OPEN SOCIETY FOUNDATIONS

TRANSCRIPT

"WITH TARGETS ON THEIR BACKS: PROVIDING HEALTH CARE IN CONFLICTS WITHOUT RULES"

A conversation with Elise Baker and Deane Marchbein

Moderator: Widney Brown

Introduced by Jonathan Cohen

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ANNOUNCER:

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JONATHAN COHEN:

I'm very pleased to welcome you. My name is Jonathan Cohen. I'm director of the public health program at the Open Society Foundations. And on behalf of the Open Society Foundations, it's my great pleasure-- to welcome you this evening for this event which, among other things, marks-- the release of Physicians for Humans' Rights's report on attacks on health facilities and health workers in Syria.

Before I introduce the event, I wanna thank a number of people who made this event possible. Our colleagues Sebastian Krueger, Veronika Chatelain, Dasha Shkurpela, Alexa Juarez-- and also Widney Brown, a member of our global health advisory committee-- who first suggested we host this event, all of you for coming, and all of our s-- speakers who Widney will introduce.

The Open Society Foundations work broadly-- at the intersection of health and human rights. And there is a component of the human right to health that seems so self-evident. It feels like we ought to be able to take it for granted. And that is the ability of health workers to do their job freely without fear of injury or reprisal.

Or as the anonymous doctor quoted in the epigraph to this powerful new report says,

quote, "You must be safe to save others." Yet this is surprisingly not the case in many places. And attacks on health workers and endangerment of health workers is unfortunately not a phenomenon that is limited to conflict settings.

Many of us will recall that during last year's Ebola crisis in Western Africa, doctors and nurses were expected-- to treat patients with Ebola virus without personal protective gear, risking Ebola infection. I think about-- colleagues of ours in the Russian Federation who are physicians unable to prescribe or even discuss opiate substitution treatment for people with heroin addiction without risking arrest or persecution.

And tonight, we discuss a particularly powerful and dramatic example of health workers fearing their safety, which is the use, the deliberate use often, of attacks on medical facilities as a weapon of war. As you will hear-- from our colleagues at Physicians for Human Rights, in the last five years, Syrian government forces have attacked not only civilians but also those who come to care for them.

They have done this either by directly bombing hospitals or by detaining and torturing doctors for the so-called crime of providing health care. This is despite heightened protection under international humanitarian law for medical personnel and medical facilities. These are war crimes.

According to Physicians for Humans Rights's research, they are actually part of a deliberate strategy to make life unbearable in areas outside Syrian government control such as eastern Aleppo city. And the effect has been systemic. Syria's health care system, once one of the best in the region, has been significantly degraded.

While it may have seemed like a bit of a stretch for me to compare this to non-conflict situations such as the Ebola crisis or the issue of methadone in Russia, the sad reality is that it is not just doctors in conflict who risk their lives. And it is not just those who are injured in conflict who have a human right to health care in a safe space.

Many of you might have read that at the height of the Ebola epidemic, Dr. Paul Paul Farmer wrote, "Without staff, stuff, space, and systems, nothing can be done." At the time in Western Africa, those four things had been neglected by years of poor planning, underinvestment, caps on public sector spending, and indeed civil unrest as well.

In Syria, those four things are under direct assault by the very government obliged to safeguard them. Of the four elements that Dr. Farmer writes about, Physicians for Human Rights's report focuses mainly on two of them, staff, or what they refer to as the health workforce, and space, or the health infrastructure.

They document that roughly 95% of Alepp-- of Aleppo's doctors have fled, been detained, or killed as of October 2015. They document over 90 attacks on medical facilities between January and October of last year and note that more than two thirds of the hospitals in Aleppo no longer functioned as of last October.

But this report is not just about staff and space. It is about what health workers

bravely do when they and their workplaces are under assault. It is a report about their resilience and their bravery. They note and I quote, "Rather than surrender to their murderous government or the terrorizing tactics of the Islamic State, many of Aleppo's residents have chosen to stay in the city and try to maintain their lives.

"They rebuilt their homes and reestablished hospitals in basements. And they have founded organizations to support medical care in one of the most dangerous cities in the world." This particular emphasis of the report I think speaks to Physicians for Human Rights's own legacy and institutional identity.

And I wanna emphasize that we are joined, and Widney will introduce us also, by the president of Médecins Sans Frontières U.S.A., which is (UNINTEL) organization that is of course-- second to none in providing medical care and humanitarian contexts. And I'm gonna allow Widney to-- introduce the president of MSF U.S.A. who will broaden this discussion far beyond-- deliberate attacks on health facilities to ones that are deemed to be accidental and that have often had a direct impact on their organization. So thank you so much for joining us.

I think since their founding-- both of the organizations represented tonight-- have been at the forefront of defending the rights of health workers to do their job without fear of danger (SLURS)-- danger or reprisal and by extension defending the rights of patients to access to health care. So we are so delighted to host both of these organizations this evening at the Open Society Foundations. And we look forward to a rich conversation. Over to you.

WIDNEY BROWN:

Thank you, Jonathan. And I wanna particularly thank the Open Society Foundation for hosting this event tonight. And thank you all for coming out on a somewhat chilly evening. So I'm gonna state something that's pretty obvious. War and civil unrest tend to be bad for people's health and not just because they might get shot or attacked by some other purportedly less than lethal weapon but because insecurity im-- impacts their lives in ways that undermines the right to health.

And it's why the principle of medical neutrality is so critically important. Because it allows doctors and other health professionals to fulfill their ethical obligation to treat those with the most urgent needs without bias or prejudice or without facing the threat of punishment and retaliation.

The principle of medical neutrality in the laws of war and the Right to Health in Human Rights Law are an attempt to carve out and create a space where people can access medical care and remain healthy under what may be unhealthy circumstances. Now, the protected status of medical workers has been established in international law going back more than 150 years ago.

In fact, it was the original adoption of the first Geneva Convention in ni-- 1864 that actually enshrined this right. And subsequent versions of the Geneva Conventions and other relevant international law have all strengthened the norm that protects

medical facilities, and medical professionals, and health care workers from attacks in both conflict and non-conflict situations.

Unfortunately though, although it's been around for over 150 years, it has been breached. And before we look at Syria specifically, I thought I'd mention some of the places it's happened and what seems to have been a trigger there. I don't wanna go back too far, but I think if you think about some of the most egregious cases that many of us would have been aware of, it was actually the Khmer Rouge in Cambodia where basically they treated all elites including doctors as if that itself was a capital crime.

