



THE LANCET

SAFEGUARDING
HEALTH
IN CONFLICT

Transcript

High-Level Side Event during the 72nd Session of the United Nations General Assembly

PROTECTING HEALTH CARE IN ARMED CONFLICT

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Note from the Organizers

This High-Level Side Event during the 72nd UN General Assembly was convened by the Permanent Missions of Canada¹, the Netherlands², Spain³ and United Kingdom⁴ in collaboration with Lancet-American University of Beirut (AUB) Commission on Syria⁵ and Safeguarding in Conflict Coalition⁶ to support international efforts, including those of the UN, to protect health care in conflict areas.

The objectives of the event are to:

- Provide an up-to-date overview of attacks on health care and related violations in armed conflicts
- Review efforts, including those of civil society internationally, to document, investigate, and respond to such violations
- Discuss policy and practice options that support states and UN efforts to address such violations

The transcript has been edited for clarity, language and flow. Footnotes have been added to provide the reader with easy access to important resources referred to by panelists. Additional resources on the subject of 'Attacks on health care in armed conflict' are available at:

<https://www.aub.edu.lb/lcs/Pages/attacks-health-care.aspx>.

More information about the side event, including access to webcast, other documents, and coverage, is available on the event webpage: <https://www.aub.edu.lb/lcs/Pages/unga.aspx>.

For inquiries about the event and follow up activities in the area of protection of health care in armed conflict, please write the Lancet-AUB Commission on Syria: lcs-info@aub.edu.lb.

¹ Canada: <http://international.gc.ca/prmny-mponu/index.aspx?lang=eng>, the Spain:

² Netherlands: <https://www.permanentrepresentations.nl/permanent-representations/pr-un-new-york>,

³ Spain: <http://www.spainun.org/>

⁴ UK: <https://www.gov.uk/world/uk-mission-to-the-united-nations-new-york>

⁵ The Lancet-AUB Commission on Syria: <https://www.aub.edu.lb/lcs>

⁶ Safeguarding in Conflict Coalition: <https://www.safeguardinghealth.org>

Introductory remarks by the moderator

Good morning. Thank you everybody for coming. My name is Dr. Homer Venters. I'm the Director of Programs for Physicians for Human Rights. I'm joined here by a group of incredibly distinguished experts in the world of medicine, diplomacy, human rights. Many of you in the audience, and some who will join us up here in just a few moments, bring together a set of perspectives that are incredibly important to document and seek accountability and justice for war crimes, crimes against humanity, and other human rights abuses in the bombing, attacks, and killing of health-care workers around the world. Some (of these abuses are) in hot spots and some in places so far away we never hear about it.

I want to thank the organizers for this important event: the Permanent Mission of Canada, the Netherlands, Spain, and the United Kingdom, the Lancet-American University in Beirut Commission on Syria and the Safeguarding Health in Conflict Coalition. All of those organizers have come together to make sure that we hear a diverse set of perspectives, and think concretely about next steps towards justice, accountability, and above all, preventing future loss of life.

In that vein, we will have a series of brief interventions by colleagues here seated next to me. We will then have a couple of longer interventions followed by a film that I'll introduce produced by Spain, a very powerful film. And then we'll move into a second panel on protecting health-care in armed conflict, and we will have ample time for discussion for all of you to weigh in to give us different perspectives on what you see as the major promoters of attacks on healthcare in armed conflict settings, and also the best paths towards mitigating and holding the parties accountable for these crimes against humanity, these war crimes, these human rights abuses.

Welcome from Sponsoring States



The Honourable Ginette Petitpas Taylor,
Minister of Health, Canada

Ministers, distinguished guests, ladies and gentleman, it is an honour and a pleasure to welcome you to this important event, together with our co-sponsors and organizers. Today's event is a critical opportunity to demonstrate our leadership and our unwavering commitment to the implementation of UN Security Council Resolution 2286⁷. On behalf of Canada, I stand here today to tell you that we are deeply concerned about what has been called the "weaponisation of health care".

The World Health Organization reports that, from 2014 to 2016, there have been a total of 869 attacks on healthcare workers and facilities around the world. One thousand, three hundred and seventy-seven healthcare workers have lost their lives in these attacks. Let us pause on that number for a minute. One thousand, three hundred and seventy-seven healthcare workers have died, in service to the world's most vulnerable people. To put those lives lost into further perspective, that is 8 times the number of men and women who graduated from this city's own Columbia Medical School last year.

Even more concerning, there have already been 80 attacks in the first three months of this year. 2017 is on pace to be even more violent than the previous three years. Violence directed against healthcare workers and health infrastructure must stop. The international community must respond with urgency. All humanitarian workers, including those providing medical care, are protected under international humanitarian law. Yet they are not safe.

It is not just people under attack. Targeting of medical facilities themselves will have devastating and far-reaching consequences. Efforts we've undertaken as a global community to improve a child's access to a vaccine, or a women's access to a safe birthing environment are at risk of being reversed.

More than 80 non-UN Security Council member states, including Canada, joined together to improve the protection of medical care during conflict by co-sponsoring Security Council Resolution 2286. This demands that all parties to armed conflicts fully comply with their obligations to protect all medical personnel and facilities. Further, it demands that all parties facilitate safe and unimpeded passage for medical personnel and supplies.

However, violations of international humanitarian law have continued unabated. A high proportion of attacks are taking place in protracted crises, such as Syria, Yemen and Afghanistan. With no end to these conflicts in sight, the world will continue to need humanitarian and medical workers operating in challenging environments. It is clear that political solutions are needed to bring about an end to these conflicts, notably where blatant disregard for international humanitarian legal obligations have brought about unprecedented humanitarian crises.

⁷ Security Council Resolution 2286: http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/2286%282016%29

Canada will continue to champion the security of healthcare workers who are increasingly being asked to put their own lives at risk to save the lives of others. We must protect those providing care on the front lines. Disregard for medical impartiality cannot be the new norm. There must be strict compliance with international humanitarian law by all parties to conflicts. We must keep this issue front-and-centre on the global stage if we are to move from awareness to action, in order to meaningfully improve the situation on the ground.

Canada remains committed to working alongside key partners, including civil society organizations, other governments, regional organizations and the UN family to ensure that we maintain positive momentum on Resolution 2286.

Before concluding, I would like to take this opportunity to acknowledge the tremendous work provided in conflict zones across the globe by our humanitarian partners, many of whom have joined us here today. Thank you for your incredible contributions and efforts to provide essential health care and services to the most vulnerable. Partners such as Médecins Sans Frontières, and the International Red Cross and Red Crescent Movement have been actively advocating for attention to this issue. We all must lend our voices to theirs, and reinforce that a healthcare worker is not a target.

Canada looks forward to continuing to work with all of you to ensure the security of healthcare workers worldwide.



H.E. Ildefonso Castro,
Vice-Minister of Foreign Affairs, Spain

Good Morning. Thank you. It's a great opportunity to be here today and to talk about the protection of healthcare in armed conflict. Over the two years that we served on the Security Council, many conflict situations have gained our attention with a mode of effort to fight against terrorism or an operant phrase.

I would like to stress that Resolution 2286 and having 84 co-sponsors was a real achievement. I will comment about three things: the added value of the resolution, the main constraints that we still face, and the question of what else can be done.

