Health Care in Danger

Protection of the Medical Mission

International Humanitarian Law foresees that hospitals, ambulances and health-care workers must be protected and should never be targeted as they carry out their regular duties.[1] Deliberate attacks on health-care facilities and personnel, and on patients and medical vehicles always violate IHL. The Geneva Conventions and their Additional Protocols assert the right of the wounded and the sick – combatants and civilians alike – to be spared further suffering during armed conflict and to receive assistance. To ensure this in practice, health-care facilities and personnel, and medical vehicles, are given protected status as long as they maintain their neutrality and treat all patients – irrespective of their political, religious or ethnic affiliation – equally. Furthermore, all parties to a conflict are obliged to search for and collect the wounded after battle, and to facilitate their access to health-care facilities.[2]

Protection of medical care providers means first and foremost to respect the impartiality of their mission. Civilian hospitals and clinics should not be militarized.[3] Doctors and nurses providing care impartially to all their patients should be encouraged and protected in their work instead of being forced to take sides.

By Medical Mission, the ICRC means:

- Health-care facilities, premises and transport: hospitals, clinics, first-aid posts and ambulances.
- Health-care personnel (working in medical facilities, ambulances or independent practitioners).
- All persons on the premises of medical facilities, including the wounded and sick and their visitors.
- Red Cross and Red Crescent staff involved in the delivery of health care, including volunteers.
- Health-oriented NGOs.
- Military health-care facilities and personnel.

The medical mission should be respected and protected at all times.
In order to achieve this, all arms carriers (and civilians) must:

a. Grant safe passage to medical vehicles and give them access to all areas and/or all wounded. Not target, indirectly harm or threaten them for carrying out their humanitarian duties. Not delay them unnecessarily at checkpoints.
b. Not target, indirectly harm, arrest, detain or threaten health-care personnel for carrying out their medical duties.
c. Grant protection to hospitals and other health facilities. Not target them, indirectly harm them and avoid installing military positions/objectives in or near health-care facilities.

Safe Access to Health Care

The problem: Hospitals may become difficult for civilians to access because of the deployment of armed security forces near or inside these facilities. Such deployments make hospitals vulnerable to attacks and increase the security threats to patients seeking medical care at these facilities. Growing insecurity and the proliferation of checkpoints may further temporarily cut neighbourhoods from access to medical care still available in other parts of town. In some cases, the delays caused by checkpoints when evacuating patients in need of life-saving care may be so long as to endanger the patient's chance of survival. Ambulances can be deliberately prevented from reaching wounded people or held up for hours at checkpoints, with the risk of the patient being arrested and transferred elsewhere by the checkpoint personnel, regardless of the person's medical condition. Security measures can also involve heavy administrative procedures, which can threaten the lives and well-being of the wounded and sick.

Access to adequate medical care is recognised under IHL being that cannot be forfeited under any circumstance.[4] In order to give substance to this right, doctors and nurses and the institutions that host them not only need to be supported in their humanitarian mission, but they also need to be protected from the ongoing violence. The timely access of rescue workers and ambulances to injured and their safe transport to medical facilities must also be facilitated.

Protection of medical facilities

IHL grants a specific protection to certain categories of persons and property, including humanitarian relief personnel[5], objects indispensable to the survival of the civilian population (including agricultural areas for the

[1] Art. 9, 11 AP II and customary IHL, rule 25, 28 and 29.
[2] Art. 8 AP II and customary IHL, rule 109.
[3] Customary IHL rule 23.
[4] Art 7 AP II, customary IHL rule 110.
[5] Customary IHL rules 31, 55 and 56.

production of food-stuffs, crops, or drinking water installations)[6], and persons and objects lawfully displaying the Red Cross or Red Crescent emblem, including medical personnel, transports and units.[7]

Recommendations:

In practical military terms, those planning and conducting military operations must take all feasible precautions, respecting the principles of distinction and proportionality, in order to avoid, as far as practicable, damage to persons and objects specially protected by IHL.

Health-care facilities must be respected and protected at all times and may not be the object of attack. The wounded, the sick and health-care personnel may not be attacked, arbitrarily killed or ill-treated. The protection from attack to which medical personnel, facilities and transports exclusively assigned to medical purposes by a competent authority of a party to the conflict, whether military, civilian or provided by recognized voluntary aid societies, are entitled under IHL does not cease unless they commit or are used to commit acts, outside their humanitarian function, which are harmful to the enemy. Moreover, even where an attack against medical personnel and objects having lost their protection is justified, the rules on distinction, proportionality and precautions must be complied with for the benefit of any wounded and sick who may still be present in a medical facility or medical transport. These rules also apply to any medical facilities or field hospitals established by the opposing party to the conflict exclusively for the treatment of sick or wounded.