And a significant number of the doctors were killed because they were educated and perceived as elite and Western. But the d-- Khmer Rouge did not stop there. They evacuated people from the cities. And they shut down the hospitals. They literally went, and closed them down, and kicked all the patients out.

So they-- they-- they c-- they actually destroyed the health care infrastructure such as it was. And, of course, the consequence for the people in need of that health care was devastating. In the '70s and '80s as there were a lot of proxy wars and civil wars around, there are numerous incidences of-- deliberate attacks on health care-- and the punishment of doctors who were-- aligned-- with ensuring that anybody who needed their help could get that treatment.

In 1991 in-- in the former Yugoslavia, there was a well-documented attack on the Serbian forces on the Vukovar hospital. What's interesting in that case is there was actually a negotiated surrender by the ICRC. And-- instead of-- agreeing to the terms of that negotiated surrender, the Serbian forces actually went in and disappeared hundreds of wounded combatants and civilians.

So that was one incident that was particularly bad during the war in the former Yugoslavia. I'd be remiss if I did not mention Chechnya. During Putin's first presidency during the first Chechen war-- there was very much a scorched earth policy in Grozny. And hospitals were hit repeatedly, including-- municipal hospital n-- number nine, which was actually invaded by Russian soldiers and 50 civilians were taken hostage.

There was actually an ICRC hospital in Grozny that was supposed to be a symbol of the ability to get medical care when you n-- needed it even in a war-torn area. In fact, it was ambushed by Russian-- forces. And members of the ICR staff were killed. But as Jonathan mentioned, it's not just in conflict situations that we see this attempt to demonize people who fulfilling their ethical obligation are trying to protect people in need of-- of medical care, whether as a result of injury or illness.

In Iran, two doctors, they were brothers-- Irash Alahi (PH) and Kamir Alahi were-- doing work to try to prevent HIV in Iran. They were charged with trying to overthrow the government and were actually imprisoned in one of the-- well-known political prison-- prisons in Iran.

So just the act of working on a disease-- led to that. And, of course, during the uprisings in the Middle East and North Africa that have happened over the last five

years, there have been numerous attacks on health care workers. The one that probably got the most coverage was that in Bahrain.

Eventually, 20 doctors in Bahrain were s-- were-- charged with terrorism charges and sentenced to time in prison, sentenced to prison. Now, they have been released, but none of them have been able to go back and practice medicine. And the hospitals continue to be highly policed and militarized, as anyone who c-- is continuing to protest the government's reaction to protests are vulnerable.

Of course, in the last few years, we've also seen the targeted killing of vaccination workers in Nigeria, Afghanistan, and Pakistan. And it's worth noting that in the case of Pakistan, this is a country where the U.S. used the subterfuge of a vaccination campaign to try to do DNA testing in its search for Osama bin Laden.

It said it did and then it said it didn't. But what it did is it actually destroyed people's faith in the vaccination programs as having integrity and independence. And as Jonathan noted, the Ebola outbreak in-- in West Africa. There was the particularly distressing case of eight outbreak workers in Guinea who were killed.

Fear and not understanding the role that they played was a part of that. But these attacks have gone back as early as in the 2003 outbreak of Ebola in the D.R.C. It is driven even more when you have governments making ill-advised actions such as massive quarantines that make people feel like their lives are worthless and start seeing government officials even from the health ministry as-- the enemy, not somebody trying to help them.

This keeps on going. Just last week, doctors in Turkey reached out to Physicians for Human Rights, asking for help because as the Turkish government is escalating its security operations in southeastern Turkey against the Kurds, yet another consequence of the failure of the international community to deal with the conflict in Syria, they have obstructed any person's access to medical care.

They will not let ambulances pass. When civilians go out, even under a white flag to try to seek medical care for themselves or people they are helping, they are actually being attacked. And that was just last week. Nonetheless, looking at all of these, it would be hard to point to any case that's harsher than Syria-- because the government's campaign has been systematic attack on the infrastructure and medical professionals.

So I'm gonna turn the-- the podium over to my colleague Elise Baker to talk you through the work that Physicians on Hum-- for Human Rights has done on the scale and impact of the campaign. But first, let me tell you a bit about Elise. Elise joined Physicians for Human Rights two and a half years ago after graduating from Williams College where she had a joint degree in political science and mathematics.

Both will come in very handy. She's really the driving force behind our documentation of these attacks. She supervises a team that collects reports of attacks from a wide variety of sources, catalogs and conducts extensive incident reviews of them, seeks out information that can corroborate the report, such as looking at satellite imagery, and consulting with-- a team of field sources that we have built to

assess the damage in part to get confirmation of the attack and also find out what functionality was lost.

After the launch of the map and the presentation before the U.N. Security Council, Physicians for Human Rights was invited to send monthly updates on our statistics to the Office of-- Coordination of Humanitarian Affairs. They then incorporate that information in the secretary general's report to the Security Council on Syria.

The Russians are a little dismayed by that. In her spare time, Elise has researched and written two reports on the conflict in Syria. For the fourth anniversary of the conflict, she wrote a report looking at the trends in the targeting of the facilities and the killing of-- of medical personnel.

And more recently, she t-- traveled to the Turkish-Syrian border to interview doctors and those who support hospitals in cl-- Aleppo to research and then wrote the report that we're talking about today, *Aleppo Abandoned: A Case Study on Health care in Syria*. Over to you, Elise.

ELISE BAKER:

Thank you, Widney. So for those of you who follow Syria, you have probably seen the most recent news, which is quite distressing, which is that the most recent effort for peace talks has been delayed after less than a week of talks. And this is largely because of a large offensive that the Syrian government has been launching in northern Aleppo aided by Russian air strikes.

So Syrian government forces on the ground with hundreds of Russian air strikes have now taken over territory that has cut off the main road leading from Aleppo city north to Turkey. This road is a lifeline for Aleppo city. And now, this city is almost fully besieged with 350,000 residents remaining.

Some of the residents, tens of thousands of the residents actually, are now fleeing the city, trying to head north to Turkey in order to escape this conflict. This is the road where they are trying to leave on, which is the lifeline for Aleppo city. But Turkish-- the Turkish border is now closed because the influx of refugees is too much for the border police to handle.

I was speaking with a doctor in Aleppo city just this past weekend. And he told me that despite these attacks, despite so many people around him leaving, despite the fact that his family lives in Turkey, he is gonna stay in Aleppo city because he knows that if he leaves, residents will not be able to access health care and they will die.