Why a Security Council Resolution? Protection for healthcare is a basic part of International Humanitarian Law. So why a Resolution? There are two reasons. First, because of the approach of the Resolution. The Resolution was a text drafted by five non-permanent members of the Security Council working together with very close support from civil society. Second, because of the scope of the text. It does not go beyond the International Humanitarian Law. It's not a mere condemnation. It describes concrete actions that can and should be taken, both by member states and by the United Nations.

What are the main obstacles? So far so good, but—and this is a big ‘but’—was the text useful in limiting the numbers of attacks against medical facilities? We have to admit that the number of attacks have increased in the last 18 months. Obviously, political will is the main obstacle to full implementation of this and other UN Security Council Resolutions. But the tool is there and the Secretary General has supported it with concrete recommendations⁸. We are starting to work in the right direction.

What else can be done? Of course, Security Council should continue to devote attention to this agenda, and I point here to my dear colleague Mr Christiaan Rebergen from the Netherlands. All of us, States and civil society, can do more. I want to share with you a few suggestions. In terms of advocacy, we should politically condemn every single attack at any time and request a proper investigation. The Security Council should do so as a proof of collective commitment. A Group of Friends⁹ established in Geneva could follow up and act accordingly. The Security General should communicate regularly with the Security Council about this.

In terms of sharing good practices, the Secretary General can establish a regular mechanism. It could feed regular reports to the Security Council. The most importantly intents of accountability, the Security Council should make regular use of International Humanitarian Fact-Finding Commission. It can be a tool to support effective congress and communities to document and investigate attacks, and pay particular attention to victims. Reparation is essential.

⁸ Letter from the Secretary-General to the Security Council with recommendations on measures to implement Resolution 2286 (18 August 2016): http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2016/722

⁹ Group of Friends of the Protection of Civilians (Australia, Austria, Belgium, Brazil, Canada, France, Germany, Italy, Japan, Liechtenstein, Luxembourg, the Netherlands, Norway, Portugal, Switzerland, the United Kingdom and Uruguay) - Read for example the [Group's statement during the Security Council open debate on the Protection of Civilians and Health Care in Armed Conflict](#), 25 May 2017

Let me conclude with a personal remark. My father was an army doctor when I was a young kid, 5-6 years old. So, I'd ask him, "If there is a war, you would take care of Spanish soldiers?" He'd say, "No, I would take care of everyone."



H.E. Mr. Christiaan Rebergen,
Vice Minister for International Cooperation, Netherlands

First, thank you to all the organizers, the Lancet- American University of Beirut Commission on Syria, and Safeguarding Health in Conflict Coalition for organizing this timely event and continuously putting protection of health care on the international agenda. Thanks to Canada, Spain, UK for co-hosting this with us.

The landmark Resolution 2286 was unanimously adopted. This is significant and I have to pay tribute to our Spanish colleagues and all our co-sponsors of the Resolution. But, as was said already, if the implementation does not result in significant changes on the ground, we need to step up our efforts. Medical facilities are often directly affected by hostilities, and increasingly face bombardments and other forms of armed violence. This is simply unacceptable and many of you probably have been to all the events this week on Yemen, on Iraq, on South Sudan. The picture you get of all these so-called man-made crimes is they are terrible. This morning we actually hosted, together with Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator and Sweden, an event on humanitarianism in Yemen. I just want to mention some figures. After many talks with the UN Resident Coordinator the facts that have emerged are that 45% of health services do not work anymore. Sana Airport is still closed and would hardly allow medical services to get through. These facts are just unacceptable.

There are usually multiple sources reporting on the bombing of a hospital in Yemen or the killing of health workers in Central African Republic. So we need to know what's going on. But accessible, standardized information is often lacking. This is one of the main bottlenecks that really hindered implementation of Resolution 2286. So accurate data will provide us with effectual basis of monitoring and reporting. More importantly, will enable accountability mechanism like the new one we just established for Syria¹⁰ for suspected perpetrators of war crimes and other international crimes.

We welcome the efforts also done by all civil society organizations in collection of data, and recognize here their valuable contribution in collection of data on the ground. We look forward to the initiative by the UN, UNHRC, and especially WHO, to set up a global system for data event collection and to report annually to the UN Security Council.

Hostilities continue to affect healthcare facilities. Health workers may even be considered a target. And some parties seem to have made this a method of warfare; disregarding the protected status of medical missions with far reaching consequences.

Interruption of health-care programs, including vaccination programs, has a detrimental impact of the welfare to populations. These practices may cause outbreaks and diseases that could otherwise been prevented and treated, like the cholera epidemic in Yemen. Sadly, 700,000 people are now affected.

We have to ask ourselves, why are we still allowing these practices to undercut the goals we set ourselves in 2016?

¹⁰ Un General Assembly resolution A/71/L.48, adopted December 21, 2016. International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Those Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011: http://www.un.org/ga/search/view_doc.asp?symbol=A/71/L.48

Let me conclude by saying that the Kingdom of the Netherlands has been elected a member of the Security Council starting 2018. If the Security Council does not address the threats to the safety of the medical mission and ensure that perpetrators are held accountable, we will risk more general erosion with respect for International Humanitarian Law. In the Security Council, my country will call for accountability for those who that violate fundamental norms intended to save our humanity. We will support, whenever we can, the implementation and the use of practical measures to implement this important Resolution as recommended by the Secretary General. One of those practical recommendations that the Secretary General called for was improved and harmonized data collection. We count on the member states, the UN agencies, the relief organizations alike, to support this recommendation and assist efforts to monitor and report on attacks on healthcare so perpetrators can be held accountable.

Thank you.



H.E. Mr. Matthew Rycroft,
Ambassador & Permanent Representative to the UN, UK

I wish to thank the organisers of this event and my fellow co-hosts for their leadership and dedication to this agenda.

I am honoured to stand alongside like-minded member states, global experts in human rights and health, Syrian civil society and others who are dedicated to this important cause.

I also wish to acknowledge the thousands of doctors, nurses, ambulance drivers and other health workers, who, despite immense risk, are continuing to serve, to save lives and care for patients in Syria and other conflict zones across the world.

The Geneva Conventions bans indiscriminate attacks and targeting of civilians, medical personnel and facilities. UN Security Council Resolution 2286 was designed to ensure compliance. Yet attacks continue with impunity.

Syria sets a particularly dangerous global precedent. It represents the most severe death toll of health workers and the most widespread destruction of health on an unprecedented scale.

For years, the Syrian regime has conducted a systematic campaign against medical professionals trying to save civilians.

Just four days ago, we heard reports of appalling attacks by pr-regime forces on medical facilities in rural southern Idleb and Hama. Amongst the dead were three Syrian health workers.

One of the hospitals that was destroyed specialized in maternity and pediatric care. On a monthly basis, the hospital was providing an average of 13,000 consultations, 2,300 admissions, 1,500 major surgeries and 1,500 war related trauma cases. With one strike, the facility went completely out of service.

The impact of that one attack will have far reaching, potentially fatal, consequences for thousands of women and children - now and in the future. And, let us be clear, that is precisely the reason why the Syrian regime and its allies are attacking medical facilities.