Respect of the Emblem

All parties and individuals must respect the **distinctive emblems of the Red Cross** at all times and ensure that none of their actions undermine the respect and protection due to the emblems and to those duly authorised to display them. Any improper use of the emblems is prohibited. Attacks directed against medical personnel and objects displaying the distinctive emblem in conformity with international law are likewise prohibited.
Care should be taken to ensure that armed soldiers do not compromise the protected status of a medical facility by their presence, making the hospital vulnerable to attack, nor affect the ability of the hospital to provide medical care.

Medical care

Medical personnel operating in conflict areas are often under significant pressure from all parties to the conflict, and that such pressure may be an impediment to their ability to treat wounded and sick. Putting pressure on medical personnel to reveal details about their patients, other than that required by national law, may lead to a breach of medical ethics and IHL.[8] It could also put them under significant pressure from the other party to the conflict which, in turn, could hamper their performance of health-related duties. Under IHL, the obligation to respect medical personnel who are performing their exclusively medical function also entails an obligation on parties to the conflict not to arbitrarily interfere with their work so as to allow them to treat the wounded and sick.[9] Hence, there is an imperative necessity for them to be granted the necessary "humanitarian space" to continue to work in as neutral a manner as possible in order to carry out these tasks.

In addition, IHL provides that each Party to the conflict shall treat humanely persons taking no active part in the hostilities, including members of armed groups who have fallen into the power of the adversary (notably detainees, including those who surrendered). Violence to life, in particular murder of all kinds, is prohibited in all circumstances and without adverse distinction.[10] Persons directly participating in the hostilities who are placed hors de combat, in particular wounded and sick, are protected from attacks[11] and entitled to receive, to the fullest possible extent, the medical care required by their condition. No distinction may be made among the wounded and sick on any grounds other than medical ones.

Recommendations:

- *to issue strict orders to all security forces under government control that ambulances, medical and rescue staff, hospitals and clinics are protected from attack. Their humanitarian work must be facilitated to the greatest extent possible, notably at checkpoints.*
- *to issue strict orders that armed forces should not deploy near or in hospitals and other medical installations.*
- *to clarify with all security forces that acts of law enforcement, including as regards individuals opposed to the government and wounded opposition fighters, must not interfere with life-saving care. Arrests of wanted persons in medical facilities must only be carried out once the medical needs of the patients have been properly attended to by the responsible medical staff.*

[6] Art. 14 AP II, customary IHL rules 53 and 54.
[7] Art. 12 AP II, customary IHL rule 30.
[8] Art. 10 § 3 and § 4 AP II.
[9] Art. 10 § 2 AP II.
[10] Art. 3 GC I-IV, Art. 4 and 5 AP II, customary IHL rule 89 (cf. also follwing rules).
[11] Customary IHL rule 47

- *to reaffirm in instructions to public and private medical providers operating under government supervision that medical care is to be dispensed to all patients according to their medical needs without any form of discrimination, notably as regards their political leanings.*
- *to refrain from arresting doctors and other medical staff and bringing legal charges against them if such charges are substantively motivated by their having dispensed medical care to persons affiliated with the opposition, including wounded fighters.*

Ensuring the Safety of Health-Care Facilities

Recommendations:

Recommendation - Structure Resilience
Managers of health-care facilities need to carry out an assessment of the health- care facility's structural resilience in order to identify measures for protection. Existing assessment tools, such as the Hospital Safety Index could be used for this purpose.

Recommendation - Perimeters
Managers of health-care facilities need to manage access and control entries to facilities through perimeters surrounding the buildings, with measures that do not compromise a smooth and efficient access for patients, relatives and staff.
Overall perimeters should consider to:
• Surround the health-care facility with appropriate protection between perimeter and facility;
• Be restructured to have a minimum number of entrances;
• Use control points at the entrance and throughout the hospital to protect certain areas;
• Have adequate lighting.
Buffer zones, should
• Have a first security check, then a medical screening;
• Have a screening for vehicles;
• Ensure the space is large enough to manage mass-casualty situations ("surge" of patients or vehicles);
• Be sensitive to culture/gender.