Not everybody is lucky enough to be these refugees fleeing outside of Syria. There are so many inside who don't have the money, don't have the resources, are disabled, or simply cannot bear to think about leaving their homes. And so they choose to stay. And this doctor is choosing to stay with them in order to provide them health care.

But the images of refugees leaving Syria have become really commonplace. We got--

saw so many of them over the summer with the influx of refugees and the refugee crisis in Europe. But seeing these photos, we often forget about what led to this crisis, how the past five years started with-- a human rights crisis that has now led to the biggest humanitarian crisis of our time.

So if you rewind five years and look at the start of the Syrian conflict, we remember that this all started with peaceful protests. In March of 2015-- sorry, March of 2011, 15 s-- children were arrested in southern Syria for spray painting graffiti on their school's walls. Hundreds of Syrians then took to the streets on March 15th to protest for their release and demand freedom, and democracy, and human rights.

But the Syrian government did not respond with lifting-- or granting freedom. And instead, they responded with more repression. But the protests increased in size. And soon, there were thousands protesting across Syria. And the Syrian government only increased the repression. They were shooting at protesters, shooting at first responders providing aid to the protesters, detaining protesters in hospitals.

And soon, they were besieging entire cities that were leading these pro-democracy protests. As the Syrian government increased the repression, the protesters then took up-- arms in self-defense to protect themselves. And by the summer, a group of-- military officials had defected and formed the first opposition group or anti-government armed group.

And by the end of the year, Syria was in a fully-fledged civil war. In the first year of the conflict, we were hearing reports of attacks on doctors who were trying to provide first aid to protesters, detention of doctors in hospitals who were providing this did, shellings of ambulances, and bombings and lootings of hospitals.

So Physicians for Human Rights decided to look into these attacks and figure out what was going on. Was this a targeted assault on health care or just simply collateral damage? And as we researched these attacks, we found that a shocking number of them were targeted.

We collected open source media reports of these attacks from news posts, to Facebook posts, YouTube videos, tweets, n-- NGO article-- or NGO reports and collected also documentation from field sources in Syria and the region who were working as health workers or supporting the health care infrastructure in Syria.

After collecting these reports, we launched an online interactive map documenting attacks on medical facilities and medical personnel in Syria. We launched the map in May of 2014 and have updated it with the most recent attacks every month since then. This map only documents violations of international humanitarian law or targeted and indiscriminate attacks on hospitals and medical personnel.

Each point on the map when you click on it points to sources docing-- documenting the incident, photos, videos, and testimony from field sources on the ground. And the map is used regularly by colleagues at the U.N. Security Council, other U.N. institutions, journalists, governments, partner organizations. And it has become the most comprehensive resource for attacks on health care in Syria.

To date, we have documented 336 attacks on medical facilities and 697 deaths of medical workers. As you can see from the map, over 95-- or over 90% of these attacks are launched by Syrian government forces. Each attack that we have documented on this map is a war crime. And taken together, they constitute crimes against humanity.

The Syrian government's assault is-- or assault on health care is the worst this-- we have ever seen. As we continue to document these systematic attacks on medical facilities and update the map, we continue to point out that-- each attack does not just destroy health care infrastructure and cause loss of life to the doctors themselves who are killed, but it results in loss of access to health care for the hundreds or thousands of civilians and fighters living in these areas.

So to complement the documentation we are doing with the map, we decided to do a case study of attacks on health care in Aleppo city to illustrate the effects of these attacks over time. We chose Aleppo city-- or eastern Aleppo city because it is the area that has been hardest hit by attacks on medical facilities.

As you can see on this map, Aleppo city is in the northern part of-- northern part of the map where 50 attacks have been launched on the city by Syrian government forces. But despite having the highest number of attacks in such a concentrated area, Aleppo does not represent the worst of the destruction in Syria.

Aleppo is not besieged and has a lifeline to Turkey. As you can see in this area of control map, opp-- so eastern Aleppo city is the area we were looking at, which is the-- controlled by this opposition, which is the green shaded area on the map. And-- eastern Aleppo city is connected north to Turkey through the main road.

And that is the lifeline for Aleppo city. It allows aid to d-- be delivered. It allows doctors to go in and out of the city. And it allows the city to continue to function despite numerous attacks every day. So Aleppo shows-- the incredible resilience and courage of doctors in the face of some of the worst destruction we have ever seen.

Aleppo city also has-- s-- so the conflict in Aleppo city has three main time periods. The first is just the start of the fighting when the opposition took control of eastern Aleppo city which occurred in J-- July of 2012. One week later after the opposition took, over Syrian government forces bombed a hospital.

And in the first seven months of the conflict in Aleppo city, PHR documented 17 attacks on 10 different medical facilities. Dar Al Shifa Hospital was attacked four times in a period of four months and destroyed in November of 2012. And this photo shows the destruction of Dar Al Shifa Hospital.

This series of attacks just illustrates the deliberate nature of these attacks. So many attacks in such a short period of time is not a mistake. Following this period of seven months or so, there was a lull in the fighting in Aleppo city. Conflict-- or the front lines stayed relatively stagnant.

And attacks continued, but there weren't-- they weren't as s-- s-- s-- at such high levels. But beginning in December 2013, the Syrian government launched a barrel

bombing campaign on Aleppo city. And a barrel bomb is basically exactly what it sounds like. It is a barrel filled with shrapnel, oil, nails, and explosives.

And they are dropped from helicopters. When they hit the ground, they explode into thousands of pieces and send shrapnel and nails flying everywhere-- in-- impacting anything in their enormous blast radius. The largest barrel bombs can weigh up to 2,000 pounds and will destroy an entire city block.

They're incredibly discriminate-- or indiscriminate. When they're dropped from helicopters, they tumble down to the earth thousands of feet. And you don't know where they're gonna land. And then when they hit, they explode into thousands of pieces. So in addition to the enormous physical destruction that they cause, they also cause enormous psychological damage to civilians living in these areas because there is no way to protect yourself from this attack.

So beginning in-- December 2013, the Syrian government launched this barrel bomb campaign on Aleppo city. And in the summer of 2014, they increased the number of barrel bomb attacks. Between April and June of 2014, Physicians for Human Rights documented 12 barrel bomb attacks on hospitals only in eastern Aleppo city.

The photo that I'm showing now is the remains of one of the main surgical hospitals in eastern Aleppo city. It was hit four times in a 10-day period by barrel bombs. Following this increase in barrel bomb attacks on the city, a huge number of the remaining residents fled the city.

Some estimates put two thirds of the population fleeing and only having 300,000 remain. And one doctor we interviewed estimated that 90% of the city's doctors fled following the barrel bomb attacks. In total, Physicians for Human Rights has documented 47 attacks on medical facilities in eastern Aleppo city, all by Syrian government forces.