The UK is taking a number of important practical steps through our aid programmes to protect health workers and mitigate impacts on the ground. This includes training health workers for emergency response, providing early warning systems and chemical weapons preparedness. We provide equipment and kits to help them protect themselves from further attacks and injury.

We support health facilities in Syria to make their buildings safer and to promote access to mobile clinics. We supported health partners in Gaziantep in Turkey to develop the first real-time reporting tool to record and document attacks on health care.

The UK will also continue to use every opportunity to speak out on this issue, which is why I am very glad to be here today.

I hope that this event will generate further ideas for action. In the meantime, I have one suggestion for further practical action we can take here in New York.

Resolution 2286 called for the Secretary General to brief the Security Council on country situations involving attacks on health care. These must happen. Reporting on attacks on health care should be provided by a range of UN interlocutors, including the Office of the High Commissioner for Human Rights and the Special Representative on Children in Armed Conflict - whose mandates and practices include naming perpetrators of attacks. The Council needs to know that the attack happened, the impact of the attack, and what is known about alleged perpetrators.

Once again I thank you for this opportunity to help raise the profile of this important issue, and I look forward to seeing what more we can do together to advance protection of health workers in armed conflict.

Welcome from the organizers



Iman Nuwayhid,
Co-Chair, Lancet-American University of Beirut Commission on Syria

Excellencies; Ladies and Gentlemen; Good morning and a warm welcome. On behalf of the Lancet-American University of Beirut Commission on Syria and the Safeguarding Health in Conflict Coalition, it is a real honor for us to be with you today.

We thank the four Member States for their leadership on the issue of protecting health care in armed conflict and for sponsoring today's discussion. I extend sincere appreciation to the many people involved in organizing this event particularly the Canada team of Kaitlyn Pritchard and Carmen Perlain. In the Commission, our relationship with Canada has a significant history, not the least through AUB's decades-long partnership with Canada's International Development Research Center.

I speak today in two capacities—as co-chair of the Lancet-AUB Commission, and as Dean of FHS: the Faculty of Health Sciences at AUB¹¹ which is a leading institution of public health in the Arab region. Wars and conflicts have devastated our region for decades. More than 50% of the countries in the Arab region are affected by wars, occupation, and armed conflict and consequently our region hosts more than 25% of all world's refugees and displaced populations. Hundreds of thousands in Yemen are succumbing to cholera-- an indicator of the breakdown of the country's healthcare system. Millions of Syrians are displaced within Syria or have sought refuge in neighboring countries and beyond. Iraq is still paying the price for a decade of sanctions, military invasion, and deep internal conflicts. Palestinians in the West Bank and Gaza and in diaspora are still struggling for statehood and self-determination. As an academic institution rooted in the Arab region, AUB has utilized what it does best, research and education, to better understand war and conflict in the region and assess their impact on health and wellbeing. Towards this goal, the Lancet-AUB Commission on Syria aims to produce the best evidence possible on health in conflict for use in policy and practice.

Understanding conflicts, however, and analyzing its burden on health is not an easy task and goes beyond tallying the dead and injured. Such analysis requires an interdisciplinary approach that helps delineate the political factors from the economic, social, and environmental, construct the historical and political context of the war, and untangle the local from the regional and international. The Syria crisis, which is the focus of our Commission, is such an example of an uprising that evolved into an internationalized war with fluid and dynamic boundaries of engagement and seeking of healthcare transcending the political borders thus imposing a de facto regional healthcare system and response. Health and healthcare became a political tool reflecting the interest of state and non-state actors at the local, regional, and international levels. These actors became the custodians of life and death— giving life in one hand and taking it in the other.

It is this realization that allows me, both on behalf of the Lancet-AUB Commission and my university, to call for two things:

¹¹ Faculty of Health Sciences, American University of Beirut: <https://www.aub.edu.lb/fhs>

- Stopping the fueling of these wars. Billions of dollars are spent in the purchase and delivery of weapons to Syria and other countries and this should stop. International and regional powers are culprits in this. Imagine for a moment what world we could be living in if these billions were invested in health and education.
- Health cannot and should not be used as a weapon of war. Healthcare workers and the healthcare infrastructure are not military targets. My colleagues in the Commission have referred to this as ‘weaponization’ of health care¹², a systematic process of targeting health care to shut it down, deprive people of access and perhaps drive them out. Wars are brutal no doubt; it is the nature of the beast. Still there are basic rules that should guide wars as ironic as it sounds and human rights should always be protected. Blocking access of people to health care especially in conflict is a violation of such rights and should not be tolerated. This is what brings us here today—a call, a strong demand that healthcare should be protected in armed conflict.

We are here to discuss what we can collectively do and act accordingly. Our region produces the largest contribution of attacks on healthcare globally; health systems are being destroyed; and healthcare workers tortured and killed. Most universities and academic institutions prefer to step away from an advocacy role, especially in contexts of political divisions, but this is beyond politics. The academe should join the tremendous international efforts to keep the pressure until such attacks stop, be it in Afghanistan, Iraq, Palestine, Syria, or Yemen. Perpetrators should be named and in many cases they are known. The UN Security Council Resolution 2286 is one tool in this direction but it needs concrete and clear steps to implement.

Excellencies, Ladies and gentlemen,

Lack of evidence has not been the hindrance to protecting health care in armed conflict-- it is inaction. So let's act.

Thank you.

¹² Health workers and the weaponisation of health care in Syria: a preliminary inquiry for The Lancet–American University of Beirut Commission on Syria: [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30741-9/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(17)30741-9/fulltext)

Technical presentations



Homer Venters, Director of Programs, Physicians for Human Rights¹³

My name is Dr. Homer Venters. I'm the Director of Programs for Physicians for Human Rights. I'm a physician. I've cared for patients in situations that are not as difficult as we're talking about here, but as the person who ran the jailed health system in New York City for about a decade, I know what it is to fear for my own safety, to fear for the safety of my staff, and certainly to fear for the safety and well-being of patients.

Attacks on health-care workers are an affront. We all can agree that it is a moral outrage and a violation of multiple types of laws and legal constructs but as we are discussing these problems aren't getting better. In some cases, they're getting worse. We hear of more attacks overnight. So, what should we resolve to do to push in the direction of change? To realize some of the commitments that we have made and many of you have made for decades? And for you and your colleagues, many of you, with your lives. How can we honor their sacrifices and bring these outrages to an end?

I want to make several brief points. We have been part of the Safeguarding Health in Conflict Coalition, led by Len Rubenstein, which produced the Impunity Must End report¹⁴ from which I present two slides.¹⁵

The first slide shows the many countries where attacks on healthcare workers occurred in 2016. We talked quite a bit about Syria, about Yemen, maybe a little bit about Afghanistan. These are areas where the magnitude of these problems, also the type of clear moral outrage that the actions of state actors who were using Sarin gas on civilians, draw our attention. But there are many parts of the world where health-care workers are killed, and so it's important for us to not forget the nations where one or two or five or six attacks happen.

We need to stand in solidarity with other doctors and nurses but also all health-care providers. Before I became a doctor, I worked on an ambulance as an emergency medical technician. Those are some of the most vulnerable staff across the world: They're easily targeted, and they don't often have the protections of the medical society. As health-care workers around the globe, we must stand in solidarity with each other. That means that American Medical Associations needs to stand in solidarity with Syrian medical associations. Nursing associations that care about nurses in Alabama, Minnesota and California have to care about nurses in areas of conflict. That is an absolute requirement of all of our professional societies, because it's clear that the resources we've brought to bear so far have not led us to an outcome that's favorable.

