



HEALTH CARE IN DANGER

A HARSH REALITY

VIOLENCE AGAINST
HEALTH CARE MUST END

IT'S A
MATTER
OF **LIFE**
& **DEATH**



ICRC

IN BRIEF

Violence, both actual and threatened, against the wounded and the sick, and against health-care facilities and personnel, is one of the most crucial yet overlooked humanitarian issues of today. In conflicts and upheavals all over the world, violence disrupts health-care services at the moment when they are needed most. Combatants and civilians die of injuries that they ought to survive because they are prevented from receiving the timely medical assistance to which they have a right.

Some attacks on health-care facilities and personnel, and on medical vehicles and patients, are deliberate. Others are accidental – “collateral damage” by shelling a health-care facility that injures patients and staff, or ambulances getting caught in crossfire when collecting the wounded. Both – deliberate attacks and accidental damage – are often violations of international law. Health care is also disrupted by the secondary effects of violence, as health-care staff leave their posts, hospitals run out of supplies, and vaccination campaigns come to a halt. Violence can leave entire communities without access to adequate services and can have a lasting impact on their future welfare.



Leila Gourev/AFIP Photo

VIOLENCE AGAINST THE WOUNDED AND THE SICK

Combatants who are wounded or sick, and therefore not fighting, cease to be a legitimate target of attack. International humanitarian law provides for their protection against death, and any form of further injury, harassment and discrimination, as well as against impediments to their timely access to health care. In armed conflict and in other situations of violence, civilians are protected in accordance with international law.

Military personnel are obliged by international humanitarian law to actively search for wounded combatants and civilians after a battle, and to facilitate their access to medical care. Unfortunately, this is not being done in many of today's conflicts. Furthermore, checkpoints and roadblocks frequently delay patients' access to health-care services. Many victims of conflict languish in pain as their vehicle waits in line for a checkpoint inspection, or are forced to reach health-care facilities on foot because of road closures. In situations of violence that do not reach the threshold of armed conflict, human rights law contains similar rules assuring, for the wounded and the sick, the right of access to health care.



Alaa Badarneh

VIOLENCE AGAINST HEALTH-CARE FACILITIES AND PERSONNEL, AND AGAINST MEDICAL VEHICLES

Attacks against health-care facilities and personnel, and against medical vehicles, performing their exclusively medical tasks are strictly prohibited under international humanitarian law. Health-care facilities must be spared the effects of conflict, including forcible interference with their functioning by, for instance, depriving them of electricity and water. Health-care personnel must not be hindered in the performance of their

exclusively medical tasks. They must not be harassed or punished for performing activities compatible with medical ethics, compelled to perform acts contrary to medical ethics, or forced to refrain from acts required by medical ethics. For instance, they must not be forced to report on the whereabouts of enemy fighters. Medical vehicles must not be attacked, stolen or otherwise interfered with, regardless of whether they are military or civilian.

HEALTH-CARE FACILITIES include hospitals, clinics, first-aid posts, laboratories, blood banks and medical stores.

HEALTH-CARE PERSONNEL include doctors, nurses, first-aiders, medics, and support staff assigned to medical functions, administering a health-care facility, or driving an ambulance.

MEDICAL VEHICLES include ambulances, medical ships or aircraft, and vehicles transporting medical supplies.



THE MISUSE OF THE PROTECTED STATUS OF HEALTH CARE

Health-care facilities and personnel, and medical vehicles, retain their protected status as long as they are exclusively devoted to caring for the wounded and the sick and do not advance military goals. Unfortunately, there have been many occasions when the neutrality of a health-care facility or ambulance has been compromised through its use to store weapons or launch attacks. The presence of fighters inside a medical facility for other than medical reasons also compromises its protected status.

The abuse of trust that occurs through the misuse of the protective emblems, and of protected facilities and vehicles, can spiral into a vicious circle that undermines the whole purpose of creating neutral entities in conflict. When ambulances are misused, they fall under suspicion and are, at best, subjected to the same delays and impediments as other vehicles or, at worst, become the object of attack. In both instances, they lose the advantage meant to preserve life in conflict, to the detriment of the wounded and the sick who require urgent medical attention.



WHAT THE ICRC DOES

The ICRC mounts emergency responses to outbreaks of conflict around the world: this includes a range of medical activities, from collecting the wounded to war surgery. It also takes legal and practical initiatives to ensure safer access to health care. These include:

- spreading knowledge of international humanitarian law among military personnel, government officials, non-State opposition groups and the medical establishment, and encouraging the incorporation of laws protecting the delivery of health care into domestic legislation. This includes laws to restrict the use of the red cross and red crescent emblems;
- discussing violations of international humanitarian law and human rights law with those allegedly responsible for them and measures to prevent their occurrence in the future;
- negotiating safe passage for the wounded and the sick to health-care facilities with parties to a conflict;
- negotiating safe zones around hospitals;
- reinforcing the physical integrity of health-care facilities with, for example, sandbags and bomb-blast film, and marking them with protective emblems;
- conducting “safer access” campaigns with National Societies to improve the safety of ambulance crews, medics and first-aiders exposed to dangerous situations.



Benoit Schaeffer/ICRC

WHAT NEEDS TO BE DONE

Violence, both real and threatened, against health-care workers, facilities and beneficiaries must be recognized as one of the most serious and widespread humanitarian concerns of today. There is an urgent need to improve the safety of the wounded and the sick, and of health-care personnel, health-care facilities and medical vehicles during armed conflict and other violence. More must be done to ensure that the wounded and the sick have timely access to health care and that the facilities and personnel to treat them are available, adequately supplied with medicines and medical equipment, and secure.

Safeguarding health care cannot be addressed by the health-care community alone. Primary responsibility for it lies with governments and fighters. The ICRC aims to build a community of concern for this issue to enhance respect for the law that safeguards health care and, at a field level, to do everything possible to ensure the safe delivery of effective and impartial health care in all contexts in which it is operational.



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