These attacks have largely decimated the health care infrastructure in the city. Prior to the conflict, there were 33 functioning hospitals in this part of the city. As of October, there were only 10. And each of those 10 hospitals is functioning at much lower capacities than prior to the conflict.

The largest hospital has only 13 doctors working there throughout the entire month and only four ICU beds. The smallest hospital has two doctors and no ICU beds. Prior to the conflict, there were also 1,500 doctors working in this part of the city. And our estimates are that as of October, there were only 70 to 80.

But those are the total number of doctors who are available to work in the hospital throughout the entire month. And at any given time, there are only 35 to 50 doctors working inside the city. Or inside the city even available to work, which means that 95% of the city's doctors have fled, been detained, or been killed.

The doctors who do remain working in the city often commute between Turkey and Aleppo. Most of them are able to have their families living in Turkey where they are much safer. And they spend about 15 to 20 days working in Aleppo in the hospitals and then the remaining-- 10 to 15 days with their families in Turkey where they're able

to rest and recuperate before they go back to Aleppo city.

When they are in Aleppo city, they're working basically 24 hours a day, living inside the hospital so that they either are able to work or able to respond whenever there is an attack. Because there's such limited health capacity, there-- all of the doctors are working beyond their expertise.

One of the doctors we interviewed was in his pedia-- or finishing his pediatric residency when the conflict broke out. Now, he is working as an emergency medicine doctor and a surgery assistant. The-- or eastern Aleppo city only has two neurosurgeons who alternate their time there so there's always one neurosurgeon there in the city at any given time.

But one of those neurosurgeons was only in his residency when the conflict broke out. There are no thoracic surgeons left in the city. So basically all of the surgeons have attempted to do thoracic surgery. There's only one vascular surgeon, and he can't work there all the time. So-- a lot of the surgeons also try to do vascular surgery.

And we also heard-- we didn't get to interview her, but we heard that there is one female OB/GYN left in the city. And she has never left Aleppo because she knows that if she leaves, women will not be able to access health care. The remaining doctors left in the city are-- are incredibly resourceful and are able to save thousands of lives.

So despite having, you know, only one neurosurgery resident and no CT scan or MRI machine in all of eastern Aleppo city, this doctor has still done brain surgery and saved patients' lives. There are-- some of the better-equipped hospitals have what they call tele-ICU units, which is basically a surgery room with an ICU bed and a computer hooked up to Skype so that doctors based in Europe or in the United States can walk doctors through surgeries that they've never performed before.

But even despite this resourcefulness, it's not enough to save lives. As the barrel bomb attacks increased, the-- the just-- injuries that you got from these attacks became so much worse. The doctors we interviewed explained that early on in the conflict, they would see a number of injuries from bullet wounds, from shrapnel, things that they had seen before that they would know how to treat.

It would-- the injury would just be one injury on one patient. And it would require one surgery or at worst an amputation. But with the barrel bombs-- that caused so much-- the blast radius is so large and sends shrapnel everywhere that patients are now getting head-to-toe injuries. And the doctor simply cannot perform multiple surgeries on multiple different patients.

One of the doctors we interviewed had a particularly poignant story to share, which was that a mother and daughter's house was barrel bombed. And the only thing that remained of their house after they had cleared off the rubble-- the only part of their bodies they found were the two hands for the mother and the daughter.

The daughter had grabbed the mother's hand. And the rest of their bodies were not

found. And I have this picture and I'm gonna show it next. So just warning it is very graphic. One of the doctors we've also worked with has explained that counting hands is the only way to know how many casualties there are after an attack because so many other parts of the body are destroyed.

So with so many injuries-- and barrel bombs cause so many injuries on so many patients. Doctors explain that just lack of access to health care, not having enough doctors, not having enough hospitals, or ICU beds, or surgical supplies is one of the biggest cause of deaths in Aleppo.

And this is not even talking about access to chronic and acute health care. So because there are so many patients who need-- traumatic injury-- or care for traumatic injuries, patients with chronic and acute illnesses can't even go to hospitals anymore. They basically go to clinics which are staffed by nurses.

And the nurses do an incredible job, but they're-- they just aren't able to s-- receive the level of care that they need. And the medicines that they need are also considered luxuries because there's such high needs for surgical supplies. That's what the aid organizations are providing because it's the highest needs.

And so medication for heart disease, or insulin, or antibiotics-- those are all considered luxuries now. So now, we are past the barrel bomb era of the Syrian conflict. And we are now in the Russian area-- or era. While we were doing the research for this report, it was in July of 2015 prior to Russia's intervention in the Syrian conflict.

And all of the doctors we interviewed explained that while they can't provide perfect health care for residents of Aleppo, they're able to transport patients to Turkey. And the Turkish hospitals kind of fill the gap that the Aleppo hospitals cannot fill. But now that the Russian offensive, combined with the Syrian government's offensive, has cut the main life line-- to Turkey from Aleppo city, this-- transferring patients to Turkey is no longer possible.

So this map is a little hard to see. But the dark blue area-- with the arrow pointing north-- you know, the word zahra (PH). So the-- that's the territory that the Syrian government-- recently took over just last week. And it cuts off the main road north to Turkey, which means that the only way for residents of eastern Aleppo city to get out of Aleppo is to go through a basically one-and-a-half-mile-wide corridor, and then be squeezed between Kurdish forces and Syrian government forces, and take a much longer path to Turkey, which is most often not possible.

So Russia has-- well, the Syrian government and Russia have now basically almost put the city under siege doing what the Syrian government has tried to do for the past three years. And there are now 300,000 residents of the city who are at risk of being trapped inside the city.

Doctors we speak with estimate that their hospitals can function for another two months with the supplies that they have. But unless aid can get in, they don't know what will happen after that. And in the meantime, the number of casualties that these hospitals are receiving are only increasing.

Russian forces are now the force that are primarily launching air strikes on Aleppo and the surrounding area. And their munitions are much stronger than Syrian government munitions. Their planes are a lot faster. They have more planes. So they can launch more strikes.

And just last Friday, we received two reports that there were 900 attacks on Aleppo city and the countryside in one day. That is magnitudes higher than what the Syrian government was doing. And the ones who are primarily injured in-- in these attacks are civilians. So Syrians largely feel abandoned throughout this conflict and have f-- for a very long time.