The second slide is a table that lays out the different types of attacks on health-care workers. This is instructive because it can be confusing. The advocacy and accountability pathways are confusing. There

¹³ Physicians for Human Rights: <http://physiciansforhumanrights.org/>

¹⁴ Impunity Must End: Attacks on Health in 23 Countries in Conflict in 2016: <https://www.safeguardinghealth.org/sites/shcc/files/SHCC2017final.pdf>

¹⁵ Slides can be accessed at: <https://www.aub.edu.lb/lcs/Pages/unga.aspx>

are many types of attacks, including types that aren't shown on the slide. For example, siege is not included on the slide. How do you categorize placing an entire city under siege, starving people out? Bombing the hospitals certainly, but also doing many other small things and large things to lead to the destruction of a health service.

Our actions towards for accountability and justice must be just as varied as the types of attacks shown on this table. So, we talk a lot about, "Who are the main perpetrators? Who drops the barrel bomb? Who drops the Sarin bomb?" But we must also talk about who the enablers of these abuses are. We just heard this week that the United States is going to move oversight for the foreign sale of ammunition from the Department of State to the Department of Commerce. This is explicitly so that more ammunition, such as M16, can be sold abroad. That is so that more bullets can be sold in other countries to fuel armed conflict. That will lead to more deaths of more health-care workers and innocent civilians. The exact problem that we're coming together to talk about, will be made much worse just by this plan.

We also must talk about, "Where do our bombs go?" US bombs have ended up on a civilian hotel or other infrastructure in Yemen. Brazilian cluster munitions, similarly, are dropping into households. We must hold our own nations accountable, even as we also redouble our efforts for international accountability through the IIIM (International, Impartial and Independent Mechanism on international crimes committed in Syria), through the ICC (International Criminal Court), through all the legal mechanisms that we have created, that many of you have worked your whole careers to generate.

Accountability must come from many directions, and it must involve new partners: health-care workers from across the globe, advocates in local politics, and domestic politicians in nations that are aiding and abetting these outrages, not simply you all in the international law community who have been fighting this fight for many years.



Ahmad Tarakji,
President, Syrian American Medical Society¹⁶

Thank you all for being here today, and I'd especially like to thank the missions of Canada, Spain, The Netherlands, and the United Kingdom for sponsoring today's event.

We've all heard many stories- more than we ever imagined- about the atrocities being committed around the world against innocent civilians, and often, against health workers. It is hard to believe that here we are, in the year 2017, and this problem is worsening, not improving. As a physician myself, and the leader of an organization which represents thousands of fellow physicians both here in the United States and in the Middle East, this is extremely alarming.

But we know this. We know the stories, the hardships. We know the perpetrators, and we know the "politics" preventing any improvement or protections for health workers. Yet that is what I want to focus on today: how does the international community come together to implement common sense, rational reforms to protect health workers in conflict?

I'd like to focus on three key steps: 1) creating a pre-emptive, clear mandate in every conflict; 2) establishing concrete accountability measures and enforcing such measures; and 3) strengthening and empowering local health systems and workers.

The first point, creating a pre-emptive, clear mandate in every conflict would involve a collective effort by members of the international community, and particularly the Security Council, to make clear from day one of a conflict that attacks on health care are unacceptable and the perpetrators of such attacks will be held accountable. Such a statement could act as a major deterrent to subsequent attacks, and would set the tone right at the start that attacks on healthcare are unacceptable and medical neutrality must always be respected. You would think that such statements and resolutions would be commonplace, but think how rare they are. Have we heard such statements about Yemen, Afghanistan, or South Sudan? In Syria, were statements made and resolutions passed immediately? Or did it take years and countless hours of painful negotiations to pass a simple resolution which simply confirms existing international laws? The international community must be clear from day one; I repeat, day one, that attacks on healthcare are unacceptable and will not be tolerated.

My second point focuses on accountability. This, too, should act as a major deterrent to attacks on health. Many countries and bodies have called for accountability, and I would like to think those calls are sincere and well-intentioned. However, such accountability fails to occur, as has been the case in nearly every conflict occurring in the world today, then these well-intentioned attempts to deter attacks actually end up promoting them. Hostile actors recognize the lack of enforcement and thus feel emboldened. Let me be very clear: justice is blind. Many of you have heard that saying, but I wish more of you were to abide by it and respect it. If an individual or state is responsible for an attack on healthcare in violation of international law or security council resolutions, he or she should face consequences in line with international law and criminal responsibility. Plain and simple. It shouldn't matter who is allied with who, or what geopolitical interests are involved. It is in the best interest of each and every country to enforce accountability and to fairly interpret international law. Because even if it's not in your best interest today, it might be in the future. We must all act as one in enforcing international law, particularly in armed conflict.

¹⁶ Syrian American Medical Society: <https://www.sams-usa.net>

My third point involves strengthening local health systems and workers. Many of today's conflicts are taking place in poor and underdeveloped countries, which often have fragile and inadequate health systems. The medical workers are also unprepared to deal with attacks on their patients, facilities, and even themselves. And they're even more unprepared to help bring the perpetrators of those attacks to justice. But this is where the international community can help. By strengthening local health systems through training, funding, and capacity-building, local medical staffs will be better equipped to deal with attacks on health and humanitarian emergencies. We must act before, not after, these attacks take place. The international community should work with WHO, ICRC, and other organizations to identify particularly vulnerable health systems and begin work immediately to strengthen them. Furthermore, there should be a new working group created, composed of officials from key UN agencies, NGOs, and legal experts to develop formal policies for health workers to document attacks on healthcare. Local health workers should then be trained on these methods and policies in order to act as an additional deterrent against these attacks. If perpetrators of these attacks know that the health workers are trained to document such attacks, this could be yet another deterrent.

A pre-emptive mandate, clear accountability, and strengthening local health systems are three common-sense, practical ways to help protect against attacks on health care. I don't think anyone is naive enough to think that these will be easy to implement, or that they will stop all of the current attacks. But we must try. We have a moral obligation as human beings to protect health workers and civilians in conflict. We must honor our commitments and respect our laws. Only then will we begin to move forward.



Leonard Rubenstein,
Chair, Safeguarding Health in Conflict Coalition

I am honored to be here today representing the Safeguarding Health in Conflict Coalition. The Coalition consists of more than three dozen humanitarian, human rights and health organizations, working together to protect health workers and services threatened by war or civil unrest.

I would like to thank Canada, Spain, UK and the Netherlands for their leadership, including the specific and concrete actions they are taking to put their commitments into action. I would like to single out one of these actions, pending now: Netherlands' sponsorship of a proposed resolution for a commission on inquiry in Yemen at the Human Rights Council, which Canada is also supporting. This is the kind of leadership we need to end impunity.

My colleagues have justifiably spoken about the vast scope of attacks in Syria and Yemen that bring catastrophic human suffering. But we need to remember that attacks on health care is a global problem, well-illustrated by violence inflicted on health services during the past two months alone. I will provide just a handful of examples. In July, an armed group bombed a hospital in Kabul, killing at least 50 people. Last month, in the battle for Raqqa, the Syrian Observatory for Human Rights reported that on consecutive days, coalition forces bombed hospitals. Also in August, in the Central Africa Republic, MSF had to pull staff out its hospital in Zemio after armed groups shot a baby in her mother's arms inside a hospital.

