

Facility attacks in Syria contravene Geneva Convention

Two physician groups probing deliberate attacks on hospitals and clinics and personnel in Syria say many medical facilities now refuse to disclose their locations to combatants to reduce their risk of attack. Both Médecins Sans Frontières (MSF) and New York City-based Physicians for Human Rights (PHR) hold that attacks on such facilities contravene the [Geneva Convention](#), which is intended to secure medical personnel and establishments in war zones.

“Under the Geneva Convention, medical staff and facilities are to be spared from attack when they disclose their locations,” explains Widney Brown, PHR’s director of programs. “But in Syria, location disclosure has not spared medics from attacks. Instead, it appears to have often exposed them to greater risk.”

An [annotated map of attacks on health care facilities in Syria](#) posted by PHR shows that since 2011, weapons capable of targeting specific locations were used on at least 211 occasions to attack hospitals.

Overall, says PHR, 346 attacks on 246 separate facilities occurred between 2011 and 2016. Of those, 315 were committed by the Syrian government and allied forces, 19 by non-state-armed groups, one by international coalition forces and 10 by unknown forces, PHR reports.

“The majority of attacks on medical facilities were targeted attacks, meaning that these locations were deliberately chosen for destruction,” says Brown. “The targeting of medical facilities is unprecedented. We haven’t seen anything like this since the Khmer Rouge swept through Cambodia in the 1970s.”

PHR is not alone in sounding the alarm. A [report released in February by MSF Belgium](#) states that Syrian medics are withholding location information from combatants as a result of deliberate targeting.

“The medical facilities supported by MSF are particularly vulnerable as a result of a decision by the Syrian government in 2012 to declare as illegal



REUTERS/Ammar Abdullah

Medical supplies are retrieved from the rubble of a Médecins Sans Frontières-supported hospital hit by missiles in Idlib province on Feb. 16.

any clinic providing medical care to victims of violence in opposition-controlled areas,” the report states. “Consequently, the majority of the MSF-supported clinics have been forced to operate clandestinely in unmarked and undeclared locations.”

Since 2011, MSF has unsuccessfully attempted to gain official access from Syrian authorities to work in the country. As a result, the group lends indirect support to medical services within Syria, especially in besieged areas, says Stephen Cornish, executive director of MSF Canada.

For facilities directly operated by MSF in the cities of Idlib and Aleppo, Cornish adds, MSF does provide the coordinates to warring parties “as we are directly responsible for the security of these facilities. But the other Syrian facilities indirectly supported by MSF are very wary of disclosing location information to combatants.”

A total of 94 aerial or shelling attacks hit MSF-supported facilities in Syria in 2015, the group reports. In 12 cases, the facility was destroyed. “The number of MSF-supported facilities is only a fraction of all makeshift and official medical facilities in Syria,”

MSF reports, “so this must be considered as a relatively small sample of the true extent of war damage and destruction done to the medical infrastructure and to medical personnel in Syria.”

The MSF report notes that a worrying number of attacks on medical personnel and infrastructure follow what appears to be the use of the military strategy known as “double-tap,” in which rescue workers or medical facilities responding to an initial attack are targeted as the wounded arrive at health facilities.

With four out of the five permanent members of the UN Security Council actively engaged in the Syrian conflict through aerial bombardments, MSF and PHR both note, the systematic violation of the Geneva Convention there holds ominous international significance.

Both groups have called on the combatants to reassert the primacy of Geneva Convention protection for medical staff and facilities.

“We must take a stand to oppose the development of a permissive environment in which the Convention is no longer respected,” Brown warns. — Paul Webster, Toronto, Ont.

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