http://syriamap.phr.org/#/en/case-studies/>.

¹¹ See, e.g., PHR, "The Syrian Conflict: Eight Years of Devastation and Destruction of the Health System," March 2019, <https://phr.org/our-work/resources/the-syrian-conflict-eight-years-of-devastation-and-destruction-of-the-health-system/>; PHR, "Obstruction and Denial: Health System Disparities and COVID-19 in Daraa, Syria," December 2020, <https://phr.org/our-work/resources/obstruction-and-denial-health-system-disparities-and-covid-19-in-daraa-syria/>; PHR, "Destruction, Obstruction, and Inaction: The Makings of a Health Crisis in Northern Syria," December 2021, <https://phr.org/our-work/resources/syria-health-disparities/>.

¹² PHR, "She Pays the Highest Price: The Toll of Conflict on Sexual and Reproductive Health in Northwest Syria," March 14, 2023, <https://phr.org/our-work/resources/sexual-and-reproductive-health-in-northwest-syria/>.

¹³ As discussed further below, the "double tap" strategy refers to bombing a target multiple times in relatively quick succession, so the subsequent strikes often hit those responding to the first attack.

¹⁴ The remaining 30 attacks could be attributed to Anti-Government Armed Groups (13 attacks), International Coalition forces (3 attacks), the Islamic State (ISIS) (2 attacks), and Turkish forces (1 attack). The perpetrators in 11 attacks remain unknown.

¹⁵ For security reasons, PHR does not identify its field sources. When PHR receives a report of an attack on a health care facility, it conducts a targeted search in Arabic and English for additional sources of

detailed breakdown of the number of attacks on health care facilities attributed to different perpetrators from March 2011 to September 2015, which is the point that marks the beginning of the Russian armed forces' involvement in military operations in Syria.

9. Russia has a long history of involvement in Syria,¹⁶ and both countries have maintained important cultural, trade, and military relationships for decades.¹⁷ Observers in 2014 noted that Russian defense industry contracts with Syria were valued at more than US \$4 billion.¹⁸ Russia declared the start of its aerial involvement in Syria in September 2015, utilizing the long-term access of both the Hmeimim air base and the Tartus naval base.¹⁹ After that date, there was a significant escalation in recorded attacks on health care facilities.
10. Significantly, the number of recorded attacks on health care in Syria peaked between 2015 and 2016, totaling 232. Of those, 215 attacks could be attributed to the Syrian government alone, or the Syrian government or Russian armed forces.²⁰ Overall, strikes perpetrated by the Syrian government or Russian armed forces account for 80 percent of all attacks against Syrian health care facilities since October 2015. PHR's map also demonstrates post-October 2015 attacks consistent with direct targeting of health care facilities in areas far from military objects and at times in remote rural areas. Many of these were repeat attacks, in which facilities suffered

information. The minimum required data to be mapped includes the medical facility name, town, governorate, and date(s) of attack. Where there is credible supporting data, PHR includes attribution of the alleged perpetrator(s), the mode of attack, weapons used, material damage, injuries, or casualties. Before September 2015, the beginning of the Russian armed forces' involvement in military operations in Syria, PHR listed all attacks apparently perpetrated by the Syrian army and/or Syria's security forces under the category of "Syrian Government Forces." Beginning in October 2015, PHR created a new category to label attacks under the category "Syrian Government or Russian Forces"; however, attacks involving barrel bombs that took place after October 2015 are specifically attributed to the Syrian government because those were cheap weapons that the Syrian government has supplemented its traditional conventional air campaign with. *NBC News*, "Syria War: What Are Barrel Bombs and Why Are They So Deadly?," February 10, 2015, <https://www.nbcnews.com/news/world/syria-war-what-are-barrel-bombs-why-are-they-so-n303631>. A complete description of the research methods employed in mapping attacks is available at PHR, "Anatomy of a Crisis: A Map of Attacks on Health Care in Syria," accessed April 3, 2024, https://s3.amazonaws.com/PHR_syria_map/methodology.pdf. Notably, this rigorous approach likely undercounts the number of attacks on medical facilities. For example, using a different methodology, the Syrian American Medical Society (SAMS) documented 674 attacks on health care between 2015 and 2021 alone. See Syrian American Medical Society (SAMS), "A Heavy Price to Pay, Attacks on Health Care System in Syria," May 2022, https://www.sams-usa.net/wp-content/uploads/2022/05/202205-SAMS-A-heavy-price-to-pay_Final_Version_En-1.pdf.

¹⁶ Chiara Lovotti, et al., *Russia in the Middle East and North Africa: Continuity and Change*, (New York: Routledge, 2020).

¹⁷ Andrej Kreutz, *Russia in the Middle East Friend or Foe?* (London: Praeger Security International, 2007).

¹⁸ Jeremy Allouche and Jeremy Lind, "Beyond the New Deal: Global Collaboration and Peacebuilding with BRICS Countries," *Institute of Development Studies* 59, (April 1, 2014), <https://www.ids.ac.uk/publications/beyond-the-new-deal-global-collaboration-and-peacebuilding-with-brics-countries/>.

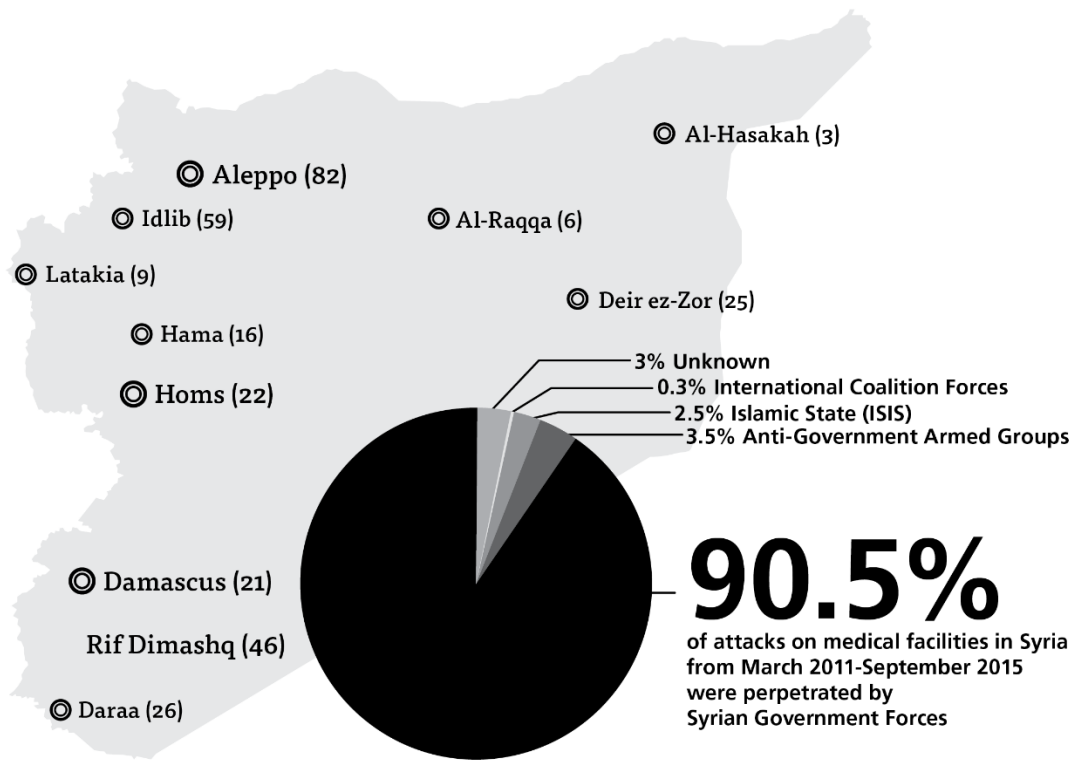
¹⁹ Samuel Charap, Elina Treyger, and Edward Geist, *Understanding Russia's Intervention in Syria*, (Santa Monica, CA: RAND Corporation, 2019), https://www.rand.org/pubs/research_reports/RR3180.html; Steven Lee Myers and Eric Schmitt, "The Russian Military Uses Syria as Proving Ground, and West Takes Notice," *New York Times*, October 14, 2015, <https://www.nytimes.com/2015/10/15/world/middleeast/russian-military-uses-syria-as-proving-ground-and-west-takes-notice.html>.

²⁰ The remaining 17 attacks could be attributed to Anti-Government Armed Groups (9 attacks), International Coalition Forces (1 attack), and Islamic State (ISIS) (4 attacks). The perpetrators in the three remaining attacks are unknown.

multiple strikes, often in close succession, which tends to suggest that the attacks were intentional. Figure 2 shows a detailed breakdown of the numbers of attacks on health care facilities carried out by different perpetrators between October 2015 and September 2021.

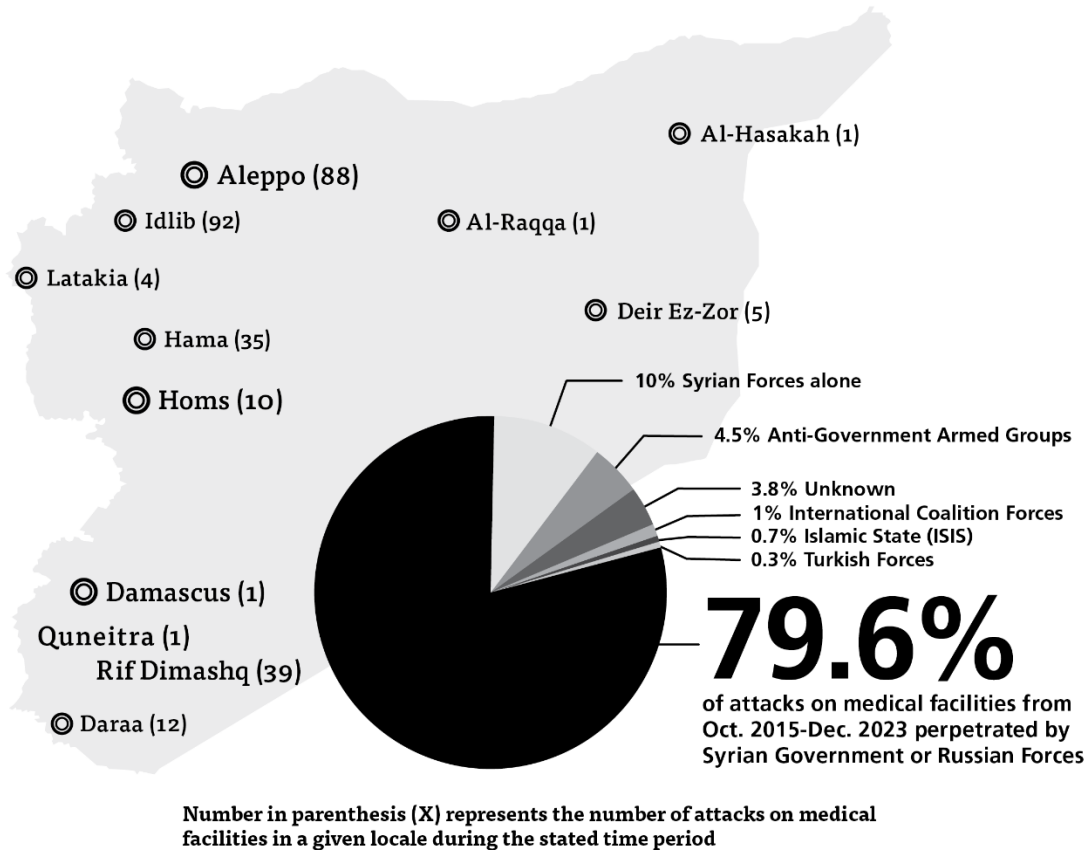
Figure 1: Attacks on Medical Facilities in Syria