The horrors never seem to cease. But we are at a different place than we were five years ago, where global attention to the attacks on health care was almost non-existent. Where there was once invisibility and apparent indifference, to attention, condemnation, resolutions and some concrete actions such as the World Health Organization's launch of an initiative to collect and disseminate data on attacks on health care. But now, unfortunately, at the Security Council, instead of forward movement after the adoption of resolution 2286 the next step has been virtual paralysis. As you know the Council has not even adopted the extensive and sensible recommendations of the Secretary General to member states to reform their laws, improve their military practice, strengthen their investigations, and ensure accountability – and report on all of these actions. And the failure to follow through reinforces impunity.

That paralysis, though, should not impede action by the many member states that deeply believe in the norms of civilian protection and the sanctity of health care. I would like to outline eight concrete steps states can take now, on their own and through UN bodies.

First, the General Assembly should ask for a report by the Secretary General on its 2014 resolution on Global Health and Foreign Policy, which called on states to take preventive measures to promote the safety and protection of health personnel. The report should identify actions taken – and not taken -- including steps to strengthen investigations and promote accountability.

Second, member states should publicly commit to implement the recommendations of the Secretary General to fulfill the objectives of Security Council resolution 2286. The commitment should include annual reporting on steps they have taken to carry out the recommendations.

Third, states need to be accountable for actions they have committed in resolution 2286. To do this, leadership states like those here today should support independent reporting on whether states are

acting in accordance with resolution 2286 regarding their own laws, practices, investigations, and accountability procedures. In this connection, I note that the Special Rapporteur on the Right to the Highest Attainable Standard of Health is planning to report on laws and practices that criminalize the provision of impartial health care services to people deemed enemies. Similar reporting is needed to assess whether they are taking actions called for by resolution 2286.

Fourth, resolution 2286 calls on the Secretary General to provide country-specific briefings to the Security Council. But they are not taking place, and they must bring pressure on the perpetrators to cease attacks. These briefings should be provided not just by OCHA, but by the Office of the High Commissioner for Human Rights and the Special Representative on Children in Armed Conflict, both of whose mandates embrace the naming of perpetrators of attacks.

Fifth, states should urge the Secretary General to confirm that his annual report on Children in Armed Conflict will include an appendix containing an accurate, credible and complete listing of perpetrators of grave violations against children's rights in conflict, including attacks on hospitals and health workers.

Sixth, states need to take seriously their responsibility to ensure respect for international humanitarian law as set in the very first article of each Geneva Convention. To that end, they should initiate investigations of instances where partner military forces as well as their own may have attacked hospitals and other health facilities.

Seventh, consistent with the Secretary General's recommendations to implement resolution 2286, member states should assess the likelihood that arms they sell may be used to commit serious violations and cease arms sales if there is a substantial risk of such violations.

And finally, with respect to Syria in particular, as a follow up the General Assembly's authorization of an independent mechanism to collect evidence of war crimes in Syria, the General Assembly should consider the establishment of a tribunal to hold perpetrators accountable for targeted or indiscriminate attacks on health facilities and personnel, and the arrest, torture and killing of health workers, as well as for other crimes.

We must go beyond admonitions and hand-wringing about attacks on health care as the so-called new normal. None of the steps I outlined are beyond reach. They are in fact quite modest. It is important to get started. Thank you.



Naz Modirzadeh,
Director, Harvard Law School Program on International Law & Armed
Conflict¹⁷

Thank you very much. I have five points I'd like to make in five minutes but before that, I begin by acknowledging that having the task of talking about law, and particularly international law, in the context of what we have heard and the stories, and their very personal nature, as you said Doctor Tarakji, of this crisis happening around the world is a difficult task. We've heard repeatedly today that the real problem is not the law; it is the enforcement of the law. I want to honor that and say that in my comments about law, I am modest and humble as to the significance of law itself here, as opposed to political will and accountability.

That said, I do want to emphasize, before I make the five brief points, that the way that international law works is through treaties, through Security Council Resolutions, through enforcement in courts. But I want to emphasize that one of the ways that international law can be developed progressively, or can be destroyed, is through the statements and actions of every single state in the world. Every state, small or large, powerful or weak, involved in war or not, has the ability to develop, reaffirm, strengthen international law and its principles or the ability through silence, through sitting back, through not speaking out, to contribute to its degradation. I want to use that point to underscore my other comments about international law.

First, the protection of medical care. We've heard a lot about attacks on healthcare providers. I'd like to emphasize that 150 years ago, which is not something we often get to say about international law, the way that protection for medical care in armed conflict began was protection for combatants. It was protection for the enemy. It was the idea, I think the radical idea at the time and perhaps still today, that once an individual is out of the fight, once they are wounded or sick and no longer pose a threat, there is an obligation on all to provide life-saving medical care and appropriate care based on medical need alone. Over 150 years, the progressive development of International Humanitarian Law grew that protection from protection for combatants to protection for prisoners of war, to protection for civilians. I want to underscore that this development and this growth of international law has built over time to protect those who receive medical care, the wounded and sick, those who provide medical care, doctors, nurses, and other healthcare providers, and the supplies and actual implementation items that those professionals need in order to provide that care.

Second, Resolution 2286. I want to emphasize the contribution that the Resolution has made in legal terms. We've heard a lot about the political context, which is of course crucial. In legal terms, Resolution 2286 is indeed a move forward. It is groundbreaking, not only in terms of the fact that the Resolution happened but also in the sense that Resolution expands, in my view, the core protections in international law, both for healthcare providers as well as protections for the buildings and goods that they provide to extend healthcare to all in both international and non-international armed conflicts. So it may serve to slightly expand our understanding of the context in which the protections apply. But second and importantly, underscores that violations of those protections are war crimes in both international and non-international armed conflicts. Perhaps a significant move forward in the underlying norms.

¹⁷ Harvard Law School Program on International Law & Armed Conflict: <https://pilac.law.harvard.edu/>

The third point I'd like to make is that, and I think this is known to all of us but it bears repeating over and over again, laws matter very little if we do not have evidence as to their implementation and their violation, and if we do not monitor and enforce them in those moments when the law matters. And everything we have heard today, this is exactly the situation for which these laws were crafted. They were crafted for the battlefield. They were crafted for war. They were crafted for those moments when bombs are dropping around the medical facility, but the medical facility must not be attacked.

Fourth, while the legal framework is extensive and elaborate, there are areas where the law could be improved. I don't want to emphasize this point here as reforming the law is not our most urgent calling at this moment. But is important for us to recall that there are areas in which the law is somewhat fragmented, somewhat fragile. The kinds of threats to the implementation and respect for International Humanitarian Law that we have heard today may undermine our ability to continue to develop the law progressively moving forward but this is still important to do. A couple of examples. Differences in protections between international armed conflicts and non-international armed conflicts should be addressed. Most of the conflicts we have heard about here today are non-international armed conflicts by and large. Second, the idea of non-prosecution of those who provide medical care. Expanding and strengthening those protections in the law is an area where the law may need to develop or improve.

