Tom Lantos Human Rights Commission

Protecting Health Care During Armed Conflict

Wednesday, October 30, 2019
10:00 – 11:30 a.m.
2200 Rayburn House Office Building

As prepared for delivery

Good morning and welcome to this morning's Tom Lantos Human Rights Commission hearing on "Protecting Health Care During Armed Conflict."

I want to thank our witnesses for taking the time to share their experience and expertise with us today.

In recent years we have seen report after report of attacks on medical personnel in regions where armed conflict is underway. Much of the reporting has come from Syria and Yemen.

Just two weeks ago, the *New York Times* published a stunning account of the repeated bombing of hospitals in Syria by the Russian Air Force. In just one 12-hour period on May 5th and 6th of this year, four hospitals were bombed.

These were not accidental bombings. We're not talking about "collateral damage" due to military attacks that were properly planned and executed.

These were purposeful attacks on installations that are supposed to be protected under international humanitarian law.

Even worse, these were attacks on medical facilities that had voluntarily provided their GPS coordinates to the United Nations "deconfliction mechanism" as a means of protection. The coordinates were in turn provided to Russia and other combatants specifically so the facilities would not be targeted for attack.

All four of the hospitals in the *Times* report were on the deconfliction list. Yet they were attacked anyway.

It is hard to overstate what a setback this kind of behavior is for the global consensus on the obligation to protect health care during conflict – a consensus that was constructed over the last 150 years, has its origins in the experience of the American civil war and was made law in the Geneva Conventions. The first Geneva Convention, adopted in August of 1864, was written to protect the wounded on the battlefield.

That one of the countries undermining this hard-won consensus is a permanent member of the United Nations Security Council, a body charged with maintaining international peace and security, is especially frustrating and infuriating.

At the same time, Russia is not the only bad actor here and Syria is not the only situation of conflict where health care has come under attack.

According to the World Health Organization, between January 1, 2018 and October 17, 2019, there were 1,604 attacks on health care resulting in 328 deaths and 1,454 injuries in 10 countries or territories.

The Safeguarding Health in Conflict Coalition, represented on our witness panel today, reports that in 2018 there were at least 973 attacks on health workers, health facilities, health transports and patients in 23 countries in conflict around the world.

The problem is widespread, which makes it worse.

And the long-term consequences of these attacks also make the problem worse.

Attacks on health care providers do not only cause immediate injury and death. They can also have far-reaching and long-lasting destructive effects on entire health systems, leading to public health crises like the 2017 cholera epidemic in Yemen.

The problem of attacks on health care during conflict is sufficiently bad that three years ago the United Nations Security Council passed a resolution, UNSCR 2286, that condemned attacks on health care and called on states to prevent them and to ensure accountability for those that occurred.

The resolution was seen as a landmark: more than 80 UN member states cosponsored it; it was unanimously adopted; and it had the full support of humanitarian organizations from around the world.

But it hasn't been implemented, or at least, not well enough.

Only a year later, in 2017, the president of the ICRC warned that "[w]e are at risk of creating a 'new normal': too many actors are legitimizing attacks [on health care] as "collateral damage" rather than outrageous violations."

So we are here today to ask what the U.S. can do, or what more we can do, to push back against the continuing risk of a "new normal" that makes all of us less safe. We will hear from our witnesses both about positive steps the U.S. has taken and about areas for improvement.

In the past the U.S. has played a leadership role in ensuring global respect for the protection of health care. I want that role to continue and be strengthened, and I very much look forward the hearing recommendations to that end.

Let me now introduce our witnesses.