March 2011-September 2015



Number in parenthesis (X) represents the number of attacks on medical facilities in a given locale during the stated time period

Figure 2: Attacks on Medical Facilities in Syria
October 2015-December 2023



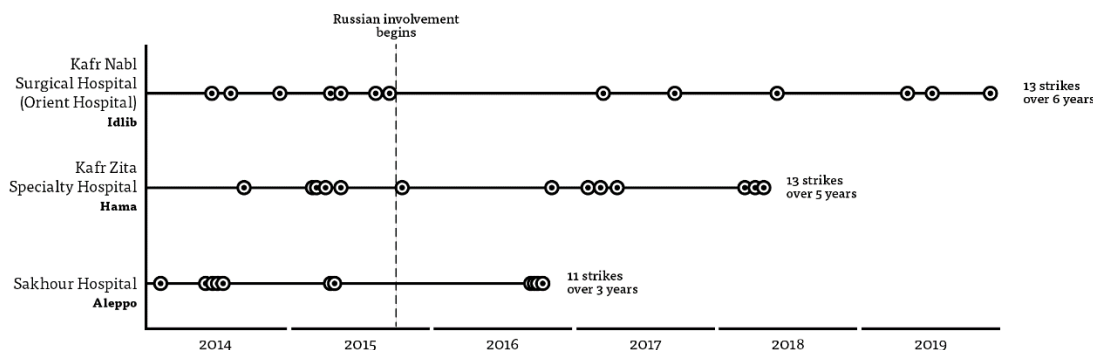
11. Repeat attacks on certain health care facilities have been a signature feature of the violence in Syria, a practice that became further pronounced after Russia’s intervention, with some facilities experiencing as many as 13 attacks.²¹ Medical facilities that were attacked multiple times endured 3.5 attacks on average.²² In northwest Syria, where health care infrastructure has been attacked repeatedly, facilities were repaired or rebuilt with the support of international and diaspora humanitarian NGOs, but then damaged or destroyed again. For example, in Hama, at the Kafr Zita Specialized Hospital, 13 attacks took place between September 2014 and May

²¹ Facilities experiencing such high numbers of attacks included Kafr Zita Specialized Hospital and Kafr Nabl surgical hospital (Orient Hospital). The attacks on the Kafr Zita Hospital are catalogued in PHR’s database under the following incident IDs: 201, 236, 238, 246, 269, 328, 438, 459, 465, 479, 528, 529, and 533, and against the Kafr Nabl hospitals under the following incident IDs: 177, 192, 221, 253, 270, 301, 313, 467, 484, 515, 564, 575, 588.

²² Rohini J. Haar, et al., “Determining the scope of attacks on health in four governorates of Syria in 2016: results of a field surveillance program,” *PLoS Medicine* 15, no. 4 (April 2018), doi: 10.1371/journal.pmed.1002559; Elise Baker and Gissou Nia, “Attacks on Hospitals From Syria to Ukraine: Improving Prevention and Accountability Mechanisms,” Atlantic Council, 2022, <http://www.jstor.org/stable/resrep41773>, (“Many hospitals in Syria ... have been subject to repeated attacks, increasing the likelihood that the hospital was the target of the attacks.”).

2018.²³ PHR’s analysis of the map data shows that eight of these 13 Kafr Zita attacks occurred after Russia’s formal intervention in Syria. Similarly, the Kafr Nabl surgical hospital (Orient Hospital) in Idlib – the same hospital that is the subject of the present communication – suffered 13 attacks between June 2014 and November 2019,²⁴ while the al-Sakhour Hospital in east Aleppo City sustained 11 attacks in the period between February 2014 and October 2016.²⁵ Figure 3 shows a timeline of repeated attacks on these three most targeted facilities in Syria between March 2011 and February 2024.

Figure 3: Repeated Attacks on Medical Facilities in Syria
The Three Most Targeted Facilities



12. Notably, the increase in the number of attacks on health care facilities strongly correlates to the Russian and Syrian-led military campaigns to recapture opposition-controlled areas, suggesting that the attacks “were strategically used as part of a larger military tactic to weaken the resilience of communities under opposition control.”²⁶ This strategy was evident in several significant military escalations that occurred post-2015.

- **Aleppo City:** The military offensive against the eastern part of the city of Aleppo began in October 2015. PHR documented 27 attacks on 13 health care facilities.²⁷ Some

²³ All referenced incident ID’s are on file with PHR. Note, however, that incidents cannot be searched for via internal IDs on the PHR itself; rather, incidents are searchable by geography and/or date. The attacks on the Kafr Zita Hospital are catalogued in PHR’s database under the following incident IDs: 201, 236, 238, 246, 269, 328, 438, 459, 465, 479, 528, 529, and 533.

²⁴ The attacks on the Kafr Nabl hospitals are catalogued in PHR’s database under the following incident IDs: 177, 192, 221, 253, 270, 301, 313, 467, 484, 515, 564, 575, 588. The Kafr Nabl hospital was targeted on the following dates: June 29, 2014; August 11, 2014; December 16, 2014; April 20, 2015; May 24, 2015; August 7, 2015; September 22, 2015; March 25, 2017; September 19, 2017; February 5, 2018; May 5, 2019; July 04, 2019; and November 6, 2019.

²⁵ The attacks on the al-Sakhour Hospital are catalogued in PHR’s database under the following incident IDs: 147, 171, 174, 178, 180, 255, 257, 425, 427, 429, 432.

²⁶ “Abdulkarim Ekzayez and Ammar Sabouni, “Targeting Healthcare in Syria,” *Journal of Humanitarian Affairs* 2, no. 2 (December 8, 2020): 8, <https://www.manchesterhive.com/view/journals/jha/2/2/article-p3.xml?body=pdf>.

²⁷ Attacks are catalogued in PHR’s database under the following incident IDs: 349, 363, 367, 364, 365, 366, 378, 379, 381, 388, 392, 393, 394, 395, 396, 425, 426, 427, 429, 431, 432, 444, 445, 446, 447, 448, 449.

facilities were directly targeted four or five times in six months.²⁸ Attacks on health care facilities continued until the end of the military operation in December 2016 and attacks appeared to subside once the Syrian government had recaptured the area. Figure 4 shows a map of Aleppo city with a detailed breakdown of the numbers of attacks on individual health care facilities carried out by the Syrian government or Russian armed forces between October 2015 and September 2021.

- **Southwest Syria:** Between February and April 2018, the Syrian government, with Russian military support, began a military offensive against Eastern Ghouta in southern Syria. During this time, 11 attacks were perpetrated by the Syrian and Russian air forces against ten medical facilities, including primary health care centers, maternity care centers, and trauma hospitals.²⁹ Figure 5 shows a map of Eastern Rural Damascus with a detailed breakdown of the numbers of attacks on individual health care facilities carried out by the Syrian government or Russian armed forces between February and April 2018. A similar pattern was observed during the military operation in Daraa province between June and August 2018, in which six facilities were targeted.³⁰
- **Northwest Syria:** In March 2019, Syrian and Russian armies and air forces launched a year-long military offensive against Idlib, Hama, and western Aleppo countryside in Northwest Syria. The campaign resulted in the government's recapture of several towns and villages from opposition forces. During this period, PHR documented 38 attacks on 35 medical facilities in the area, which were attributed to the Syrian government and Russian forces.³¹ In May 2019, PHR documented 12 attacks on health care facilities in northwest Syria perpetrated by the Syrian government and Russian forces. Five of these attacks occurred on May 5, 2019.³² Figure 6 shows a map of northwest Syria, including Hama, Idlib, and western Aleppo countryside, with a detailed breakdown of the numbers of attacks on individual health care facilities carried out by the Syrian government or Russian armed forces between March 2019 and March 2020.

²⁸ These targeted attacks are on file with PHR. They include: (1) Facility ID: AL08, incident IDs: 378, 392, 431, 444, 446; (2) Facility ID: AL21, incident IDs: 425, 427, 429, 432; (3) Facility ID: AL62, incident IDs: 379, 396, 445, 447; and (4) Facility ID: AL70, incident IDs: 381, 388, 426, 448.

²⁹ PHR was able to document 29 of 58 reported incidents, with 22 taking place between February 18 and February 25, 2018. PHR, "The Destruction of Hospitals – A Strategic Component in Regime Military Offensives," May 2019, <https://syriamap.phr.org/#/en/case-studies/5>; Martin Chulov, "Medical crisis in east Ghouta as hospitals 'systematically targeted,'" *The Guardian*, February 23, 2018, <https://www.theguardian.com/world/2018/feb/22/eastern-ghouta-medical-crisis-as-hospitals-systematically-targeted>; Attacks are catalogued in PHR's database under the following incident IDs: 516, 520, 521, 522, 523, 524, 525, 526, 527, 532, 535.

³⁰ Attacks are catalogued in PHR's database under the following incident IDs: 541, 542, 543, 544, 545, 546. See Syrians for Truth and Justice, "Many Hospitals Out of Service in Syrian/Russian Bombardment on Daraa," July 8, 2018, <https://stj-sy.org/en/619/>; Amnesty International, "Syria: 'Horror' in Daraa as civilians and hospitals targeted," July 2, 2018, <https://www.amnesty.org/en/latest/news/2018/07/syria-civilians-in-daraa-trapped-as-attacks-intensify/>.