Finally and fifth, all parties to armed conflict, including states and non-state actors, have obligations to protect and ensure protection for the medical mission. Attacks on healthcare, of course, happen by bombs and artillery shells and guns, but they can also happen in more subtle ways. They can happen through counter-terrorism resolutions and laws, either emanating from the Security Council or in individual states, and they can happen from an increasing environment in which we either accept or even discuss the idea of total war or total destruction of an enemy, an idea which goes fundamentally against the kinds of protections that IHL offers to the wounded and sick and those that provide medical care. Even those who may be designated as terrorists, even those who may be seen as enemies of humanity, when they are in an armed conflict, and if they are wounded and sick and out of the fight, the law extends its protection to their medical care, those who provide them with medical care, and the facilities and goods required to provide that medical care.

Thanks.

Interventions from the floor and discussion

Peter Graaf, World Health Organization

I am a bit at odds with my speaking notes now, because so much of what I had hoped to say has already been said so eloquently. Let me start with the very last intervention, which was definitely not on my list, and say how important it is to be clear that somebody who needs medical attention, just needs medical attention. I do remember, by way of anecdote, a very surreal environment for me having joined the then Minister of Health of Afghanistan to speak to the Pentagon in the face of some 400 uniformed personnel and being asked the question, "What about the Taliban when they end up in hospital?" The wonderful thing was he [The Minister of Health] didn't quite understand the question. And the question came again, emphasizing that they are the enemy. The Minister of Health then said, "Not mine. Not in that hospital. I'm the Minister of Health; they are my patients. They are my responsibility."

What this anecdote does mean is that, what a previous speaker just stated, providing everyone, no matter which side of the conflict they are on, with health services is essential. Of course, it's right from a legal point of view, but it's not always understood by everybody yet, and it could be such an easy gain, because it's such a bridge to a more humanitarian understanding.

I did have notes about speaking out, and I think we could have done more in the past as WHO. I think we're doing better now, and I pledge that we will continue to be more real time and more specific.

Regarding the issue of accurate data reporting previously referred to, and I must say that it's been a long time coming, is that the revised global methodology is ready, which I'm very happy to say. We had an earlier version. It was too clunky. It wasn't working well, but now hopefully we will be able to start capturing data directly into a tool, rather than having to rely on secondary information. That is going to be very important for many reasons, not least that of accountability that has been coming up so clearly. But even today, and I will not mention my figures because I don't know whether they are right, but I have different figures than any other speakers have had so far. We are all sort of in the same ballpark, but we don't all have exactly the same numbers. If we want to progress on accountability issues, of course we all need to get on the same page. I will take back to Geneva the importance of this area of work, and make sure that we give it even more of our energy than we have been giving so far.

Lastly, and some of this has come up already, something that touches me personally but which it's nothing close to what you Ahmad [Tarakji] can and unfortunately are able to say, in September 2008, the first deliberate attack on the UN in Afghanistan was on a convoy of my Afghan colleagues who were going out from Kandahar to one of the districts in the South, for a polio vaccination round. The attack was unheard of because it had not happened for many years. My personal reason to be energized and committed and frustrated about this whole thing, is not only the four colleagues who died. One of them, by the way, he didn't want to go. He had had enough. He had already been shot once before, and he wanted out, and I convinced him to go. I had to share this information with his widow. But also what happened afterwards is that, it became infinitely more difficult to reach out to the population, to offer vaccination services. At the very small level, but very important for the relatively few people effected, how are you going to make sure that the families, the widows, the children continue to get the resources they require? The salary or the financial compensation over time to make sure that the loss of their spouse hasn't led to a tragedy for their entire family?

That's what makes me have continued interested in this topic, because it was me who was at the cause of some of my wonderful colleagues passing away in the fight against polio, something we can all agree on. Thank you.

Ambassador Benedicte Frankinet, Belgium

Thank you very much. I want to thank the organizers of this meeting. These actually were three priorities of Belgium: protection of health care in conflict; how to revive respect for international humanitarian law; and how to fight impunity in conflict.

I will make three points, some of them already have come across the comments made by members of the panel, which I would think the usefulness of this debate is also to come up with very practical suggestions that have already been made in the meeting. The adoption of the Resolution 2286 is a very good starting point, but as has already pointed out, it will not be worth much if we don't manage to have it implemented. We appeal, therefore, to all member states to work individually and collectively where possible, to make progress on the recommendations of the Secretary General in his letter¹⁸. We welcome civil society initiatives to record and to publish the progress that has already been made.

Secondly, we need to make better use of existing mechanisms to monitor, document, and investigate grave violations of International Humanitarian Law. In this respect, Belgium fully supports politically and also financially, the Independent, Mechanism initiative for Syria and, we encourage other countries to do the same. Fighting effectively against impunity is essential to dissuade potential violators and to prevent these attacks from happening again.

Thirdly, I would like to reiterate our very deep appreciation and admiration for all health workers and organizations such as Medecins Sans Frontieres and ICRC, but also to all the local working healthcare workers for their courage, their professionalism, and for their continued work despite the enormous risks and dangers that they run into on a daily basis.

Thank you very much.

Representative of Uruguay

Thank you very much. Thanks to all the panelists for their insightful and incisive presentations this morning. I represent Uruguay, one of the co-authors of the Resolution 2286. In such a condition, when we presided the UN Security Council last May we chose as one of the main topics of our open debate in May, protection of civilians and specifically consideration of UN Resolution 2286 because we thought it was the right time to get global awareness on the issue and decide to give more visibility on the first report of the Secretary General for Resolution 2286. This was one of the objectives that we think we accomplished. We think this is crucial to complement and to coordinate action between governments, UN system, partner NGOs and academia.

¹⁸ See footnote 8

This activity today that gathers all of us is a clear example of what we can achieve, and the progress we can make. Attacks on hospitals imply that you do not only destroy the facility, you hurt or you kill physicians and health workers, and also patients that are being treated there. Killing and harming health workers, there is an impediment; you impede the treatment of those who will need care in the future. So this is, in criminal law maybe this is an aggravating circumstance. We can make, as well, the difference if the bombardment or the attack of hospital is randomly done or if the hospital itself has been a target. This is something that is making the attack even more serious.

Attacks on hospitals challenge the very foundation of International Humanitarian Law, and are unlikely to stop as long as those responsible for the attacks can get away with them. The UN system should collect information on all health facility attacks, press governments to fully investigate them and recommend avenues for accountability. We deeply believe that this is the way to make progress, we have to hold responsible those who attack hospitals. This will be one of the complements or the objectives or goals achieved for Resolution 2286. From the Security Council, we will soon recommend that all UN peacekeeping missions include in their mandates the pillar of protection of civilians, to inform and report immediately where attacks to hospitals are being done. Where no UN peacekeeping mission is there representing the country, any representative from the UN country team can make a reporting immediately to the Secretariat and to the UN Security Council.

Concluding, Mr Chair, we believe that coordination, as well, between UN agencies and bodies from New York and Geneva regarding human rights will be paramount.

Thank you.

Representative of Switzerland

Thank you to colleagues because most of the points I wanted to make have been said also so I'll be very brief. After thanking all the co-sponsors and all the panelists for the intervention and for hosting this important event, I'll make just two remarks, and have one question also to the panel.