And now, they feel all the more abandoned with Russia-- committing the same violations that they have condemned. So the only thing the Security Council has done is pass resolutions condemning attacks on civilians, attacks on medical facilities, and-- besiegement of civilians.

The Security Council unanimously passed multiple resolutions. And at the end of each resolution, they say that, "In the event of noncompliance, further measures will be taken." There is well-documented noncompliance. And now, a permanent member of the Security Council is committing these same violations that they condemned.

This photo is a picture of a hospital in southern Aleppo countryside that Russia bombed-- in November. So with no further action being taken-- Syrians are now just left wondering yet again how much longer they can survive and what more they can do.

WIDNEY BROWN:

Thank you, Elise. So Médecins Sans Frontières has definitely been-- in the crosshairs of attacks in Syria but also reports of attacks and attacks we know about in places like Afghanistan, the Kunduz bombing, in Yemen, et cetera. So we wanted to invite-- we're very fortunate to have Dr. Deane Marchbein here to talk about how operational m-- medical organizations are coping with work in conflict and unstable environments when that ability to know that you're protected and not targeted has gone away.

Dr. Marchbein joined Médecins Sans Frontières in 2006 to work as an anesthesiologist in their surgical program in Ivory Coast. She's worked as an anesthesiologist in the Democratic Republican of Congo, Haiti, Libya, Nigeria, South Sudan, Afghanistan, Syria, and Burundi and as a medical doctor in Libya, Lebanon, and Guinea.

She gets around to all the best places. (LAUGHTER) In 2012, Dr. Marchbein was elected president-- of the board of directors for Doctors Without Borders U.S.A. As you are aware, this is an international organization that won the Nobel Peace Prize in 1999 and provides health care and medical training in war-torn and impoverished countries.

Before joining MSF, Dr. Marchbein did a internship in internal medicine, a residency in anesthesia, and two fellowships in pediatric and cardi-anesthesia. She worked in an inner city private practice for 19 years. She was formerly the business manager and chairperson of the-- anesthesia department as well as the director of intensive care unit at Lawrence General Hospital in Lawrence, Massachusetts.

She now works with Mass General-- on a special arrangement so that she can take time out for her travels and work on MSF. Dr. Marchbein is no stranger to the conflict in Syria, having spent-- a winter in Lebanon and spending some time in Syria working on getting medical supplies into Syria. She Skyped with medical counterparts to understand what they nee-- needed and taught trauma courses in Lebanon for those who might be going into Syria. Dr. Marchbein.

DEANE MARCHBEIN:

Thanks very much. And thank you to the Open Society Foundations for organizing this important discussion. It's clear from what Elise and Widney have described that there is an erosion of medical humanitarian space. And that includes hospital structures, hospital transport such as ambulances, and health care workers, who are increasingly caught and sometimes targeted in the conflict and not afforded the protection-- afforded by international humanitarian law to civilians and civilian structures.

Sometimes this intrusion is not as dramatic as Syria and yet it's a daily occurrence in places like Central African Republican and South Sudan where you have aggressive intrusions into hospital facilities-- lack of respect for patient confidentiality, and really harassment of-- health care providers.

Parking-- yourself outside of a hospital facility so that you take note of who goes in and goes out, thus intimidating patients. The bombing of hospitals and hospital structures-- as has been demonstrated and talked about in-- in Syria but also extends to Iraq. In 2014, an MSF hospital was bombed in Tikrit.

In Afghanistan, in October of this-- of 2015-- the hospital in Kunduz was bombed, killing 42 people including patients, hospital workers, and caretakers but more importantly eliminating the only trauma center for a population of more than 200,000 people. Recently since October-- October through January, there have been four-- three hospital structures in Yemen that have been-- bombed, attacked-- and an ambulance-- making the delivery of medical care very, very challenging.

I'm speaking about MSF hospitals not because I believe that MSF hospitals are targeted, not because those are the only facilities that I care about, but because one of the basic tenets of MSF speaking out, Médecins Sans Frontières, is that we only speak about what we have direct experience with.

It's-- in one sense, it limits what we can say and what we can speak about. But in another, it's the source of our credibility. Because we know that when we speak, we speak from deep knowledge of what's going on on the field. So why is it important

that hospital structures are being-- targeted and attacked?

I think that-- Elise has demonstrated the obvious problem of security. As a medical humanitarian organization, we have-- we have a responsibility of duty of care to our employees and also to our m-- patients-- to our patients not to collect them in a place that we can't mitigate-- that-- that risk.

Additionally, as has been also pointed out, when you destroy a hospital structure, ambulances, when you make it unsafe for physicians and nurses to practice, you deny whole communities access to health care. And we've seen very-- a very potent demonstration in the reflections in the case study from Aleppo c-- city.

I am not a lawyer. And I'm certainly not-- an-- an international-- an expert in international humanitarian law. But there are basic premises and principles of international humanitarian law that have been affirmed and are longstanding principles. As has been said, hospital structures, hospital transport are protected.

Injured people, no matter how they are injured, no matter what uniform they wore or did w-- wear before they entered the hospital, once entering a hospital, they become patients. And patients are entitled to care according to their need without respect-- without prejudice. Health structures also have a corresponding responsibility in protecting that civilian designation and protection.

And that includes marking the hospital as such-- alerting-- the authorities of the location of your-- your physical structure, and making sure that the structure does not-- lose its civilian-- description. So, for instance, if a hospital is taken over and becomes a launching spot from-- for a war and conflict, that is no longer s-- given civilian protection.

So if on the other hand, someone is shooting out of a window of a hospital, you have the right-- the authorities have the right to shoot that individual. They do not have the right to bomb the entire hospital. So if you suspect that-- f-- the facility is losing its civilian protection, then you have-- an obligation to alert the-- the authorities and to leave.

MSF takes this responsibility very, very seriously. And to that end, we always alert bo-- all sides of a conflict of our location, of our plans to move if we are transporting patients. We have an s-- very strict no guns policy at our hospital. And if that's violated-- we would close down a hospital.

We would not allow our hospital to be co-opted for-- military or conflict purposes. So it then becomes really important when a hospital is bombed or targeted to understand who is responsible for doing that and to hold those responsible accountable for respecting international humanitarian law.

So in the-- sometimes this is pretty easy to know who's done the bombing. In the case of Kunduz in Afghanistan in October, the U.S. government accepted full responsibility. They said, "We did it. It's a mistake. It was a horrible mistake. We know that we did it. We respect international humanitarian law. This was a mistake."

In the case of certain of our structures in-- in Yemen, in sh-- Shiaria (PH), the hospital was hit by a ground-launch-- launched projectile. We have no idea who did that. And so it becomes really important to hold people accountable and to do an investigation to determine who is responsible.