³¹ Attacks are catalogued in PHR's database under the following incident IDs: 556, 557, 559, 560, 561, 562, 567, 566, 563, 564, 565, 568, 570, 571, 572, 573, 574, 575, 579, 576, 577, 581, 582, 583, 584, 585, 586, 587, 589, 588, 590, 591, 592, 593, 594, 596, 597, 598.

³² Attacks are catalogued in PHR's database under the following incident IDs: 563, 564, 565, 566, 567. The facilities are: (1) Termala Women and Children's Hospital; (2) Kafr Zita Surgical Unit (The Martyr Hassan al Araj Hospital or Cave Hospital); (3) Hass Hospital (Sham Hospital or Nabad Al-Hayat Hospital); (4) Kafr Nabl Surgical Hospital; and (5) Al-Amal Orthopedic Hospital.

Figure 4: Attacks on Medical Facilities in Aleppo City

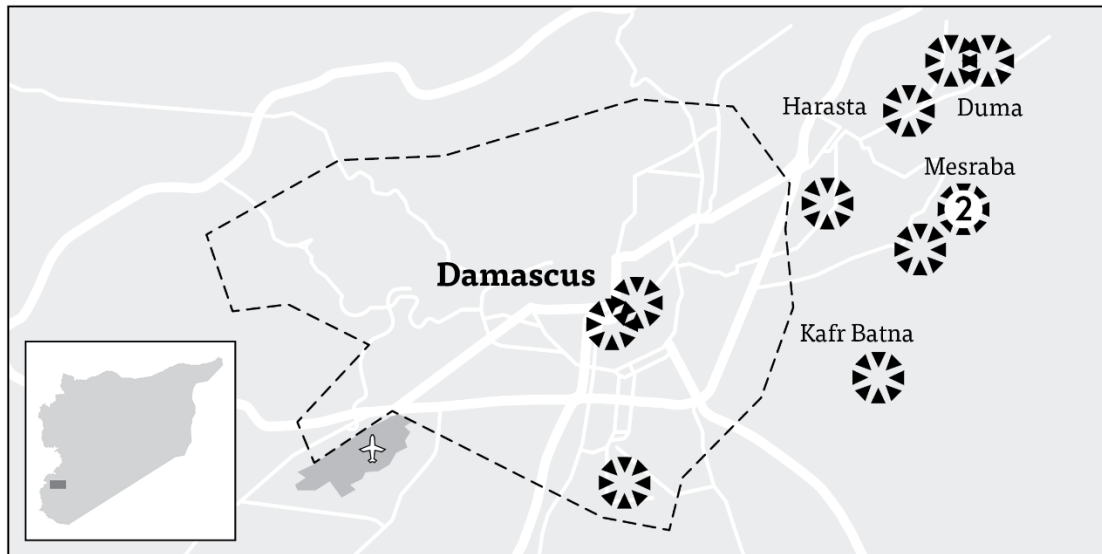
October 2015-December 2016



- Key:**
- ☀ Strike on a medical facility
 - ② Number of discrete attacks on an individual medical facility
 - Roads
 - ✈ Airport

Figure 5: Attacks on Medical Facilities in Southwest Syria (Eastern Ghouta)

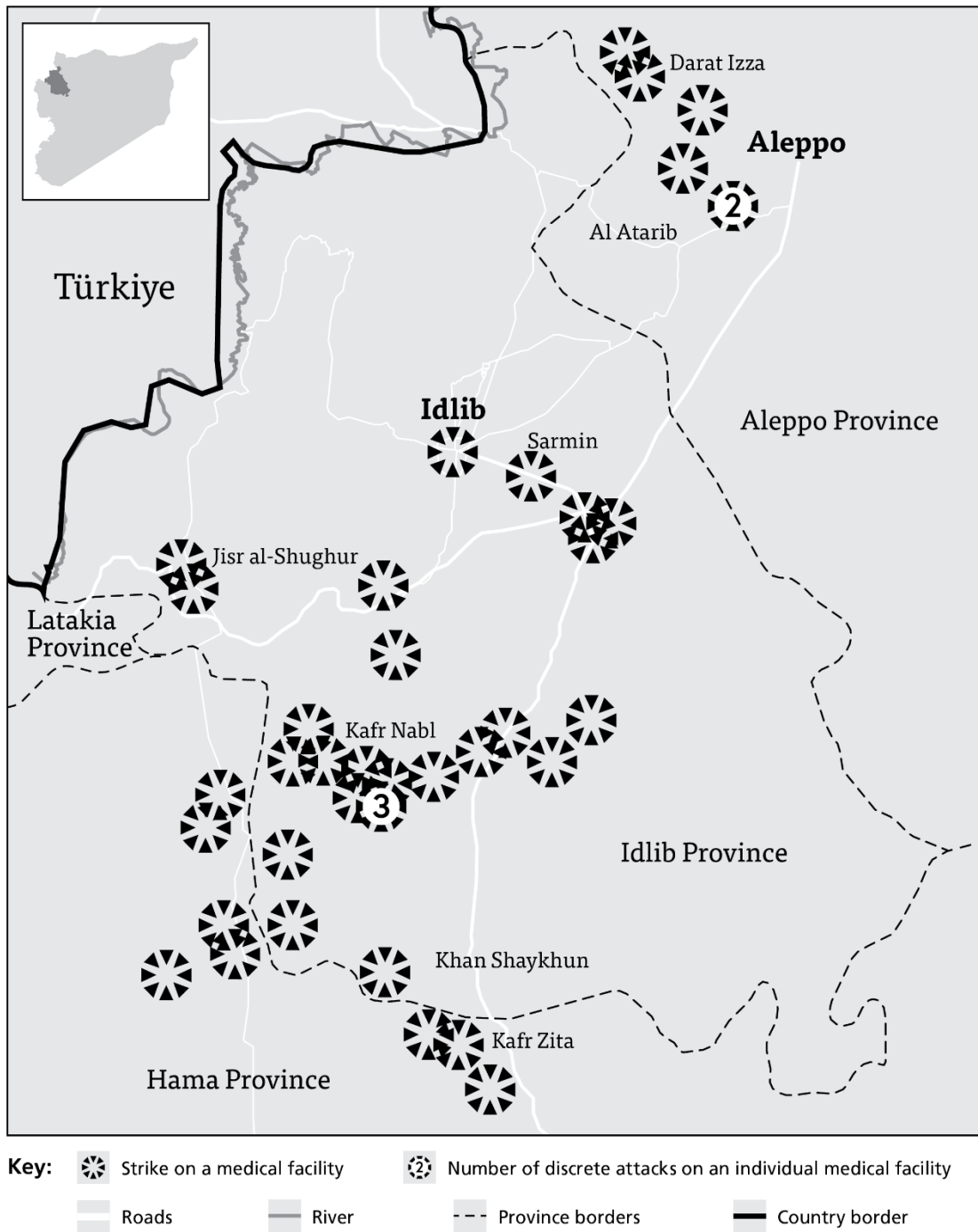
February 2018-April 2018



- Key:**
- ☀ Strike on a medical facility
 - ☀(2) Number of discrete attacks on an individual medical facility
 - Roads
 - - - Damascus City border
 - ✈ Airport

Figure 6: Attacks on Medical Facilities in Northwest Syria

March 2019-March 2020



13. Another feature of the Syrian conflict has been that Syrian and Russian forces apparently used information that hospitals had shared with the United Nations about their coordinates – in hopes of being spared from attack – to in fact target these facilities.³³ To protect humanitarian missions inside Syria, the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) established a “deconfliction” mechanism to alert military actors to areas they must avoid while fighting and to prevent attacks on protected infrastructure.³⁴ However, many hospitals experienced more attacks in spite of this mechanism. For instance, in February 2020, PHR documented six more attacks on health care facilities.³⁵ Amongst those six attacked was Idlib Central Hospital, a deconflicted facility, which killed three people and injured 13 others.³⁶
14. On August 1, 2019, the UN Secretary-General established a Board of Inquiry “to investigate certain incidents that had occurred in northwest Syria, in which facilities on the United Nations deconfliction list or supported by United Nations were destroyed or damaged as a result of military operations.”³⁷ The Board of Inquiry’s Final Report was published in April 2020. It found that “there was a significant likelihood that the Syrian government or its [Russian] allies were responsible for attacks on three deconflicted medical facilities and other civilian infrastructure in 2019 as part of the military escalation in the northwest.”³⁸ In June 2020, the Russian government withdrew from the deconfliction agreement.³⁹
15. In addition to targeting health care infrastructure, the Syrian government and allied Russian forces have also killed hundreds of health care providers. Overall, in 478 of PHR’s 949 documented cases, the death of the health care provider resulted from aerial attacks and shelling by the Syrian government or Russian forces. Figure 7 illustrates the shift in the method of attacks on medical personnel following the Russian aerial involvement, contrasting it with the earlier years before Russian engagement, as documented by PHR.

³³ Although the UN’s Board of Inquiry did not disclose the number of Syrian hospitals that participated in the deconfliction mechanism, a New York Times investigation revealed that at least 27 hospitals on the list were attacked by Russian or Syrian forces. Evan Hill and Whitney Hurst, “The U.N. Tried to Save Hospitals in Syria. It Didn’t Work,” *New York Times*, updated Dec. 4, 2020, [³⁴ ICRC Online Casebook, “Syria, Deconfliction of Humanitarian Facilities,” accessed April 17, 2024, \[³⁵ Attacks are catalogued in PHR’s database under the following incident IDs: 593- 598.\]\(https://casebook.icrc.org/case-study/syria-deconfliction-humanitarian-facilities#:~:text=The%20Board%20noted%20that%20OCHA,humanitarian%20and%20military%20%E2%80%94%20to%20remove.</p>
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³⁶ This attack is catalogued in PHR’s database under incident ID 598.

