

**Testimony of Richard Sollom, MA, MPH,
Deputy Director, Physicians for Human Rights (PHR)
Before the Tom Lantos Human Rights Commission Hearing:
“Human Rights in Bahrain”**

**Friday, May 13, 2011
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Rayburn B-318**

Good morning, Mr. Chairman and distinguished Members of the Tom Lantos Human Rights Commission.

My name is Richard Sollom, Deputy Director of Physicians for Human Rights and author of PHR’s report on the recent human rights crisis in Bahrain entitled “Do No Harm: A Call for Bahrain to End Systematic Attacks on Doctors and Patients.” This crucial report is the result of an in-country emergency investigation conducted by the co-author of this report, Dr. Nizam Peerwani MD, Chief Medical Examiner, Tarrant County, Texas, and Advisor to PHR’s International Forensic Program and myself from 2-8 April 2011.

Physicians for Human Rights (PHR) is very grateful for the opportunity this morning to testify before the Human Rights Commission, and PHR would like to thank the Chairman and the Members of the Commission for holding this timely hearing. PHR would also like to thank the entire staff of this bipartisan Commission, in particular Mike McVicker, Lars de Gier, and Ari Levin, as well as your Legislative Director, Cindy Buhl, for their tireless work on this important hearing.

PHR is an independent, non-profit organization that uses medical and scientific expertise to investigate human rights violations and advocate for justice, accountability, and the health and dignity of all people. We are supported by the expertise and passion of health professionals and concerned citizens alike.

Mr. Chairman, I ask that my full statement be made part of the record, as well as our report on Bahrain. In addition, I would like to submit for the record a list of the names of those medical professionals compiled by PHR whose whereabouts is unknown in the wake of the government crackdown against medical personnel.

Mr. Chairman, I have conducted human rights investigations around the world for the better part of 20 years, but what I observed in the Kingdom of Bahrain during our investigation in terms of blatant violations of medical neutrality is unlike anything I have ever seen.

As was already mentioned, in February and March 2011 thousands of protesters in the small island Kingdom of Bahrain in the Persian Gulf took to the streets calling for government reform. The Government’s response to this protests which are a facet of what has been dubbed “the Arab Spring,” was brutal and systematic: shoot civilian protesters, detain and torture them, and erase all evidence.

In conflict situations all around the world, there is a unique and highly qualified community which tries to bring comfort and compassion to those in need. This group - the medical community - is bound by international legal standards and protections to administer its skills without consideration of faith, ethnicity, class status, or political views or influence. Because of their requirement to apply their skills without discrimination and in neutral fashion, the trained eyes of medical professionals discern the first hand evidence of the conflict, the types of injuries, the number of deaths, the root causes which resulted in the physical suffering. That makes doctors and medical personnel important witnesses of severe human rights violations, which in turn makes them targets themselves.

That is the story unfolding in Bahrain right now.

Dr. Peerwani and I found evidence of systematic and targeted attacks against medical personnel as a result of their efforts to provide unbiased care for wounded protestors. While in Bahrain, I had the opportunity to speak with several eyewitnesses of abductions of physicians, some of whom were ripped from their homes in the middle of the night by masked security forces. It is important to note that for each doctor, nurse, or medic that the government disappears, many more civilians' lives are impacted as patients go untreated.

Based on our research, we estimate that approximately 36 medical professionals have been arrested, about 16 have been released, and 47 have been accused by a Bahraini military prosecutor of acting against the regime and face future trials.

The government of Bahrain's systematic attack on medical professionals plays out in startling personal stories. Armed security forces abducted Dr. Ali El-Ekri from the operating room while he was performing surgery at Salmaniya Hospital on 17 March.

In another incident, security forces shot a man named Ali in the face and head at close range with birdshot. He woke up later in Salmaniya Hospital where he was held for five days. On the second day of his detention, three armed security forces handcuffed Ali and a dozen other wounded men behind their backs with plastic wrist ties and began to beat them. Then the security forces threw Ali and the other patients face first onto the floor and dragged them out into the hallway, leaving trails of blood on the floor. Interrogation, torture, and extraction of forced confessions followed.

Another doctor was abducted in the middle of the night from his home in front of his wife and three children. Police and masked men in civilian clothes stormed the home of Dr. Abdul Khaliq al-Oraibi on April 1. The security forces dragged him out of bed, handcuffed, and then blindfolded him. They did not say where or why they were taking him. His family has not heard from him since.