Now, you'll note in the-- the dialog about Kunduz, at no time has MSF ever sought criminal prosecution. It's really an investigation to understand and to hold accountable. But as-- a medical humanitarian organization, we have neither the skill set nor all of the information to do our own investigation.

And that is why in the case of Kunduz and-- then again in Yemen, we asked t-- to invoke the fact-finding commission-- authorized by the Geneva Conventions. Because we think it is so important to understand who is accountable. So why is it important to hold people accountable? Well, when you see what happens in Syria when no one is accountable, that becomes the new norm.

And that is a very, very dangerous situation. It makes it quite impossible as-- a medical humanitarian organization for us to-- to work, for us to safely work. And we have-- an obligation to protect the safety of our workers and our patients. But I would go further than just insisting that people respect international humanitarian law.

I would say that governments also have an obligation when they are mentoring, when they form a coalition to insist that their coalition partners also understand the tenets of the principles of international humanitarian law and that they respect them.

We as civil society, you as a civil society have a role to play. We have to hold our leaders, our politicians accountable. And we have to ensure that there's a political cost when bad things happen and not say, "Oh, it's the fog of war. Well, these things happen. Who could know? Who could tell?"

It's really very important as a matter of principle that governments as-- not only respect international humanitarian law and-- but that they stand up, and assert the prin-- principles, and insist that the rest of the world is-- is responsible to them. It's the only way that we as-- a medical humanitarian organization and those who want to alleviate suffering can possibly go forward.

WIDNEY BROWN:

Thank you Dr. Marchbein. I'd like to-- open it up for questions. There's a microphone for people who are asking questions since it's being taped. So please.

FEMALE AUDIENCE MEMBER:

So I'm just wondering. What's happening with the doctor surrounding Assad? I mean, if I was a doctor in Damascus, I would just pick up my family, and leave, and leave him without any, you know, care for himself and his family, and all the people

s-- and-- and the elites surrounding him. What-- what's happening with those people? Do we know? Is there any kind of solidarity among the physicians in-- Syria?

ELISE BAKER:

This is not something Physicians for Human Rights have documented, but my understanding is that-- so, I mean, there-- there is a huge population that's still living under Syrian government control and still working in hospitals supported and run by the Syrian government. And it's simply because they-- they can't pick up and leave.

I mean, while-- so while they might be working and in effect supporting the Syrian government, they are kind of passively resisting internally. And a lot of-- a lot of people in government-controlled areas do not in fact support the Syrian government. But it would be millions more displaced.

And that's-- you know, there-- I mean, there are a number of people who have left, including doctors who have left government-controlled areas to work in opposition-controlled areas. But that, I mean, obviously puts you and your family at significant risk-- which-- I mean, a number of the doctors that we interviewed for the Aleppo report had made that decis-- decision for themselves but said that their families still remained in government-controlled areas just because they-- they can't put their family at that risk.

WIDNEY BROWN:

Assad trained as a doctor, but he apparently skipped the course on ethics. (LAUGHTER)

CHRIS ROGERS:

Hi. Thanks very much. Chris Rogers with-- MINA (PH) division here at OSF. Two questions. First-- one on maybe sort of strategy both political and-- and in terms of advocacy. I was wondering given the fact that, you know, we look across the world and we see-- and we're very worried about the erosion in many different places of this principle of-- protection of health professionals and medical facilities-- to what degree do you see opportunities in the future to-- advance-- you know, an advocacy strategy based on, you know, some sort of mutual interest on the part of different parties?

Say the Russians, to the Saudis, to the Yemenis, to the Iranians about-- trying to strengthen this principle across different-- areas and-- and fronts of conflict. And secondly-- you know, we ended there with-- a point about the-- the question of partnering. And I wonder are there specific-- policy changes, reforms that you think-- should be advocated for?

Particularly considering, for instance-- U.S. support for the Saudis in Yemen and pretty egregious-- crimes that are being committed there. Yet-- I think very little-- attention to it. But I wonder are there specific reforms, whether legislative or policy that you think could strengthen that-- very worrisome what seems really almost-- almost a loophole in terms of kinds of the protections that should be afforded?

WIDNEY BROWN:

Why don't we take a couple more questions? And then the panel can answer.

MALE AUDIENCE MEMBER:

Oh-- this is probably a difficult question, but-- apologize beforehand. But-- but as people probably are-- are aware, there's been a lotta criticism of the United Nations'-- activities in Syria, in particular the question about humanitarian aid to Madaya. You know, the-- the-- this has all been left under the control and the prerogative of the Syrian government.

You know, and if they say you can send food into this location, it-- it usually ends up in, you know, government-controlled areas. And then the rebel-controlled areas don't get anything. So the qu-- the question is-- is this really something that the U.N. can do anything about? Can they-- what would happen if the U.N. just put together a convoy in-- somewhere in Turkey, and just drove across, and entered into rebel-controlled areas?

WIDNEY BROWN:

Thanks. We'll take one more. And then--

MALE AUDIENCE MEMBER:

My question. You portrayed Russia as absolutely negative force in Syria on conflict. Even in American press, what is very negative right now to Russian policy, to Russian president, I did not see such description of Russian action and so negative consequences. I am not question what you say, that it was very impressive. But-- you see nothing positive in the Russian involvement. Russia fight against ISIS as well.

WIDNEY BROWN:

Okay, thank you.

DEANE MARCHBEIN:

So on the subject of-- what to do, how to coalesce, how to-- form partnerships, so one of the forum that's coming up is the International Humanitarian Summit. And I think that-- a variety of organizations need to be there, need to be passing the same message on-- on that subject.

There is ongoing pressure-- for the U.S. government in terms of their Saudi coalition partners. And-- I think that we need to continue passing that message not just from one organization like my own but from others. Obviously, the U.N. has-- a place to-- to-- to play. The Security Council is a little bit problematic given that-- there are members of the Security Council that are involved in many of these conflicts.

So-- getting them to make-- a decision-- on-- with respect to any of them is really very difficult. On the subject of a U.N. convoy, so I think it was last summer there was a decision by the U.N. that they would start distributing food in-- opposition-held areas of Syria for precisely the reason that you mention.

And that's that because the U.N. is-- a state organization, their relationships are with state actors. And so to maintain those relationships, what they end up doing is-- depending on the Syrian government and the Syrian Red Cross to do the distribution.