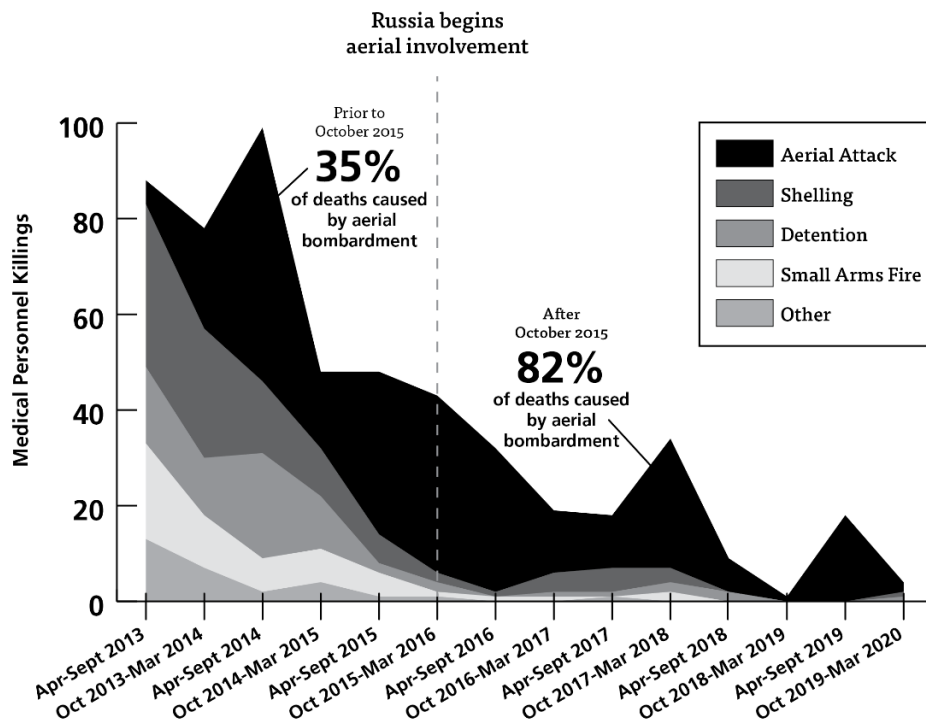
³⁷ United Nations – Secretary General, “Summary by the Secretary-General of the report of the United Nations Headquarters Board of Inquiry into certain incidents in northwest Syria”, Apr. 6, 2020, [³⁸ Ibid.](https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/NWS_BOI_Summary_06_April_2020.pdf.</p>
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³⁹ Tom Perry and Stephanie Nebhay, “Russia quits U.N. system aimed at protecting hospitals, aid in Syria,” *Reuters*, June 25, 2020, [14](https://www.reuters.com/article/syria-security-russia-un/russia-quits-u-n-system-aimed-at-protecting-hospitals-aid-in-syria-idUSL1N2E2122/.</p>
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16. PHR confirmed that 88 of the 165 deaths after October 2015 occurred while the medical providers were in the line of duty, that is, while they were working in an attacked facility. As with attacks on hospitals, the increase in medical staff deaths also correlated to periods of time and areas in which Russian and Syrian military operations were undertaken. For example:

- During the military offensive in Aleppo city between October 2015 and December 2016, eight health care providers were killed by aerial bombardment and shelling conducted by the Syrian and Russian forces.⁴⁰ Those deaths alone constitute 36 percent of the total number of health care providers killed by aerial bombardment and shelling in Aleppo city since the beginning of the conflict.
- In Eastern Ghouta, 16 medical professionals were killed by aerial bombardment and shelling by the Syrian or Russian forces during the two-month military operation there between February and April 2018.⁴¹ This was the highest number of death cases recorded in the region in a two-month period since the beginning of the conflict.

Figure 7: Shifting Methods in Medical Personnel Killings
April 2013-March 2020



17. With the onset of Russian involvement, attacks on hospitals and health care across Syria increased in intensity, frequency, and scale. The targeting of health infrastructure became a distinctive war strategy, with devastating impacts on the country’s health care systems in

⁴⁰ Cases are catalogued in PHR’s database under the following incident IDs: 731, 733, 734, 735, 748, 785, 786, 792.

⁴¹ Cases are catalogued in PHR’s database under the following incident IDs: 845, 846, 852, 854, 855, 856, 858, 860, 861, 862, 864, 866, 867, 868, 870, 871, 872, 873.

conflict-affected areas. Attacks on health mean the civilian population loses access to critical health services, including sexual and reproductive care as well as other surgical, preventive, and primary care, as the following case study of the al-Atareb Hospital demonstrates. It provides evidence regarding both the likely intentionality of the targeting, the wider impact of the attack on health care, and the strong likelihood that Russian forces perpetrated the attack.

III. Patterns of Attack: “Double Taps” and the Targeting of Isolated Facilities

18. PHR’s map demonstrates patterns of attacks on health care workers and infrastructure during defined areas and periods of time, suggesting a systematic approach by both Russian and Syrian forces. Following Russia’s involvement in 2015, clear patterns of attack emerged. Multiple attacks on the same facility were carried out over days, weeks, and months. A different kind of repeat attack also became frequent: bombing a target multiple times in relatively quick succession, so the second strike often hits those responding to the first attack. This is known as the “double tap” strategy.⁴² The effect of a double tap on first responders in Syria has been significant, with many fatalities. Double tap strikes violate international humanitarian law’s core principles of distinction, proportionality, and precaution. They also violate the legal protections afforded to medical and humanitarian personnel and the wounded.^{43, 44}
19. In July 2021, PHR co-published a case study of the March 21, 2021, attack on al-Atareb Hospital that illustrates the double tap strategy in detail. A nongovernmental organization-supported facility located in the western Aleppo countryside, the al-Atareb Hospital was created to serve civilians who formerly sought care in government-controlled areas.⁴⁵ Over time it became a major regional health care hub providing pediatric, reproductive health, and surgical services.⁴⁶ In the last quarter of 2020 and the first of 2021, it saw over 21,000 patients.⁴⁷ Over half these

⁴² See, e.g. Kareem Shaheen, “MSF hospital in Syria hit by ‘double-tap’ barrel bombing,” *The Guardian*, December 1, 2015, <https://www.theguardian.com/world/2015/dec/01/syria-msf-hospital-homs-barrel-bombing>; Doctors Without Borders, “Double-tap bombing on MSF-supported hospital – hospital partially destroyed – patients under treatment died in transit,” Dec. 1, 2015, <https://www.msf.org/syria-double-tap-bombing-msf-supported-hospital-%E2%80%93-hospital-partially-destroyed-%E2%80%93-patients-under>; see also, Syria Justice and Accountability Centre, “Hunting the Wounded: Double-Tap Strikes on Healthcare Facilities,” October 22, 2022, <https://syriaaccountability.org/hunting-the-wounded/>.

⁴³ As discussed further below; see also Jean-Marie Henckaerts, Louise Doswald-Beck, and ICRC, *Customary International Humanitarian Law: Volume I: Rules* (Cambridge, United Kingdom: Cambridge University Press, 2006), <https://www.icrc.org/en/doc/assets/files/other/customary-international-humanitarian-law-i-icrc-eng.pdf>. (mandating the protection of medical and humanitarian personnel (Rules 25-32), the allowance and facilitation of unimpeded humanitarian relief for civilians in need, (Rule 55) and the provision of medical care for the wounded (Rules 110-11)).

⁴⁴ Jack Serle, “UN Expert Labels CIA Tactic Exposed by Bureau ‘a War Crime’.” *The Bureau of Investigative Journalism*, June 21, 2012, accessed March 22, 2024. <https://www.thebureauinvestigates.com/stories/2012-06-21/un-expert-labels-cia-tactic-exposed-by-bureau-a-war-crime>. (quoting UN Special Rapporteur on Extrajudicial Killings, “[I]f there are secondary drone strikes on rescuers who are helping (the injured) after an initial drone attack, those further attacks are ‘a war crime’.”)

⁴⁵ For the complete al-Atareb Hospital case study, see PHR, “No Place Is Safe for Health Care - The Attack on Syria’s al-Atareb Hospital,” July 2021, <https://phr.org/wp-content/uploads/2021/07/Al-Atareb-Hospital-Attack-PHR-SAMs-Case-Study-July-2021.pdf>.

⁴⁶ PHR, “No Place Is Safe for Health Care - The Attack on Syria’s al-Atareb Hospital,” July 2021, <https://phr.org/wp-content/uploads/2021/07/Al-Atareb-Hospital-Attack-PHR-SAMs-Case-Study-July-2021.pdf>.

⁴⁷ Records on file with PHR. The line of fighting moved close to al-Atareb Town, and in February 2020, the hospital administration decided to evacuate its facilities. In April 2020, the resumption of a ceasefire agreement provided safe enough conditions for the subterranean hospital to reopen.

patients were female, and nearly half were children. Patients received a wide range of care, including pediatric, geriatric, and women's health services.

20. In 2017, the hospital had relocated to a subterranean facility for protection from attacks. The underground facility was hidden, with only the small emergency room clinic at the entrance visible from the air. On the morning of March 21, 2021, a large group of patients and their families were waiting near the clinic. The first strike on the clinic occurred at 8:41 a.m. While staff members were helping injured people flee, the aerial attackers bombed the facility two additional times, intentionally killing and injuring more civilians. These double tap strikes resulted in patient fatalities and injuries to patients and staff, causing terror among survivors and causing the hospital to lose its ability to function.⁴⁸
21. Open-source data indicates that Russian forces were likely responsible for the attack on the hospital. A "trophy video" posted on social media by a group associated with Russian private military companies, with whom the Russian military maintains close ties, showed footage of the attack from the air.⁴⁹ The video clarity provides enough detail that survivors interviewed by PHR were able to identify themselves and hospital landmarks when shown the footage.⁵⁰ The footage corroborates the intentionality of the targeting because it serves no tactical purpose and was used to boast of killing and wounding civilians.
22. The artillery employed in the attack has also been identified as modernized Russian "Krasnopol" shells, laser-guided artillery frequently used in Syria, which Russian forces have deployed since 2018, often targeted through the use of military drones.⁵¹ The shells have a reported range of 15 miles (25 kilometers), with an 80-90 percent accuracy rate, and can hit moving and stationary targets with high accuracy both day and night.⁵² The high level of precision weaponry supports the likelihood that al-Atareb Hospital was directly and intentionally targeted.

⁴⁸ PHR, "No Place Is Safe for Health Care – The Attack on Syria's al-Atareb Hospital," July 2021, <https://phr.org/wp-content/uploads/2021/07/Al-Atareb-Hospital-Attack-PHR-SAMs-Case-Study-July-2021.pdf>.