The two remarks I would like to make refer to what has been said also, what Switzerland has been promoting in Geneva, and it was also mentioned by the representative of Canada. It's the Group of Friends¹⁹ that we have built together with Canada and Geneva on the protection of the medical mission and on the implementation of Resolution 2286. Also, to gather all the expertise in Geneva on operational aspects, legal aspects, and to connect them better with New York also and to the political dimensions of New York. This is something that we will continue doing also as Chair of the Group of Friends on the Protection of Civilians in New York.

Second, and that was pretty much in line with today's event, to keep the momentum and to keep the visibility of the issue is to remain committed together with our partners to organize events in relevant fora. This year there's been events on the World Health Assembly that was able to also bring discussion on Resolution 2286. There was also, two weeks ago in Geneva, a side event organized with the special rapporteur on the right to health focusing also on healthcare in armed conflict and there are many

¹⁹ See Footnote 9

avenues being discussed but really the importance is not to lose the momentum so that the efforts provided through 2286 don't vanish. As we saw, the situation on the ground requests for more efforts and for extensive momentum on this issue.

The question I would have, and it refers to the point that was discussed also by the representative of the WHO, but we see that from the examples that were made that medical care in armed conflict refers, in many of the examples that we saw, very often in counter-terrorism setting where also states justify their actions and accompany their actions with counter-terrorism policy or measures. The question would be what can the UN or member states do to ensure that medical care, including medical care to the enemy, is not criminalized or is not rendered even more difficult to provide by counter-terrorism policy? I don't know if someone from the panel can address that issue. Thank you.

Talal Kanaan, Union of Medical Care and Relief Organizations (UOSSM)

Thank you very much Homer. Your Excellencies, ladies, and gentlemen, I'm here representing the Union of Medical Care and Relief Organizations²⁰. We work with our partners SAMS in Syria. Many of the points that have been alluded to before are really the core of what I wanted to share with you here. As you all know, there has been breaches in the last few days in the de-escalation zone for ceasefires with a number of the facilities targeted and two of which are currently out of operation. One of them, I want to specify, is Rahme Clinic in Khan Shaykhun, which is the same town that witnessed the barbaric chemical attack last April. This is in the governorate of Hama that also produced a wonderful doctor called Dr. Hassan al-Araj who was speaking at a similar event like this some one and a half years ago. He was speaking on the need to protect healthcare workers, the need to protect health facilities. But then after a few weeks from returning to Syria, he was killed in a surgical attack near his hospital. So, if you'd allow me, it bears being repeated that without accountability, without real accountability and justice, there won't be any deterrents of future atrocities and the violence and its normalization will only continue. Without real accountability and justice, really the resentment will grow. Divisions will widen and the reconciliation will become more and more distant. This will enable extremism and will continue to create endless vicious cycles of despair and conflict. This is why accountability really is essential. Member states should really prioritize their support for legal mechanisms and organizations that our colleagues and Her Excellency the Ambassador of Belgium have alluded to.

Such mechanisms and organizations require support, support of states and support of civil society, whether that's in the form of solidarity as you have mentioned Homer, or in the form of upholding your governments. Upholding the governments to take the required action and the required mobilization for this to mobilize and actually materialize. We live in a world of immense connectedness, but many have succumbed to the collective amnesia, dealing with perpetrators or sometimes enablers of perpetration on today's interest forgetting the actions committed in the past.

I apologize for extending a little time. This is the point that I wanted to emphasize on, that really it's effective accountability, and only effective accountability that will ensure that tomorrow will have deterrents of atrocities and will prevent the conflict touching the lives of civilians and which will bring what we all pursue, a peace that has appreciation for human life and human dignity.

²⁰ Union of Medical Care and Relief Organizations (UOSSM): <http://www.uossm.org/>

Thank you very much.

Homer Venters, Moderator: We have some concluding remarks and a response to a question that we wanted to get to. But one of the questions I have for someone in the audience, Racha Mouawieh from Physicians for Human Rights who does the mapping²¹ that many of you have looked at. I wanted to ask you, besides the bombing of medical facilities, what other violations do you see that are severely impacting the health system?

Racha Mouawieh, Physicians for Human Rights

Thank you everyone. I just highlight some other violations that have had an extreme impact on the healthcare systems and on the civilian populations. I will talk about these violations, and my remark will be related to Syria, because this is where my work has been focused on. This doesn't mean that it's not applicable in other conflict as well.

Just really quickly, when we talk about healthcare in a conflict, another way to really impact severely and damage the healthcare system is actually a besiegement. A besiegement is a war crime, and it has an extreme and devastating effect on civilians. We've seen that in Madaya, which is where we all remember the reports of the increased need due to the siege, the fact that the people were starving; but also there's the fact that due to the siege they weren't able to receive the medical care that they needed. So when you talk about healthcare and different violations, we must keep in mind the fact that other violations also have an impact on healthcare system and on the civilian population.

Another violation that we don't directly link in our mind with healthcare is that the population is denied access to the desperate medical care that they need in conflict, and this is the deliberate block of humanitarian aid. In the case also of Syria, when we look at all the different reports and all of the reports looking at the implementation of the Resolution, we can see that humanitarian aid is being blocked. In the case where it's being allowed, it's not sufficient. Medical supplies are being systematically removed from medical convoys, and it has really an impact on civilian life.

I just want to make it concrete because I think it's better when we have concrete example. I remember talking to a doctor who told me I'm not able to work just because I don't have fuel – it's as easy as that. If you don't have fuel, you don't have electricity and you can't open your clinic and the patients don't have access to the care they need. Or, they don't have access to dialysis treatments. People that have diabetes don't have access to their treatment. These are violations that then have an impact on the healthcare situation, and I think it's really important for us as we think of how to protect the civilians, how we think about how to make sure that they have access to medical care, to keep these violations in mind and to work to end them. Thank you.

Dragica Mikavica, Watchlist on Children and Armed Conflict²²

²¹ Anatomy of a Crisis: A Map of Attacks on Health Care in Syria:
https://s3.amazonaws.com/PHR_syria_map/web/index.html

²² Watchlist on Children and Armed Conflict: <http://watchlist.org/>

Thank you for giving me the floor. My name is Dragica Mikavica and I represent Watchlist on Children and Armed Conflict which is a network of 12 organizations working on humanitarian and human rights issues around the world. We're also a part of Safeguarding Health in Conflict Coalition, and we work together on the protection of children's rights and security in situations of armed conflict.

So this year we published two reports on the impact of attacks on healthcare on children specifically, mainly in Afghanistan and Yemen. So given the amount of UN verified credible evidence of patterns of attacks collected through its monitoring and reporting mechanism, which is the foundation of the Security Council's tools for accountability for perpetrators of grave rights violations to children specifically, I also take this opportunity to reiterate our call upon the Secretary General Guterres to list all responsible parties in his 2017 annual report on children in armed conflict, including the Saudi Arabia-led coalition forces for Yemen, and to publicly release this report as soon as possible. Thank you.

Dominique Charon, International Development Research Centre – Canada (IDRC)

We're very pleased to support the Lancet-AUB Commission on Syria and I wanted to ask Dr. Nuwayhid if he might comment on the growing importance and perhaps opportunity for greater influence when we have leading academic institutions from within these zones, outside of Europe, outside of North America and Australia, contribute on the thinking and the thought leadership on resolving or addressing these issues.