Recommendation – Management of Infrastructure
Preventive measures to strengthen a health-care facility's infrastructure need to be implemented in order to reduce vulnerability in case of attacks, subject to the type of facility and the feasibility of such measures in a given context.
Measures to consider:
• Plastic filming on windows; essential against glass explosion in areas subject to blast attacks;
• Secure the aerial utility installations (electricity supply, water storage etc.), placing them discreetly, hidden from view;
• Take into account fire risks, measures for protection and evacuation plans;
• Ensure alternative water supply that is well connected to the facility;
• Use of multiple types of power supply and generators (diesel, gas etc.);
• Evaluate weaknesses linked to existing risks, for technical, affordable and feasible solutions according to local standards (from light protection to very specific and rare measures, such as steel plates for windows where appropriate).

Recommendation – Management of Infrastructure (Communication and Information)
Functioning communication and information management systems within a health-care facility are essential for the running of services and managers of health-care facilities need to have back-up systems in place in case of breakdown in normal communication channels, subject to what is appropriate and feasible in a given context.
Measures to consider:
• Internal communications: rely on wired telecommunications and VHS;
• Switchboard powered through solar energy;
• External communications: use VHS and satellite;
• IT systems; ensure back-up systems are secured and create stand-alone system for critical information.

Recommendation – Management of Infrastructure (Goods)

A health care facility's infrastructure needs to be organised to cater for the management and storage of essential goods, including protection against hazards and looting.
Measures to consider:
• Use of oxygen extractors (to avoid use of cylinders);
• Ensure goods are kept in protected zones: for waste, drugs, flammable goods, supplies;
• When possible, waste should be incinerated;
• If risk of looting is high: disperse goods in several areas;
• Isolate dangerous goods;
• Create safe rooms at alternative site(s) for continued emergency operations;
• Ensure that the health-care facility and equipment have extended maintenance plans.

Recommendation – Management of Infrastructure (Medical Logistics)
Functioning medical logistics is essential in the provision of health care and managers of health-care facilities need to
• Ensure well-trained and professional staff in charge of logistics;
• Ensure safe storage facilities for medical supplies;
• Establish a level of minimum critical supply for the contingency stock;
• Ensure stock supply of emergency health-care kits;
• Make agreement with national authorities in relation to the importation of medical supplies which may grant exemption from standard procedures.

Recommendation - Design
In order to reduce risks of damage to infrastructure and disruption of services, preventive safety measures should be considered in the design and construction phase of new facilities.
Measures to consider:
• Avoid location near risk areas (military target) or in isolated areas (with no network of alternative roads);
• In the absence of standard local building codes, rely on internationally accepted codes that are systematically examined in the context;
• Fire-resistant building materials should always be prioritized in public buildings;
• Create boundary walls high enough and away from facility;
• Consider placing the medical imaging facility and operating rooms in the center of the facility, i.e. safe room;
• Consider placing non-critical facilities on top floor(s);
• Protect critical utilities, eg. use of the building as shelter for utilities;
• Ensure a vital circuit for electricity exists;
• Create water reserves (underground or protected on surface)
• Consider sustainable sources, i.e. solar energy, geothermic sources (green energy);
• Protect the sewage system;
• Place windows strategically, but this protection must be balanced with the need for light.

Recommendation - Personnel Training
Health-care personnel need to be prepared to tackle challenging working conditions in contexts prone to violence. Training components need to be included in the curriculum for medical students and opportunities for training to staff should be given in
• Emergency preparedness;
• Communication skills;
• Dealing with interlocutors (including media);
• Psychological first aid and self-care;
• Management;
• Fire- drilling;
• Self-defense (in specific environment, particularly with reference to women).

Recommendation - Personnel Management
Managers of health-care facilities need to promote initiatives that contribute to viable working conditions in situations with changing demands and stress exposure to staff.
Measures:
• Ensure clear understanding of roles and responsibilities;
• Provide training for staff, both medical and non-medical personnel;
• Ensure regular breaks for staff;

• Organize recreational team activities;
• Emphasize non-material values to keep staff motivated;
• Establish referral systems (psycho-social support) when needed;
• Use international guidelines for reference material.