⁴⁹ The group that posted the video is called "Reverse Side of the Medal." *The Syrian Observer*, "Russia's Largest Electronic Intelligence Base Discovered in Syria: Media." July 24, 2020, <https://syrianobserver.com/news/59437/russias-largest-electronic-intelligence-base-discovered-in-syria-media.html> (citing a photo from Reverse Side of the Medal's Telegram channel with Russian servicemen posing in front of a base in Syria showing multiple antennas).

⁵⁰ Interviews on file with PHR, as published in "No Place is Safe for Health Care."

⁵¹ In 2018, Russian state media reported it sent special forces to deploy these shells in northwest Syria using Russian drones, TASS, "Russian military eliminates militants who shelled Hmeymim airbase December 31," January 12, 2018, <https://tass.com/defense/984904>; see also "Guided artillery shells force the Al Atarib Surgical (Al Magahra) Hospital out of service," Syrian Archive, March 31, 2021, at <https://syrianarchive.org/en/investigations/AlMagahraHospital>. This version of the Krasnopol shell was first tested in Syria with laser designators on Russian unmanned aerial vehicles.

⁵² See, e.g., "On special targets": how guided missiles "Krasnopol-M2" will strengthen the artillery of the Russian Armed Forces," Teller Report, February 21, 2021, at <https://www.tellerreport.com/news/2021-02-21-%0A---%22on-special-targets%22--how-guided-missiles-%22krasnopol-m2%22-will-strengthen-the-artillery-of-the-russian-armed-forces%0A--ryeVweLefu.html>; see also "Syria/Russia - 12 Civilians Dead in Idlib Artillery Attacks." Human Rights Watch, December 8, 2021, at <https://www.hrw.org/news/2021/12/08/syria/russia-12-civilians-dead-idlib-artillery-attacks> (noting that "other attacks by the Syrian government or Russian forces in Idlib with 152mm class cannon artillery systems have used Russian-made Krasnopol laser-guided projectiles").

23. The attacks on al-Atareb Hospital not only killed providers and patients but also severely impacted the population by depriving it of access to health care, with significant repercussions on maternal-child health. Data collected prior to and after the attack showed that numbers of reproductive and neonatal care consultations decreased by 78 percent in the two months following the attack compared to data analyzed before the March 2021 attack, even though no population displacement accompanied this decrease.⁵³

IV. Impact of Attacks on Health in Syria

24. PHR and partner research has demonstrated, in both quantitative and qualitative terms, the negative impacts of attacks against health care on health outcomes. Such attacks are strongly associated with significant reductions in health availability and utilization (also known as health accessibility) and health system disruption. From delivery limitations imposed by the destruction of medicines, infrastructure, and equipment to the cascading impacts on neighboring facilities that become overwhelmed and on patient willingness to seek care, these attacks exacerbate the adverse effects of armed conflict and impede the fundamental right to life and the right to health.⁵⁴
25. Research on Syria's health workforce has found a range of profound personal and professional repercussions as a result of sustained attacks on health. Among them, the experience of multiple attacks, including anxiety around prediction and protection from such attacks in the future ("anticipatory stress"), has contributed to deep moral distress and tensions between health care workers' dual obligations to care for themselves and their family, and caring for their patients.⁵⁵ With "double tap" attacks, in particular, Syrian health workers expressed deep worry that a second attack after the first would injure or kill them but they often said they felt obligated to stay and care for their patients immediately after an attack.⁵⁶ Intersectional vulnerabilities have had a particular impact on female health care professionals, rural health workers, and lower income cadres of workers such as technicians and medical assistants, especially their ability to continue working in a health system beset by numerous operational, financial, and governance challenges as a result of the conflict.⁵⁷

⁵³ PHR, "No Place Is Safe for Health Care – The Attack on Syria's al-Atareb Hospital," July 2021, <https://phr.org/wp-content/uploads/2021/07/Al-Atareb-Hospital-Attack-PHR-SAMs-Case-Study-July-2021.pdf>.

⁵⁴ Although this Communication and report focus on the ICCPR, Russia and Syria are both also parties to the International Covenant on Economic, Social and Cultural Rights (ICESCR), which explicitly provides for the right to health under Article 12. General Assembly resolution 2200A (XXI), International Covenant on Social, Economic, and Cultural Rights, Article 12 (December 16, 1966), <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>. The Committee on Economic, Social and Cultural Rights, which monitors state compliance with ICESCR, described what has since become known as the "Health as a Human Right" framework, outlining the essential elements of the right: availability, accessibility, acceptability, and quality. See Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health, U.N. Doc. E/C.12/2000/4 (August 11 2000), <https://digitallibrary.un.org/record/425041?v=pdf>.

⁵⁵ Aula Abbara, et al., "Actually, the psychological wounds are more difficult than physical injuries: a qualitative analysis of the impacts of attacks on health on the personal and professional lives of health workers in the Syrian conflict," *Conflict and Health* 17, 48 (October 9, 2023), <https://doi.org/10.1186/s13031-023-00546-5>.

⁵⁶ Ibid.

⁵⁷ Ibid.

26. The deliberate and systematic targeting of health infrastructure, health professionals and medical resources has impacted every pillar of Syria's health care system, including the governance, information, financing, delivery, infrastructure, and workforce, as well as on security and protection. PHR and its partners have documented the harmful short- and medium-term impacts of such attacks on health workers, the health system, as well as cumulative impacts on Syria's civilian population.⁵⁸ It has also highlighted the additional vulnerability these attacks create for internally displaced populations, people with disabilities, and women and girls. These impacts include:
27. **Diminished availability and utilization of health services as a result of attacks.** Research using PHR's data shows significant negative associations between health facility attacks and outpatient, trauma, and obstetric consultations. On average between 2017 and 2019, a health facility attack in Syria was associated with 51 percent reduction in outpatient consultations and a 38 percent reduction in trauma consultations,⁵⁹ the day after an attack, with statistically significant reductions continuing for 37 and 20 days, respectively, thereafter.⁶⁰ Health facility attacks were further associated with an average 23 percent reduction in obstetric deliveries starting the second day after an attack with significant reductions observed for 42 days. Fewer consultations as a result of hospital attacks represent thousands of patients not able to receive critical diagnoses, medications, procedures, or treatments and ultimately, a violation of the right to health.⁶¹
28. **Greater distance to access care because of health facility closures.** PHR's work on health disparities in Syria has shown that attacks on health care facilities located in areas in Idlib and Aleppo have led to the clustering of health services in relatively safer areas proximate to the Turkish-Syrian border, which makes it challenging for civilians living in remote areas or areas proximate to frontlines to access medical care. Patients in these areas are forced to travel long distances – ranging from six to more than 370 miles,⁶² depending on the type of care required – often at great risk. For example, between July and September 2022, only six facilities in Ariha, a town proximate to the frontline that has been subjected to constant targeting from Syrian and Russian military forces, provided family planning counseling and family planning kits to a population of more than 180,000.⁶³ In contrast, 209 facilities in non-frontline areas of the northwest Syria provided family planning kits and counseling to 4.4 million people. This translates to 4.8 facilities per 100,000 population in non-frontline areas compared with 3.3 facilities per 100,000 in Ariha, a 31 percent greater workload on such frontline area facilities.⁶⁴

⁵⁸ Rohini Haar, et al., "The cascading impacts of attacks on health in Syria: A qualitative study of health system and community impacts," *MedRxiv* (Preprint, peer review in process), December 18, 2023, <https://www.medrxiv.org/content/10.1101/2023.12.18.23300154v1>.

⁵⁹ Outpatient consultations involve medical visits without hospital admission, while trauma consultations are for people with injuries from traumatic events.

⁶⁰ Ryan Burbach, et al., "Quantifying the effects of attacks on health facilities on health service use in Northwest Syria: A case time series study from 2017-2019," *SSRN* (Preprint, peer review pending), December 11, 2023, <https://ssrn.com/abstract=4658384>.

⁶¹ *Ibid.*

⁶² HD_07. Interview conducted in Idlib on August 6, 2021. On file with PHR, as cited in PHR, "Destruction, Obstruction, and Inaction: The Makings of a Health Crisis in Northern Syria," December 15, 2021, p. 9, <https://phr.org/our-work/resources/syria-health-disparities/>.

⁶³ Physicians for Human Rights (PHR), International Rescue Committee (IRC), Syria Relief and Development (SRD), and Syrian American Medical Society (SAMS), "She Pays the Highest Price: The Toll of Conflict on Sexual and Reproductive Health in Northwest Syria," March 14, 2023, <https://phr.org/our-work/resources/sexual-and-reproductive-health-in-northwest-syria/>.

⁶⁴ *Ibid.*

29. **Diminished access due to workforce relocation.** Conflict causes health care personnel to move, impacting access to services in particular regions. Since 2015 in northwest Syria, many personnel have relocated to safer areas, and NGOs have stopped supporting health facilities in frontline or high-conflict areas where care is often most needed.⁶⁵ Relocation's impact on access is clear in the Idlib region, which has experienced intermittent fighting. In 2018, Turkey and Russia negotiated a ceasefire that allowed northwest Syria a relatively stable period and most of Idlib's health system improved. Before the ceasefire, there were several hospitals in the Jabal al-Zawiya district; by 2019, only the Mara'ayan Medical Center remained. It was destroyed in 2021, causing patients to travel to other towns to access care.⁶⁶

30. **Increased reticence to access care due to fear of violence or attack.** Deliberate targeting of health infrastructure has altered how Syrian civilians access health care. Patients and health care providers interviewed by PHR last year stated that they feel afraid of being in a medical facility. This fear stems from frequent experiences of attacks on health care facilities. One interviewee explained, "I was giving birth and heard the planes over the hospital. I was afraid for my family and husband who were in the hospital. As soon as I left the operating room, before I even woke up, they took me home, without examining me or my child."⁶⁷ Another interviewee highlighted the gendered impacts of health attacks on her access to care as well:

[There is] fear of bombing, kidnapping, or harassment. Not all health centers are close to my residence, so I must rent a car to get to the hospital, and then I may be subjected to financial exploitation by the driver As a woman, I avoid going to [medical] centers alone.⁶⁸

Patients reported delaying visits except for emergencies to avoid being in health care facilities during conflict. As one Syrian clinician told PHR, "When health facilities were targeted, we saw pregnant women [only] during labor, instead of four or six times throughout their pregnancy. Some presented with ill-managed anemia. When we asked them why they didn't come for medical care earlier, they said, 'Who would dare visit the hospital when it's being targeted? We would be crazy to stay in the hospital.'" ⁶⁹

31. Violence against health care has altered childbirth practices in northwest Syria. Seeking to minimize their time in health facilities due to the risk of attacks, more women have opted for cesarean sections over vaginal births. A study published in 2021 showed a peak in caesarean sections to 33.2 percent in March 2020 after the military campaign on northwest Syria.⁷⁰ A health care provider interviewed by PHR researchers explained that despite the higher risks associated with caesarean versus vaginal births, the former provided an element of certainty in a situation where patients felt "as if they were going to a front line when visiting a hospital, given how frequent attacks on health care were." The provider added that he and his colleagues would avoid keeping a mother overnight if the recovery rooms were not underground, to avoid

⁶⁵ HD_07. Interview conducted in Idlib on August 6, 2021. On file with PHR, as cited in "Destruction, Obstruction, and Inaction: The Makings of a Health Crisis in Northern Syria," p. 8. Available at: <https://phr.org/our-work/resources/syria-health-disparities/>.