And obviously if your strategy is to make life so unbearable that people give up and leave-- it's not going to be part of that strategy to deliver humanitarian aid to those most in need. But-- really, there are-- there are problems in just s-- simply crossing borders and-- saying, "I'm gonna do what I want." That's just-- it's s-- sadly not the way it works.

WIDNEY BROWN:

Yeah. Just to build on-- the very good points around-- Yemen-- the problem that we have with the U.N. Security Council and the permanent members is the U.S., the U.K., and France are very much supportive of the Saudi-led coalition in Yemen, knowing that at a minimum they are bombing-- targets in Yemen in a manner that's completely indiscriminate and civilians are suffering.

And you have Russia and China basically supporting the Assad government, knowing again that at a minimum, and I think we've established much more than that, they are-- there's indiscriminate attacks on civilians. But as long as the permanent members of the Security Council are politicized-- so you have literally this hypocrisy of the U.S., the U.K., and France on Yemen and China and Russia on Syria.

And until that stalemate is broken, what is-- whether the Security Council will ever be able to truly-- fulfill its mandate to guarantee internat-- to maintain international peace and security is a open question. And I think we've seen that in places where the location of the conflict is highly politicized or has strategic value, politics rules over concern about peace, security, and humanitarian aid.

Kofi Annan said at one point in total frustration with the U.N. Security Council, "We

have a international system of government that's based on who won a war." At the time, he said it was 60 years ago. Now, it's 70 years ago. But there's no real appetite for looking at what could make the-- U.N. Security Council more effective.

As Dr. Marchbein noted, actually it was after we launched-- Physicians for Human Rights launched the map-- documenting the attacks on health care that the U.N. Security Council actually passed the resolution allowing direct cross-border aid. And that was a major step because usually the-- sovereignty of the state rules what aid can come in.

Partly that was because we were able to document, along with other organizations, that medical supplies were being stripped out of convoys that were reaching opposition-held areas. And so there was-- no question of the intentionality to largely restrict aid into opposition-held areas and the stripping out of lifesaving medicine, and medical equipment, and such.

What's been disappointing is even though that resolution was renewed so that aid-- cross-border aid-- has been extended, is very little that's actually getting across the-- the borders. And now, with the-- with the advances by the-- Syrian military, l-- there's gonna be less and less places that you actually can get the cross-border aid in. But the point that we made is that the-- the United Nations must take the actions that are necessary to save lives. And they could do it right now by ensuring that food-- water, medicine did get in. I'll turn it over to Elise.

ELISE BAKER:

Yeah. I would just add on about humanitarian aid. So the aid deliveries-- the cross-border aid deliveries which was allowed by the s-- Security Council has been-- it has saved lives. There is no doubt about that. But it's just a question of, you know, how much more could the Security Council-- or sorry, could the U.N. be delivering via cross-border aid but then the cross-line aid.

So deliveries from Damascus to areas around Damascus that are besieged-- but are controlled by opposition groups. That is what-- I mean, it's been in the news a lot recently with the siege on Madaya and literally dozens of people starving to death because aid has not been getting in.

And the Security Council did pass multiple resolutions authorizing the U.N. to deliver aid without the Syrian government's permission. But obviously with the reality on the ground, if you can go across the border from Turkey into Syria into opposition-controlled areas and know that you're gonna be safe.

But if you are going from Damascus to eastern Ghouta, which is besieged, and you have to go through multiple government checkpoints, you do run the risk of being shot at. And the U.N. is not gonna put their staff at risk. And so that is-- the argument that the U.N. is making for why they are not increasing deliveries to-- besieged areas.

And it's obviously, I mean, an argument that we are sympathetic to. But I'm sure some of you have seen the recent ideas that have been floated in the humanitarian community of doing aid drops to besieged areas. Because under the U.N. Security Council resolution, you theoretically have the authority to do-- aid drops from the air. And that would also bypass the checkpoints. So that's something that hasn't been done but that people are talking about.

WIDNEY BROWN:

Questions or comments?

FEMALE AUDIENCE MEMBER:

They didn't talk about the Russians.

FEMALE AUDIENCE MEMBER:

Hi. Thank you so much this for very affecting presentation. I have two questions. Number one is-- whether-- because you spoke a lot about-- populations in Aleppo trying to leave-- to get to Turkey. And now that that route has been closed off or even before that, I mean, are-- has there just been a huge influx of people with chronic medical diseases like kidney disease requiring dialysis needing-- going to Damascus?

And what have you seen in terms of the influx of patients there and whether those zones will continue to be safe? And then also-- is there any kind of recruitment or-- influx of foreign doctors to also-- provide aid in some of these-- affected places like Aleppo and others?

MALE AUDIENCE MEMBER:

This is a bit of a different question that you may not have the expertise on. But, you know, because we are-- the public health program, this is an event about attacks on health workers and health facilities. I imagine that the education program at OSF could equally do an affecting event on attacks on schools and children.

And I'm wondering whether there's any dialog or conversation there, anything to be learned either in terms of international humanitarian protections on schools, advocacy strategies. Is the norm on protecting-- educational facilities similarly eroding? And what might we be able to learn there?

MALE AUDIENCE MEMBER:

I took part in-- the demonstration, the die-in that-- Physicians for Human Rights organized with the Syrian-American Medical Association. And I'm wondering if you have any thoughts of-- what you would like the public at large to do or what you think we might be able to do-- since the government operators-- are only in a war mode. And you've documented that.

DEANE MARCHBEIN:

So on the-- the subject of chronic medical problems and recruitment of foreign doctors, that's-- the Syrian Medical-- Association actually does recruit-- Syrian Americans. There's a Syrian British Medical Association. And people regularly go-- into Syria. It's extremely dangerous.

My own organization supplies medicine, supplies-- helps train people going in. But-- and we're supporting a lot of hospitals in-- and health posts inside Syria. But we do not send foreign-- medicals there at this point because we really can't assure their safety. On the subject of chronic medical diseases, I don't have any data on that.

But when you think-- when you look at the WHO data on-- metabolic diseases, diabetes, hypertension-- Syria is ground zero for a very high incidence of those diseases. What we do know is that the price of medicines inside Syria is very, very expensive. We see patients in-- walking over the mountains to Lebanon, to Turkey-- with, you know, a purse full of-- of medicines.

"This is what I'm taking. And I'm about to run out." So it's-- it's a very, very big problem. And I don't know anything about organizations for civilian structures and schools. But one of the things that made us perhaps a little reso-- re-- reticent to speak out at first about the bombing of our hospitals in Yemen was that it was part of bombing of everything in sight, which meant schools, civilian structures. And it would have seemed-- a bit self-serving to say, "Oh, you bombed our hospital." So it's a really big problem.