Thank you.

Iman Nuwayhid, Lancet-AUB Commission on Syria and Faculty of Health Sciences, American University of Beirut

Thank you Dominique for bringing that point, and again thank you IDRC for their support of the Lancet-AUB Commission on Syria. In fact, this is the first Lancet commission that is led by an institution from the Global South. I cannot over-emphasize how important it is for academic institutions in the regions where wars and conflicts are happening to be part of telling the story, documenting the story and reporting on it. It was mentioned by Dr. Tarakji that in poor countries where the healthcare system in the first place is poor and weak, how can you engage in that kind of support? Again, that applies to academic institutions. Academic institutions in some of these countries affected by war will be disadvantaged to be involved and take that step forward. That calls upon all of us to work together in partnerships and AUB has been fortunate to actually move this forward and engage partner institutions, engage civil society, and efforts along these lines.

The story from within is an extremely important one and we've heard how powerful it is for people that are living in these situations to share what's really happening. I would emphasize here the partnership and the collaboration between institutions in these areas and institutions in the US, North America, and Europe and calling for accountability of their own countries in all of this.

Homer Venters (Moderator): Thank you, and we have an embarrassment of riches in terms of responding to the question from our Swiss colleague. So before we turn to the closing remarks, we will first have both of our legal experts respond to the question about counter-terrorism.

Leonard Rubenstein, Safeguarding Health in Conflict Coalition

Well, thank you to the representative from Switzerland for raising this important issue. It's really unfortunate that many of the countries, the member states who most loudly condemn attacks in Syria and elsewhere have laws that criminalize healthcare to alleged terrorists, either directly by deeming healthcare to be material support to terrorism as the United States does, or other countries that use general counter terrorism laws to prosecute health workers for providing healthcare to alleged terrorists. I think it's worth noting that apart from the complete violation of the principle of noninterference with medical impartiality, which is reflected in both protocols of the Geneva conventions, in medical ethics, and in so many other international instruments, it's also pointless. Just think about the idea that you're going to stop terrorism by prosecuting doctors. It's ridiculous. But, by maintaining these laws these very states both lose their credibility as advocates for protection of health workers and encourage criminalizing healthcare to the opposition in Syria because if everybody else can do it, we can do it too. So, this is a major issue. It needs to be addressed. There's no justification for these laws. They don't serve any function, and they violate norms that the international community embraces.

Naz Modirzadeh, Harvard Law School Program on International Law & Armed Conflict

Thank you very much. I just wanted to add two more points to that. First is echoing what the gentleman from WHO said, I think we ought not assume that just because something is a fundamental norm in international humanitarian law that everyone understands it. I think just the very basic idea of dissemination and education is absolutely crucial in 2017. More importantly, in reaching out to the counter-terrorism community, to the Security Council, to states involved in developing counter-terrorism laws, it's not just about reiterating the law, but it's about reiterating the logic of the law. What is the fundamental idea underlying IHL, and in some instances, that may involve reiterating that, of course, there is a self-interest for every state to abide by these rules because they want their own soldiers to have proper medical care if and when wounded, sick, or captured. Outreach, education, and understanding that that may be a crucial piece of this process.

Secondly and much more concretely, exemptions for medical care. When the Security Council, when states, are crafting laws that criminalize or seek to criminalize assistance to terrorism, support for terrorism, all these categories that relate to terrorism, ensuring that it is absolutely clear that medical care and activities in the orbit of medical care are exempted from those laws and resolutions.

Key issues, recommendations and next steps – Iman Nuwayhid

I think this has been a very rich panel and discussion and ideas that came up. So, I will try my best to point to some of the things that can be done.

I could start with what can be done on the academic level. Some ideas would be to actually follow up on Naz's suggestion of dissemination and education. I think universities more and more should start integrating these concepts of humanitarian law and protection of health workers within curricula. Physicians, nurses, other health professionals should learn about these things. We're all alien, unfortunately, to these concepts and distanced from them. Holding international conferences and workshops, short term and long term, to actually disseminate and educate health professionals about their rights and about these sort of moral obligations too. The AUB will [do its part] and this is something that I personally have to follow up on and think of some kind of a statement that perhaps university presidents around the world could be signing along these lines.

Definitely what's clear to all of us is the whole issue of implementation and how we get the Resolution 2286 actually moving forward. This is something that the NGOs, the civil society and the committed member states need to move forward on this. We need mechanisms and then to support these mechanisms we need tools to actually monitor and document. We need to announce and we need to follow up definitely with the whole issue of accountability.

There are many, many things that could be done. Some kind of an experienced team of different UN organizations supported by international organizations, civil society organizations, to move these things forward and help them develop and actually sort of ironing out the mechanism of a reporting system. Member states should follow up with some clear protocols on how to do all of that.

Dr. Rubinstein mentioned several points of what could be done, and I think as he mentioned, most of them are actually practical and doable, and I think that this is something that, again, needs to be followed. Thank you.

Closing remarks by the moderator

I would like to make two observations in my closing. The first is that for those of us that have backgrounds in health, as doctors, as nurses, as epidemiologists, we must do a better job of integrating our professions to the struggle for documentation of human rights abuses and the quest for accountability. So, we were really privileged to have Mr. Peter Graaff here to tell us a little bit about the WHO perspective. I think that the impending documentation efforts, the expansion of those efforts, I should say, by the WHO are going to be critical. I think that we cannot promote global health, we cannot eradicate HIV or measles or polio or anything else until we can figure out how to implement these measures, these interventions in a way that also leads to the reduction of armed conflict and documents human rights abuses. There's probably only a handful of us here who have ever cared for patients with measles, but where I cared for patients with measles was little kids on the border of Uganda and DRC, so it was no accident that there was a measles outbreak there.

I think that pulling global health thinking into the area of human right accountability, human rights documentation, and prevention of human rights abuses is critical even if your only real interest is in the writ large pursuit of global health. The same goes for academics. We have great minds in academic centers that have, for too long, been sheltered from the horrible, horrible realities of human rights abuses and the powers that give us regression analysis and large-scale data analytics must be brought to bear on these efforts here.

The final comment is that one of the ways in which health systems are eliminated or degraded that we haven't talked explicitly about is that the staff aren't paid. They aren't supported. That the people that stay behind who aren't with an NGO, that is from another country or international, eventually can't feed their families and they have to walk away from the fight. They may not have to for many years, but at some point, a doctor, a nurse, an ambulance driver must figure out how to care for their family. So, if we can't develop mechanisms to support those staff, even if we won't do the job they do, then that will be the ultimate success of the humans rights abusers without having actually killed them. So, it's an incredibly important area that doctors and nurses need to understand that isn't necessarily part of human right law, but it must be part of our interventions.

So, with that, I want to thank everybody here, the panelists, everybody involved for a fantastic and really invigorating conversation. Thank you so much, and have a great day.

Acknowledgements

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²³ Canadians for Safe Syrian Healthcare: <https://www.cssh.care/>

²⁴ Webcast on UN Web TV: <http://webtv.un.org/meetings-events/other-meetingevents/watch/attacks-on-healthcare-workers/5583774569001>

²⁵ International Development Research Centre: <https://www.idrc.ca/>