⁶⁶ PHR, "Destruction, Obstruction, and Inaction," 8.

⁶⁷ *Ibid.*, 23.

⁶⁸ *Ibid.*, 18.

⁶⁹ *Ibid.*, 8.

⁷⁰ Note that this publication used facility-based data that can be used as an indicator of the percentage of caesarean procedures. Sara Basha et al., "Protracted armed conflict and maternal health: a scoping review of literature and a retrospective analysis of primary data from northwest Syria," *BMJ Global Health*, vol. 7, no. 8, (Aug. 30, 2022), <https://gh.bmj.com/content/bmjgh/7/8/e008001.full.pdf>.

exposing her to bombings. He explained that while cesarean births allowed the staff and patients to spend less time in a facility than unpredictably lengthy vaginal births, this approach often “negatively impacted the physical and psychological patient outcomes,” since the longer recovery period required post-cesarean may increase pain and post-partum infection rates.⁷¹ Health care providers told PHR that many pregnant women stopped attending follow-up appointments out of fear.

32. Through widespread and systematic attacks on health care worker and facilities, Syrian and Russian forces have severely curtailed the ability of Syria’s civilian population to access emergency, lifesaving health care and led to the increased loss of life. The Independent International Commission of Inquiry on the Syrian Arab Republic (CoI) has, on several occasions, clearly articulated the connection between access to health and civilian mortality, stating:

In deliberately attacking hospitals, medical units and health-care workers, those responsible have violated international humanitarian law with respect to the duty to care for the sick and wounded and have committed the war crime of attacking protected objects. The continued assaults on medical care deprive civilians and injured fighters of medical treatment, increasing the loss of life and the number of persons maimed.⁷²

The CoI has also described the link between attacks on health infrastructure and civilian deaths:

Vicious attacks on civilian infrastructure, including hospitals... have resulted in astounding numbers of civilian casualties and the massive destruction of buildings meant to provide essential services to the population. The deliberate targeting of medical facilities and workers by pro-Government forces, amounting to war crimes, has led to a severe weakening of health-care infrastructure Prevented from accessing life saving treatments, civilians are the main casualties of this practice.⁷³

V. Attacks on Health Care as a Violation of the Right to Life

33. Russia and Syria are both parties to several international human rights treaties, including the International Covenant on Civil and Political Rights. The right to life is enshrined in Article 6 of the ICCPR and is central to the enjoyment of all other rights, including the right to health.

⁷¹ PHR, IRC, SRD, and SAMS, “She Pays the Highest Price,” 23.

⁷² Human Rights Council, Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, ¶ 65, U.N. Doc. A/HRC/33/55 (August 11, 2016),

https://ap.ohchr.org/documents/dpage_e.aspx?si=a/hrc/33/55; Human Rights Council, Report of the independent international commission of inquiry on the Syrian Arab Republic, ¶ 111, U.N. Doc.

A/HRC/27/60 (August 13, 2014),

<https://undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2F27%2F60&Language=E&DeviceType=Desktop&LangRequested=False>; Human Rights Council, Report of the Independent International

Commission of Inquiry on the Syrian Arab Republic, ¶ 254-255, U.N. Doc. A/HRC/28/69 (February 5, 2015),

<https://undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2F28%2F69&Language=E&DeviceType=Desktop&LangRequested=False>.

⁷³ Human Rights Council, Human rights abuses and international humanitarian law violations in the Syrian Arab Republic, July 21, 2016 – February 28, 2017: Conference room paper of the Independent International Commission of Inquiry on the Syrian Arab Republic, ¶ 105, U.N. Doc. A/HRC/34/CRP.3 (March 10, 2017),

https://www.ohchr.org/sites/default/files/documents/countries/syria/A_HRC_34_CRP.3_E%20-%202.pdf.

34. In addition to requiring states parties not to engage in conduct that would lead to the arbitrary deprivation of the right to life, Article 6 of the ICCPR imposes a positive obligation on states to take measures to address the conditions that may threaten life, including by ensuring access to health care.⁷⁴ As this Committee made clear in its General Comment 36:

The measures called for to address adequate conditions for protecting the right to life include, where necessary, measures designed to *ensure access without delay by individuals to essential goods and services such as food, water, shelter, health care, electricity and sanitation*, and other measures designed to promote and facilitate adequate general conditions, such as *the bolstering of effective emergency health services*, emergency response operations (including firefighters, ambulance services and police forces) and social housing programmes.⁷⁵

Elsewhere, the Committee has made clear that health services, along with food, electricity, water, and sanitation, are “basic and lifesaving services.”⁷⁶

35. Highlighting the centrality of health care access to the right to life, the former Special Rapporteur on extrajudicial, summary, or arbitrary executions, Agnes Callamard, has also explained that states have “a positive obligation to ... facilitate such services and a negative obligation not to impede the offer and provision of humanitarian services to individuals and populations in need.”⁷⁷
36. The obligation to protect the right to life applies extraterritorially and “continue[s] to apply in all circumstances, including in situations of armed conflict,” as repeatedly affirmed by the this Committee and international jurisprudence.⁷⁸ States Parties are responsible for respecting and

⁷⁴ Human Rights Committee, General Comment No. 36 on Article 6 of the International Covenant on Civil and Political Rights, on the right to life, ¶ 26, U.N. Doc. CCPR/C/GC/36 (October 30, 2018), https://www.ohchr.org/sites/default/files/Documents/HRBodies/CCPR/CCPR_C_GC_36.pdf

⁷⁵ Ibid., ¶ 30; Human Rights Committee, Concluding Observations on the fourth periodic report of Israel, ¶ 12, U.N. Doc. CCPR/C/ISR/CO/4 (Nov. 21 2014), https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CCPR/C/ISR/CO/4&Lang=En; Human Rights Committee, General Comment No. 6: Article 6 (Right to Life), ¶ 5, (April 30 1982), <https://www.refworld.org/legal/general/hrc/1982/en/32185> (the “inherent right to life” cannot properly be understood in a restrictive manner, and the protection of this right requires that States adopt positive measures”); General Comment No. 14: The Right to the Highest Attainable Standard of Health, ¶ 3 (“The right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the right[. . . to life. These and other rights and freedoms address integral components of the right to health.”); African Commission on Human and Peoples’ Rights, General Comment No. 3 on Human and Peoples’ Rights: The Right to Life (Article 4), ¶ 3. (affirming that the guarantee of “dignified life” requires a broad interpretation of the right to life, including preventive steps to address “chronic yet pervasive threats to life, for example with respect to preventable maternal mortality, by establishing functioning health systems).

⁷⁶ Concluding Observations on the fourth periodic report Israel, ¶ 12; Human Rights Committee, Consideration of Reports submitted by states parties under article 40 of the Covenant: Comments of the Human Rights Committee, ¶ 8, U.N. Doc. CCPR/C/79/Add.42 (November 10, 1994), https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CCPR%2FC%2F79%2FAdd.42&Lang=en.

⁷⁷ *Report of the Special Rapporteur of the Human Rights Council on extrajudicial, summary or arbitrary executions: Saving lives is not a crime*, U.N. Doc. A /73/314 (Aug. 6, 2018).

⁷⁸ HRC, General Comment No. 36, ¶ 67; *Armed Activities on the Territory of the Congo (Democratic Republic of the Congo v. Uganda)*, Judgment, 2005 I.C.J. 168 (December 19),

ensuring the rights under Article 6 of the ICCPR of all persons within its territory and all persons subject to its jurisdiction, that is, all persons over whose enjoyment of the right to life it exercises power or effective control. This includes persons located outside any territory effectively controlled by the State, but whose right to life is nonetheless affected by its military or other activities in a direct and reasonably foreseeable manner.⁷⁹ The International Court of Justice has similarly found that a State Party is bound by its human rights treaty obligations outside of its own territory, an obligation that extends to a state's military forces.⁸⁰

37. The obligation to uphold the right to life can be interpreted in at least two complementary ways. First, the right to life prohibits killing, injuring, and acting to destroy the health system in a way that demonstrably impacts population health. This includes conduct that results in the death of those seeking care in health facilities and of health care professionals providing such care. Second, the right to life includes the right to access health care because, as courts applying international law have repeatedly concluded, the “rights to life, dignity and health are ‘inextricably bound’ and that without health, the right to life would be in jeopardy.”⁸¹
38. The right to life prohibits acts of violence that cause or may be expected to cause death, even when death does not result. The Committee has declared that the obligation to uphold the right to life extends to “reasonably foreseeable threats and life-threatening situations that can result in loss of life” even when they do not result in death.⁸² In *Toussaint v. Canada*, for instance, the Committee explained the scope of the right to life, noting that the right “concerns the entitlement of individuals to be free from acts and omissions that are intended or may be expected to cause their unnatural or premature death, as well as to enjoy a life with dignity.” To ensure this right, the Committee held that the minimum obligation of states parties is to ensure “access to existing health care services that are reasonably available and accessible when lack of access to the health care would expose a person to a reasonably foreseeable risk that can result in loss of life.”⁸³

<https://www.icj-cij.org/sites/default/files/case-related/116/116-20051219-JUD-01-00-EN.pdf>

(international human rights treaties are applicable in respect of acts committed by a State in the exercise of its jurisdiction outside its own territory).

