

Physicians, health facilities targeted in war-torn Syria

At least 130 doctors have been killed and 477 imprisoned during the Syrian Arab Republic's two-year civil war, which has decimated this former middle-income country's health care system.

The Damascus-based human rights organization Violation Documentation Center in Syria (www.vdc-sy.org) is documenting the killings and jailings, and provided *CMAJ* with the figures. The centre reports that 12 of the physicians were tortured to death in prison, 3 were arrested, tortured and then executed in prison and another 12 were executed in the field. About 50 nurses have also been killed.

"We were also able to document 87 field medic persons [executed] when they were doing their job," centre spokesperson Bassam al-Ahmad told *CMAJ* in a May 3 email.

"It's very troubling," says Stephen Cornish, executive director of Médecins sans Frontières (MSF) Canada, who returned from Syria April 2 following a two-and-a-half week reconnaissance trip. "There's no respect for [medical] sites or personnel. There needs to be international attention."

Syrian authorities say 57% of public hospitals have been damaged and 36% are no longer functional, according to the March MSF report *Syria Two Years On: The Failure of International Aid So Far*. Makeshift hospitals close to conflict zones have been set up in caves, residences, farms and underground bunkers, say MSF staff. Because of the violence, few journalists or other non-governmental organizations are documenting damage on the ground.

Dr. K, a surgeon in a 30-bed private hospital in northwest Syria, spoke to MSF on condition of anonymity for the MSF report. "The army has been targeting the hospital," he said. Twice last year, the army took over the city, which cannot be named for security reasons. "When they came, I had to leave because they arrest doctors who treat the wounded. For them, doctors are as good



Reuters/Muhammad Al-Helawi/Sham News

A boy carries his injured brother at a makeshift hospital near Homs. A reported 57% of public hospitals have been damaged and 36% are no longer functional.

as terrorists. ... I've had multiple threats but I've managed to escape so far because I've had friends who warned me."

Both MSF and the International Committee of the Red Cross say clinics and hospitals are being deliberately bombed, while medical personnel are arrested, harassed or killed.

"Providing medical care was transformed into an act of resistance, a crime, and medical structures became military targets," MSF writes in the Syria report that describes the "failure of international aid." "Doctors risk being labeled 'enemies of the regime' for treating the injured, which could lead to their arrest, imprisonment, torture or even death."

Under international humanitarian law, parties to a conflict must respect and protect health care personnel and hospitals, transports and other medical units in all circumstances.

An independent commission of the United Nations Human Rights Council says it's time the International Criminal Court prosecuted these war crimes — the targeting of medical facilities and the killing and imprisonment of medical personnel.

"We're saying it's time for justice," Carla Del Ponte, a commissioner with the International Commission of Inquiry on the Syrian Arab Republic, told a March 11 news conference. "And we suggest [the International Criminal Court] take action."

The independent commission (www.ohchr.org/Documents/HRBodies/HRCouncil/CoISyria/PeriodicUpdate11March2013_en.pdf) has also documented deliberate targeting of medical personnel and hospitals. In a March 11 report, the commission found those serving in government hospitals have a "well-founded fear of punishment if they provide treatment to members of anti-Government armed groups." Meanwhile, staff in government hospitals are afraid of being abducted by opposition groups.

Medical access "has been denied on real or perceived political and sectarian grounds," the commission says. "In Dara'a, for example, 'official hospitals were permitted to treat only members of Government forces and their supporters.'"

"One of the most alarming features of the conflict ... has been the use of

medical care as a tactic of war,” the report states.

The World Medical Association passed an urgent resolution about the doctors’ deaths and imprisonments in April “recommending national medical associations oppose government intrusions into the practice of medicine and in health care decision making...”

The International Committee of the Red Cross, which is working with the Syrian Arab Red Crescent in both government- and opposition-held territories, “remains gravely concerned about the

lack of protection for medical services in Syria,” it said in a Mar. 1 release.

The Red Cross reports that much of the country’s infrastructure, including hospitals and other health care facilities, has been damaged. “Dozens of facilities across the country are contending with shortages of equipment, supplies and staff,” Dr. Andrea Reis, who coordinates the Red Cross’s health activities in Syria, said in a news release.

Inevitably, the targeting has led to a shortage of medical personnel. Among those who remain are specialists, resi-

dents and surgeons, many of whom have no experience operating on war-related injuries. Dentists who perform minor surgeries, pharmacists who treat patients and young people volunteering as nurses are augmenting the services of the doctors who remain, according to MSF. — Barbara Sibbald, *CMAJ*

CMAJ 2013. DOI:10.1503/cmaj.109-4492

Editor’s note: This is the first of a three-part series on Syria.

Advocates decry health council’s demise

The federal government’s decision to stop funding the Health Council of Canada as of March 2014 has prompted an outcry from the Canadian Medical Association (CMA) and other health care organizations that fear the loss of an independent voice to monitor health equity.

Health Canada told Health Council of Canada CEO John Abbott Apr. 8, that funding to the council would end in 2014 as part of federal cuts. The council will receive \$6.5 million this fiscal year and \$4 million to cover closing costs, Abbott says.

The council was important in 2002 when CMA first called for a permanent, independent national body to assess performance about the health care system across Canada, and it’s important now, CMA President Dr. Anna Reid stated in a news release.

“How are we to transform the health care system to improve patient care if we can’t measure what we’re doing well and what we need to improve?” asks Reid.

The council was born in 2004, following recommendations by the Commission on the Future of Health Care in Canada (the Romanow report), for a body to assess and report independently on the renewal of Canada’s health system, including monitoring equal access.

The council also monitors the 10-year accord that Ottawa and the provinces and territories reached on the transfer of federal dollars for health. It also publishes general progress and themed reports.

The council had no “sunset clause” when it was formed, and still has work to do, Abbott says. “We were under the premise it would continue and that it was seen as an essential element in the inter-governmental health care landscape.”

For example, the council has been identifying and promoting innovative health care practices.

But Health Canada spokesperson Steve Outhouse says the council has fulfilled its mandate, given that the 10-year federal-provincial accord ends in 2014. Outhouse criticized the CMA’s response to Health Canada’s decision.

“I believe that the CMA is showing that it is absolutely incapable of having a reasonable conversation on anything with the federal government,” Outhouse said. He described Reid’s news release as “over-the-top with rhetoric.”

Other health care advocates worry that dismantling the council will create gaps in knowledge.

“The federal government is responsible for ensuring equity in health care across the country, and they have walked away from their responsibility,” says Adrienne Silnicki of the Council of Canadians, a citizen’s advocacy group.

The federal government seeks to respect different provincial and territorial health priorities, says Outhouse. But the Canadian Health Coalition believes that statement is “an admission on behalf of the federal government that they don’t want national standards,” says Mike McBane, national coordinator for the medicare advocacy group. He says killing



© 2013 Thinkstock

The health council offers independent monitoring of the renewal of Canada’s health system, including monitoring equal access and reports on topics such as waiting times.

the Health Council of Canada marks the death of any attempt to create a national approach to health care.

The federal government may be signalling that having a federal–provincial–territorial health care strategy is now out of the question, says Dr. Michael Rachlis, a Toronto, Ont.–based health policy analyst.

“The federal government is certainly doing everything they can to say that health care has nothing to do with them,” says Rachlis. He fears that the government “seems quite content to let the system get into hard times out of neglect.” — Catherine Cross, *CMAJ*

CMAJ 2013. DOI:10.1503/cmaj.109-4472