Recommendation - Patients
Managers of health-care facilities need to ensure that patients in their care are protected and respected while being sensitive to the risks that some patients can bring to the infrastructure.
Measures:
• Ensure professional services (regardless of patient status);
• Respect patient confidentiality, to the extent possible in the light of countervailing legal duties to report certain information to authorities;
• As far as possible, avoid separating patients according to their affiliation as a security measure;
• Discharge patients that pose a high safety risk to others as soon as possible/practical.

Recommendation – Relatives
Managers of health-care facilities need to ensure welcoming and cooperative environments for relatives of patients, with an understanding of their situation and an acknowledgement of potential tensions that may occur.
Measures:
• Get relatives' consent in cases of major surgical procedures (for example amputation);
• Planning for relatives:
  – Limit the number of relatives into the facilities;
  – Create a waiting room;
  – Use relatives as resources in the context of providing health care;
  – Include social workers to provide emotional support to relatives;
• Interaction with relatives:
  – Absorb their outburst, if any;
  – Be humble.

Recommendation - Media
Requests from media require managers of health-care facilities to be prepared to respond to journalists without compromising the impartial nature of health-care services.
Measures:
• Develop a proactive media strategy;
• Identify a spokesperson;
• Issue press releases where possible/appropriate;
• Maintain patient confidentiality to the extent possible;
• Provide general information regarding number of patients and types of injuries rather than specific information revealing the identity and other personal information concerning individual patients;
• Practice good communication and transparency to the extent possible.

Recommendation - Preparedness and Contingency plans
• To ensure coherence, the development of a health-care facility's contingency plan should be linked to national/regional plans (where they exist);
• Primary focus in planning: Strengthen resilience within own hospital regarding functioning and structure. Secondary focus: Strengthen planning with other hospitals, especially those with specialised services, back up resources, or specialised medicine supplies;
• Strengthen supplier resources by extending lists of suppliers, building relationships with external suppliers (reduce reliance on a single source), building diversity of types of individual supplies;
• Health-care facilities should be clearly marked and known by authorities and belligerents. GPS location could be shared, depending on context and after security assessment.

Recommendation – Coordination with Actors external to the Health-Care Facility
• Build local plans that interface with regional plans;
• Existing national/regional plans should be considered rather than inventing multiple local coordination systems*;*
• Link co-ordination with social services and disaster and emergency centres, where such institutions exist;

• Ensure that health-care providers understand protection risks and have mechanisms in place to mitigate risks*;*
• Pre-arrange plans with local authorities – including local commanders - so that in time of crisis if transportation routes are shut down, health- care workers, patients and supplies will have authorization to pass;

Recommendation - Security of Health- Care Infrastructure
Managers of health-care facilities need to establish security procedures to reduce risks for human intrusion or disruptive armed entry.
Measures:
• Establish early warning systems in case of intrusion;
• Ensure that critical areas within the hospital are protected in the event of a disruptive armed entry;
• Consider use of guards;
• When appropriate, use cameras to monitor the facility;
• Ensure adequate surge capacity for dealing with mass casualty situations, factor into the original design of the facility.

Recommendation - Creating Temporary Safe Solutions
When a decision has been made to relocate, a strategy for the preparation of the relocation needs to be formulated, with a baseline defining the key context, and mapping available resources and services to inform the development of emergency plans and standard operational procedures (SOPs).
Elements that should guide priority setting:
• Accessibility by population and staff;
• Availability of staff;
• Availability of quality health-care services and potential partners in the new location;
• Consumables;
• Equipment;
• Transport;
• Gather health data and surveillance information to help inform priorities;
• Acceptability in the community;
• Security.
Constraints for the temporary solution to take into account:
• Reduction of services, including equipment and possibly consumables
• Challenge of identifying essential services and who should identify them (if international team involved, WHO Foreign Medical Team (FMT) document is a resource to describe the different levels of care and requirements for international assistance)
• Security
• Local staff unwillingness or inability to relocate*

Recommendation – Creating Temporary Safe Solutions
In the process of preparing for relocation and the management of medical services, SOPs need to be developed to guide the transfer of services, patients and staff. Elements that should guide priority setting:
• Conduct ongoing security analysis, relying on security experts;
• Conduct site analysis;
• Prepare progressive transfer (if overlap between old and new facility possible);
• Consider that delayed transfer may increase risks to patients and staff;
• Identify vulnerable groups who might need special care to what will be provided in the new facility
•Consult with local authorities, community, staff and patients, and other health-care providers/organizations.