⁷⁹ HRC, General Comment No. 36, ¶ 63; see also HRC, General Comment No. 31 [80] ¶ 10, CCPR/C/21/Rev.1/Add. 13 (May 26, 2004), <https://www.refworld.org/docid/478b26ae2.html> ; African Commission on Human and Peoples' Rights, General Comment 3 on the African Charter on Human and People's Rights: the right to life (Article 4) (November 18, 2015), <https://www.refworld.org/legal/general/achpr/2015/en/70896> (affirming explicitly the extraterritorial application of the right to life).

⁸⁰ *Democratic Republic of the Congo v. Uganda*, ¶ 213, (“According to a well-established rule of international law, which is of customary character, ‘the conduct of any organ of a State must be regarded as an act of that State.’”)

⁸¹ See, e.g., Zahara Nampewo, et al., “Respecting, protecting and fulfilling the human right to health,” *International Journal for Equity in Health* 21, no. 36 (2022), <https://doi.org/10.1186/s12939-022-01634-3> (referencing Patricia Asero & 2 Others v Attorney General of Kenya & Another, High Court Petition No. 409 of 2009, and Centre for Health Human Rights & Development (CEHURD) & 3 Ors v. Attorney General, Constitutional Petition-2011/16) [2012] [2020] UGCC 12 (19 August 2020)); Pt. Parmanand Katara v. Union of India & Ors, (1989) SCR (3) 997; Paschim Banga Khet Majoor Samity v. State of West Bengal, (1996) 4 SCC 37 (Supreme Court of India recognizing that the right to health is an aspect of the right to life with dignity).

⁸² Human Rights Committee, Views adopted by the Committee under article 5 (4) of the Optional Protocol, concerning communication No. 2348/2014, ¶ 11.3, U.N. Doc. CCPR/C/123/D/2348/2014 (August 30, 2018), <https://juris.ohchr.org/casedetails/2541/en-US>.

⁸³ *Ibid.*, ¶ 11.3.

39. Attacks on health care facilities violate the right to life because they can endanger the health and lives of patients, doctors, nurses, technicians, and other workers. However, an important but often overlooked aspect of these attacks on the right to life is the impact on the broader health system. Civilians residing in areas targeted by Syrian and Russian forces, for instance, cannot receive otherwise available and accessible necessary services that sustain life, resulting in preventable deaths and increased suffering.
40. As the CoI has determined, attacks on medical care “deprive civilians and injured fighters of medical treatment, increasing the loss of life and the number of persons maimed.”⁸⁴ In a later report, the CoI further described the link between attacks on health facilities and resulting civilian deaths from a reduction in access to necessary care. It observed that targeting of such facilities “has led to a severe weakening of health-care infrastructure” and that “[p]revented from accessing lifesaving treatments, civilians are the main casualties of this practice.”⁸⁵
41. Similarly, in 2022, Dr. Tlaleng Mofokeng, the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, stated that “violence is a major obstacle in the realization of the right ... to the enjoyment of the highest attainable standard of physical and mental health,” and “may amount to violations of a number of human rights,” including the right to life.⁸⁶
42. Jurisprudence from other regional human rights systems and countries affirms that access to health care is essential to the right to life. The Inter-American Court of Human Rights, for instance, has consistently found that “the rights to life and to integrity are directly and

⁸⁴ Human Rights Council, Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, ¶ 65, U.N. Doc. A/HRC/33/55 (August 11, 2016), https://ap.ohchr.org/documents/dpage_e.aspx?si=a/hrc/33/55; Human Rights Council, Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, ¶ 111, U.N. Doc. A/HRC/27/60 (August 13, 2014), <https://undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2F27%2F60&Language=E&DeviceType=Desktop&LangRequested=False>; Human Rights Council, Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, ¶¶ 254-255, U.N. Doc. A/HRC/28/69 (February 15, 2015), <https://undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2F28%2F69&Language=E&DeviceType=Desktop&LangRequested=False>.

⁸⁵ Human Rights Council, Human rights abuses and international humanitarian law violations in the Syrian Arab Republic, 21 July 2016- 28 February 2017: Conference room paper of the Independent International Commission of Inquiry on the Syrian Arab Republic, ¶ 105, U.N. Doc. A/HRC/34/CRP.3 (March 10, 2017), <https://reliefweb.int/report/syrian-arab-republic/human-rights-abuses-and-international-humanitarian-law-violations-syrian>.

⁸⁶ Violence and its impact on the right to health, ¶ 11, U.N. Doc. A/HRC/50/28 (April 14, 2022), <https://www.undocs.org/Home/Mobile?FinalSymbol=A%2FHRC%2F50%2F28&Language=E&DeviceType=Desktop&LangRequested=False>.

immediately linked to care for human health”⁸⁷ and that lack of medical care may violate the right to life.⁸⁸

43. One area of the right to life implicated by attacks on health care is their impact on sexual and reproductive health. Numerous human rights bodies, including the Human Rights Committee, have affirmed that preventable maternal mortality and morbidity are inextricably linked to violations of the right to life.⁸⁹ In her 2017 report on a “gender-sensitive approach to arbitrary killings,” former Special Rapporteur Agnes Callamard also highlighted the lack of sexual and reproductive health care as an Article 6 violation.⁹⁰
44. For instance, in *Alyne da Silva Pimentel v. Brazil*, the CEDAW Committee considered the case of a young woman who died of complications after her local health center delayed providing her emergency obstetric care. The petitioners argued that Brazil violated her right to life because, due to the “uneven distribution of higher-level health facilities,” Ms. Pimentel “faced serious challenges in gaining access to a hospital during a period when she needed emergency care,”

⁸⁷ See, e.g., *Vera Vera v. Ecuador* (Preliminary Objections, Merits, Reparations and Costs), Judgement, Inter-American Court of Human Rights (ser. C) No. 226, ¶ 43 (May 19, 2011), https://www.corteidh.or.cr/docs/casos/articulos/seriec_226_ing.pdf; *Manuela et al. v. El Salvador* (Preliminary Objections, Merits, Reparations and Costs), Judgment, Inter-American Court of Human Rights (ser. C) No. 441, ¶ 183 (November 2, 2021), https://www.corteidh.or.cr/docs/casos/articulos/seriec_441_ing.pdf. The Inter-American Court of Human Rights has consistently interpreted a link between the right to life and access to health care. For an extensive discussion of the right to life and access to health care, see Cecilia Medina Quiroga and Valeska David Contreras, “Chapter 4, Right to Life,” in *The American Convention on Human Rights: Crucial Rights and Their Theory and Practice* (Intersentia, 2022), <https://doi.org/10.1017/9781839702945.006>.

⁸⁸ *Manuela et al. v. El Salvador*; *Chinchilla Sandoval et al. v. Guatemala* (Preliminary objection, merits, reparations and costs), Judgement, Inter-American Court of Human Rights (ser. C) No. 312, ¶ 170 (February 29, 2016), https://www.corteidh.or.cr/docs/casos/articulos/seriec_312_ing.pdf; see also *Patricia Asero & 2 Others v. Attorney General of Kenya & Another* (High Court Petition No. 409 of 2009), ¶ 56, <https://dontradeourlivesaway.files.wordpress.com/2012/04/kenya-judgment-petition-no-409-of-2009.pdf> (interpreting General Comment 14 to require states to provide access to lifesaving generic medications because “without health, the right to life is in jeopardy”).

⁸⁹ See HRC, General comment No. 36, ¶ 8 (“States parties should ensure the availability of, and effective access to, quality prenatal and post-abortion health care for women and girls, in all circumstances and on a confidential basis.”); Committee on Economic, Social and Cultural Rights, General Comment No. 22 on the right to sexual and reproductive health, ¶ 5, U.N. Doc. E/C.12/GC/22 (May 2, 2016) (“The freedoms [protected under the right to health] include the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health [and entitle all people to] full enjoyment of the right to sexual and reproductive health[.]”); Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, art. 14(2), July 11, 2003, https://au.int/sites/default/files/treaties/37077-treaty-charter_on_rights_of_women_in_africa.pdf. (“States Parties shall take all appropriate measures to . . . protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.”).

⁹⁰ UN Human Rights Council, “Report of the Special Rapporteur on extrajudicial, summary or arbitrary executions on a gender-sensitive approach to arbitrary killings,” June 6, 2017, https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/35/23, paras. 93-95 (“Under the above analysis, the death of a woman, where it can be medically linked to a deliberate denial of access to life saving medical care because of an absolute legal ban on abortion, would not only constitute a violation of the right to life and an arbitrary deprivation of life, but would also amount to a gender-based arbitrary killing, only suffered by women, as a result of discrimination enshrined in law.”).

noting the only hospital that could take her was two hours away.⁹¹ The Committee condemned Brazil for its failure to provide adequate maternal health services, which resulted in Ms. Pimentel's death, observing that "the lack of appropriate maternal health services has a differential impact on the right to life of women."⁹²

45. Here, the targeting of Syria's health care infrastructure has a similarly differential impact on the right to life of women, insofar as their access to appropriate sexual and reproductive health care is necessarily limited by the ongoing perpetration of attacks on health. As noted above, many pregnant women in Syria reported that they stopped attending follow-up appointments – or otherwise minimized their time in hospital – out of fear of being exposed to an attack on a health care facility.⁹³
46. Russia's attacks on health care violate both dimensions of the ICCPR's Article 6 obligation to uphold the right to life. First, Russia's repeated attacks on health facilities – prohibited acts of violence – have killed and injured patients and health care providers alike. PHR has documented many health care workers killed since 2015, when Russia began assisting the Syrian government with its campaign against health care. Additionally, Russian attacks on health care facilities created foreseeable life-threatening situations which could result in death, violating the right to life.
47. Second, Russian attacks severely restrict access to otherwise available health care, shortening and damaging lives. General Comment 36 lists health care as among the essential services required to provide the Article 6 right to life.⁹⁴ Russia's attempts to destroy the health care system in parts of Syria prevent people there from accessing care, adding countless secondary fatalities to those caused by direct attacks.
48. Finally, by intentionally destroying Syrian hospitals and clinics that serve multiple communities, population mortality and illness have increased, with the greatest burden on vulnerable communities such as women and children, those with chronic illness, and the displaced. Even where the loss of life has not resulted, attacks on hospitals have destroyed essential civilian infrastructure, posing a mortal danger to civilians and restricting access to health services as a result. This includes, but is not limited to, sexual and reproductive health services, which, as the evidence cited above illustrates, makes it difficult, if not impossible, for pregnant and postpartum civilians and their infants to access lifesaving services.
49. For these reasons, Russia's conduct in supporting Syria's campaign of violence against the health care system demonstrates a consistent pattern of acts that violate Article 6 of the ICCPR.