I gathered information about these and other egregious abuses against patients and detainees including torture, beating, verbal abuse, humiliation, and threats of rape and killing. Specifically, I found the following:

1. Government authorities used excessive force, including high-velocity weapons and shotguns, while using birdshot, rubber bullets, and tear gas against unarmed civilians – often at a close range. One story highlighted in the report details attacks on guests at a wedding.

2. Bahraini forces fired tear gas into enclosed spaces, including homes.
3. Security forces used unidentified chemical agents, which cause disorientation, aphasia, and convulsions.
4. Security forces violently assaulted civilian detainees while in custody.

Regarding medical neutrality alone, I gathered information about the beating, abuse, and threatening of six Shi'a physicians at Salmaniya Hospital, the main hospital in the Capital Manama; government security forces stealing ambulances and posing as medics; the militarization of hospitals and clinics that obstruct medical care, and rampant fear that prevents patients from seeking urgent medical treatment.

These findings are an indictment of the Bahraini government's all-out assault on health care and health professionals. The militarization of the health system has caused a breakdown in access to health care and the trust of patients in Bahrain's medical facilities. I interviewed individuals who were injured by government forces during the protests who did not seek urgently needed medical care out of fear.

It is important to note that the ruthless targeting of physicians is but one element of a vicious crackdown on dissent. Other groups targeted for arrest and detention include labor activists, lawyers, and academics. These attacks cumulate to stifle dissent and intimidate pro-democracy activists in the country.

Medicine and delivery of health care should unite, rather than divide a country. Bahrain's attacks on clinicians exhibit a profound disrespect for the basic principles of medical ethics. There are immeasurable long-term consequences of these atrocities. Punishing physicians for adhering to their ethical duty to treat the sick and wounded violates international law. Bahrain's abuses in the spring of 2011 are the most extreme violations of medical neutrality in the past half century, and history will remember them as such.

The assault on healthcare workers and their patients constitutes extreme violations of the principle of *medical neutrality* and are grave breaches of international law. Medical neutrality is a social contract between the medical profession and the communities it serves. Medical neutrality ensures (1) the protection of medical personnel, patients, facilities, and transport from attack or interference; (2) unhindered access to medical care and treatment; (3) the humane treatment of all civilians; and (4) nondiscriminatory treatment of the injured and sick.

I would like to end my remarks with a positive recent development. On May 4, 2011, nine medical professionals were released from custody. This release is the result of increased attention by the media, the international community, and governments who have pressured Bahrain to end its abuses.

But our work is far from finished. Now is a key moment for the United States government to make a strong and concerted effort to push the Kingdom of Bahrain to release the medical professionals it has detained and to end any show trials that would punish these professionals simply for adhering to their ethical duties.

Recommendations

I propose the following actions on the part of the US government:

- 1) Contrary to the 'speak softly to our ally' approach the Administration has chosen so far which was so pointedly characterized in the Washington Post Editorial on May 9th entitled "Applying pressure on Bahrain," senior members of the Administration, including the President, need to speak out publicly and in no uncertain terms about the unacceptability of these egregious violations and should vocally demand the immediate and unconditional release of the medical personnel arrested in the crackdown.
- 2) Members of Congress and the Administration should visit Salmaniya Hospital and meet with representatives of the medical community in Bahrain.
- 3) The United States should spearhead an international effort to appoint a Special Rapporteur on Violations of Medical Neutrality through the United Nations Human Rights Council.
- 4) PHR would like to thank Representative McDermott for his leadership on issues of medical neutrality and for introducing a bill dedicated to protecting and promoting medical neutrality throughout US foreign policy. We encourage all Members to support the passage of this bill which would
 - a. Suspend non-humanitarian foreign assistance to countries violating medical neutrality
 - b. Ban the issuance of visas to officials who ordered or engaged in any violation of medical neutrality
 - c. Add reporting on violations of medical neutrality to annual State Department human rights country reports
 - d. Encourage United States missions abroad to conduct investigations of alleged violations of medical neutrality

I am confident that through these efforts, the United States government can become an international leader in the protection and promotion of medical neutrality. I thank you again for the opportunity to appear before you today, and I am ready to answer any questions you may have.