⁹¹ Committee on the Elimination of Discrimination Against Women, Views Communication No. 17/2008 (*Alyne da Silva Pimentel v. Brazil*), ¶ 3.10, U.N. Doc. CEDAW/C/49/D/17/2008 (August 10, 2011), <https://www2.ohchr.org/english/law/docs/cedaw-c-49-d-17-2008.pdf>.

⁹² *Ibid.*, ¶ 7.6. Notably, the Inter-American Commission on Human Rights reached a similar conclusion in the context of El Salvador's absolute ban on abortion, finding that the state's legislative framework violated, *inter alia*, the petitioner's right to life as a result of her inability to access appropriate health care. *Beatriz v. El Salvador*, Case 13.378 Inter-American Commission on Human Rights Report No. 9/20, OEA/Ser.L/V/II.175 (2020), https://www.oas.org/es/cidh/decisiones/corte/2022/SV_13.378_ES.PDF. This case is currently being considered by the Inter-American Court of Human Rights, following a January 2022 filing by the Inter-American Commission for El Salvador's failure to comply.

⁹³ PHR, IRC, SRD, and SAMS, "She Pays the Highest Price," 11.

⁹⁴ HRC, General Comment No. 36, ¶ 26.

VI. From Syria to Ukraine: Rising Attacks on Health Globally

50. In Resolution 2286 (2016), the Security Council reaffirmed states parties' obligation to safeguard health care in conflict. Parties to a conflict are not only obliged to respect and protect medical personnel, but also to "ensure that the wounded and sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required."⁹⁵ The Resolution further emphasizes that intentional attacks against medical facilities and personnel are war crimes under the Geneva Conventions.
51. The widespread and systematic attacks by Russia on health care in Syria are consistent with historical patterns. For instance, PHR documented how the Russian military attacked health facilities and workers during the armed conflict in Chechnya in 2000.⁹⁶ Similar reports later surfaced during the Russian-Georgian war in 2008, in which medical facilities and personnel came under attack.⁹⁷
52. The current, full-scale invasion of Ukraine by Russia bears many of the hallmarks of its war strategy in Syria. At the time of this submission, there have been at least 1,382 recorded attacks on health in Ukraine.⁹⁸ In 2022 alone, these attacks constituted more than one-third of all reported health-related assaults globally. A February 2023 report published by PHR and partners concluded that, similar to the conflict in Syria, Russian forces have deliberately and indiscriminately targeted Ukraine's health care system as part of a broader attack on its civilian population and infrastructure.⁹⁹ The report detailed how Russian forces in Ukraine target the health care system by conducting attacks on health care facilities and ambulances, destroying critical health infrastructure and stealing supplies, and carrying out assaults, torture, and ill-treatment of health workers, including doctors, nurses, and paramedics.¹⁰⁰

⁹⁵ ICRC, "Rule 110: Treatment and Care of the Wounded, Sick and Shipwrecked," International Humanitarian Law Databases, accessed April 4, 2024, <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule110>.

⁹⁶ PHR, "Endless Brutality: War Crimes in Chechnya," May 2001, <https://phr.org/our-work/resources/endless-brutality/>.

⁹⁷ In a 2008 statement, the Georgian Medical Association reported that Russian armed forces had attacked an emergency hospital in Gori, severely injuring a doctor who was providing medical assistance at the time. Levan Labauri, the association's then-secretary general, said that doctors had been "working under the permanent air attacks of Russian jets, even in the capital city Tbilisi. Some of our physicians [have been] killed and severely injured and hospitals destroyed. It is a really catastrophic situation." See Peter Moszynski, "Health facilities in Georgia have been attacked," *BMJ*, August 19, 2008 (Vol. 337), <https://www.bmj.com/content/337/bmj.a1357>.

⁹⁸ See "Attacks on Health Care in Ukraine," last modified February 21, 2024, <https://www.attacksonhealthukraine.org/>.

⁹⁹ eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, and Ukrainian Healthcare Center, "Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System," Feb. 2023, <https://phr.org/our-work/resources/russias-assault-on-ukraines-health-care-system/>.

¹⁰⁰ *Ibid.*; See also eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, "Coercion and Control: Ukraine's Health Care System under Russian Occupation," December 2023, <https://phr.org/wp-content/uploads/2023/12/PHR-Report-Ukraine-Coercion-and-Control-December-2023.pdf>.

53. These figures underscore a broader rise in attacks against health globally. Data indicates such attacks surged by 45 percent between 2021 and 2022.¹⁰¹ The Safeguarding Health in Conflict Coalition (of which PHR is a member) and partner organization Insecurity Insight verified and reported more than 1,900 incidents of violence against health care in 2022, “by far the highest number documented by the [Coalition] since it began reporting a decade ago.”¹⁰² The 2023 figure recorded by SHCC was even higher,¹⁰³ as attacks on health facilities also characterized conflicts in Sudan, Myanmar, Israel, and Palestine.¹⁰⁴
54. As in Syria, the scale, frequency, and intensity of such attacks destabilize public health and harm the countries’ civilian populations by limiting access to medicines and reducing access to critical health care services. Medical researchers have noted “the stark reality that each of these attacks results in the disruption and destruction of health care for an entire community, with cascading effects lasting for years afterwards.”¹⁰⁵ The civilian population experiences both direct and indirect impacts of violence on health care in every part of the health system, cumulatively.¹⁰⁶
55. Accountability for these crimes has been exceedingly rare, despite their devastating long-term impact.¹⁰⁷ There has been no successful international prosecution for an attack on a hospital or medical facility to date. Similarly, despite over 20 years of investigations in 17 situation countries, the International Criminal Court has yet to issue an indictment for an attack on medical personnel or infrastructure.¹⁰⁸

¹⁰¹ Safeguarding Health in Conflict Coalition, “Ignoring Red Lines: Violence Against Health Care in Conflict,” 2022, <https://insecurityinsight.org/wp-content/uploads/2023/05/SHCC-Report-Ignoring-Red-Lines.pdf>; Stephanie Nolen, “In Global Conflict Zones, Hospitals and Doctors Are No Longer Spared,” *New York Times*, October 21, 2023, <https://www.nytimes.com/2023/10/21/health/gaza-ukraine-hospitals-doctors.html>.

¹⁰² The Safeguarding Health in Conflict Coalition (SHCC) is made up of 40 health provider organizations, humanitarian groups, human rights organizations, NGOs, and academic programs to take action to protect health workers and end attacks against them. It works to promote the security of health workers and services threatened by war or civil unrest; strengthen universal norms of respect for the right to health; demand accountability for perpetrators; and empower providers and civil society groups to be champions for their right to health. See SHCC, “Ignoring Red Lines”; Safeguarding Health in Conflict Coalition, “About the Coalition,” accessed April 4, 2024, <https://www.safeguardinghealth.org/about-coalition>.

¹⁰³ Insecurity Insight, Safeguarding Health in Conflict Coalition, MAP Action, “Attacked and Threatened: Health Care at Risk,” accessed April 15, 2024, <https://mapaction-maps.herokuapp.com/health>.

¹⁰⁴ According to the World Health Organization’s Surveillance System for Attacks on Health Care, in 2023 alone, 63 attacks on health care occurred in Sudan with 40 affecting medical facilities and 26 impacting medical personnel, leading to 38 deaths. In Myanmar, 66 attacks on health care were recorded with 50 percent impacting health care facilities. The Israeli – Palestinian conflict impacted health care severely during 2023 with 887 attacks on health care in both Israel and occupied Palestinian territories. Seventy percent of these attacks took place in Gaza and other occupied territories between October 7, 2023 and the end of the year.

¹⁰⁵ Rohini Haar, et al., “Attacks on health are war crimes and a public health catastrophe,” *The Lancet* 402, no. 10416 (November 2023): 1971, <https://pubmed.ncbi.nlm.nih.gov/37951223/>.

¹⁰⁶ Ibid.

¹⁰⁷ Stephanie Nolen, “In Global Conflict Zones.” (“The only time a deliberate attack on a hospital was ever referred for prosecution in an international court involved the war in Bosnia. The charge was one of seven against a Serbian military commander considered by the tribunal investigating war crimes in the former Yugoslavia.”); Lara Hakki, Eric Stover, and Rohini J. Haar, *International Review of the Red Cross* 915, no. 915 (2020): 1201-26, doi:10.1017/S1816383121000382 (“One important way to achieve accountability for violations of IHL is through criminal prosecutions.”)

¹⁰⁸ “Office of the Prosecutor,” International Criminal Court, accessed April 4, 2024, <https://www.icc-cpi.int/about/otp>.

56. The bedrock IHL principle that health facilities and personnel must be respected and protected demands prioritization by the international community. All states have an obligation to cooperate to bring an end to serious breaches of international law.¹⁰⁹ In addition to violating IHL, attacks on health care violate a range of human rights, including the right to life. They kill patients as well as health care professionals, while also depriving and limiting entire communities' access to lifesaving health services. Perpetrators of such attacks must be held accountable.

VII. Conclusion and Recommendations

57. On the basis of the Committee's own interpretation of the ICCPR, and relevant international jurisprudence, PHR respectfully submits that the Committee should consider the present case in light of the following conclusions:

- Ensuring access to health is a function of protecting the right to life. This obligation extends extraterritorially to all state parties in both conflict and non-conflict situations. All parties to hostilities have positive obligations to protect access to health in conflict as a fundamental element of the right to life.
- These attacks have violated the right to life enshrined in Article 6 of the ICCPR not only because patients and providers were directly harmed or killed in such attacks, but also because their devastating, cascading impact hinders Syria's civilian population from accessing lifesaving health care including, but not limited to, sexual and reproductive health services.
- Russian forces, independently and with their Syrian allies, have perpetrated widespread and systematic attacks on health throughout their intervention in the Syrian conflict; evidence suggests these attacks have been both deliberate and indiscriminate in violation of both IHL and international human rights law.
- In the face of rising attacks on health globally, the international community must do more to protect and defend the protected status of health facilities and health personnel under IHL and IHRL. Accountability for such attacks is essential to ensure that this norm is not further eroded.

¹⁰⁹ International Law Commission, "Responsibility of States for Internationally Wrongful Acts, with commentaries", 2001, Article. 41, https://legal.un.org/ilc/texts/instruments/english/draft_articles/9_6_2001.pdf.