ELISE BAKER:

So related to patients with-- I guess, chronic illnesses, that-- I-- I don't know any organization that would be collecting that data on whether, I guess, patients from opposition-controlled areas are going to government-controlled areas to access care. But I think those numbers are probably very low just because if you've been living in opposition-controlled areas and then try to enter a government-controlled area, you are at incredibly high risk of detention.

So the-- I mean, the best chance you have for getting care would be leaving Syria, which, you know, is possible but just very, very dangerous. And then in terms of, I mean, foreign doctors-- yeah, SAMS, the Syrian American Medical Society, is one of

the few organizations that is still bringing-- doctors from the outside into the country.

Definitely early on in the conflict, there were a number of foreign doctors who would come with-- organizations to work in-- in hospitals in Syria. And the doctors we interviewed for the Aleppo report explained that some of those doctors taught them invaluable skills that have definitely saved lives and taught them how to do surgeries that they had never done before.

But because the conflict has become so much more dangerous and foreign doctors are definitely more of a target for extremist groups like ISIS, that-- that has just become too risky for most foreign doctors. And in terms of attacks on schools, I know that the monitoring and r-- MRM, monitoring and response reporting mechanism, something like that-- out of UNICEF, I believe, is-- they are doing some traff-- tracking of attacks on schools in Syria. But I don't think there are a lot of other organizations working on that besides them.

WIDNEY BROWN:

And with regard to the attacks on schools, it is something that we work also with a coalition (UNINTEL) generally supportive because it's about the norm that civilian obj-- civilians shouldn't be targeted ever. And civilian objects shouldn't be targeted ever. But we've seen that, of course, there w-- in the-- the last-- attack-- in Gaza, there w-- the-- the-- UNRWA-- led schools where they had actually sent the-- GPS coordinates to the-- Israeli defense forces was a very concerning one.

But I think-- and this goes to the broader question about what can you do if-- if you can't change the minds of the members of the Security Council. Is noting that this-- that once you let standards that are s-- so hard won fall and see them very separately, as opposed to understand that this puts anyone living in-- in a potential-- in a conflict or potential conflict zone, that all the-- all the protections go away.

Now-- we obviously as Physicians for Human Rights focus on the-- the whole issue around medical facilities and people partly to really highlight that if you take away the doctors, you're gonna have a l-- much greater loss of life. But it is concerning in places like Yemen that it seems to be about a complete lack of respect for the principle that you don't target civilian or civilian objects.

And hospitals become one of them. In some places, we're obviously seeing where h-- hospitals are the target. But I think talking about how the reason that you have the Geneva Conventions and the other relevant laws is it was an attempt to make war a little bit less hellish for civilians.

And either we care about that, and really fight to establish that, not make exceptions. The terrorist language that Assad uses is classic. And quite frankly, that was created in the per-- permissive atmosphere created by the U.S. in its global war on terror where they basically shredded the Geneva Conventions and said, "It doesn't matter if we call you a terrorist."

And how many other governments have decided that they just name anyone they don't like as a terrorist and all the-- the protections and-- and rules drop by the wayside? So I think there's a lot of work to be d-- done on a lot of different fronts. Other questions or comments?

FEMALE AUDIENCE MEMBER:

Hello. Thank you so much. This is just terrific. I just wondered if you could respond to the Russian gentleman who raised the question about-- how do you as physicians on the ground view-- the involvement of Russia-- with Assad. And-- if you could address that. And how do you envision PHR's role in the next maybe two years, two to four years?

Do you primarily see yourselves as documenting-- and reporting to the larger world what is going on on the ground that we otherwise really would not appreciate-- with respect to medical care delivery and the impact of-- on the Syrian physicians and-- other medical personnel? Or what other layers do you-- do you-- would like to explore maybe going forward? Thank you.

MALE AUDIENCE MEMBER:

Yes. First of all, just thanks to everyone on the panel for all the-- painful but very important-- documentation. So I have two questions. One's related to Afghanistan where I-- have worked and go twice a year. We've done health care there for 50 years now. Last-- last week actually, we marked 50 years, through every single regime.

And one of the greatest-- insurances of safety for health care workers was the relationships with the community. And so through every conceivable kind of political-- military context-- many of the NGOs that were there for the long term-- were not disturbed. And now, you have the situation of this increasing criminality-- and breaking down of those sense of community relationships as a basis of protection.

And so I'm wondering if you-- to what extent are you-- the-- Médecins Sans Frontières and the-- Physicians for Human Rights'-- responsibilities-- looking at the broader protection mandate of, like, health care workers when they're seen as targets for kidnapping, for criminality which is part of that broader conflict?

And what are some steps that we might take to restore the-- the community trust as a basis for protection? And then with Syria-- I've also worked with-- NGOs that are quietly working in the government-- controlled areas. And so for health care workers that are under a very criminal regime-- where they're still trying to deliver t-- very important humanitarian services-- what kinds of support can we give to folks, in particular the government controlled as well? Thank you.

MALE AUDIENCE MEMBER:

So-- so I was struck by a recent-- comment about the United States and its policy towards terrorists. And, you know-- that was new to-- new to me. I mean, maybe if you could elaborate more on. And is it a particular case where the United States has openly, without apologies, without saying it was a mistake, you know, taken action which you consider to be criminal against-- because they're a terrorist?

DEANE MARCHBEIN:

Sure. I'll attempt the question on Afghanistan-- by agreeing with you that community-- support is central and essential to being able to work in these areas. I worked in Khost in Afghanistan. And every morning began with-- a security briefing by the local staff. They perceived that it was their responsibility to keep the hospital safe because they knew that without doing that, the hospital could not continue to operate.

I think the way that you do that is by being absolutely transparent about what you're doing and why you're doing it-- but also to engage the community to make sure that what you're doing is actually what they want and need. And in the case of k-- Kunduz, we hope to go back, but we need the community support and the understanding that if Taliban are injured and they're in our hosp-- they will come to our hospital.

And if government forces are injured, they will be welcome at our hospital. And that the community understands that whoever controls that town, everyone will be treated and will be welcome at the hospital. And I think it's-- we have a lot of work to do in terms of the community knowing about what we're doing and our principles.

And that's part of an ongoing dialog. And I think the longer that you're in a community, the longer that they see the results of what you're doing-- the easier it is. So in-- in the maternity hospital where I worked in Khost, in a matter of three years, most families in the greater district had s-- a relative who had been delivered at our hospital.

And that-- that's the goodwill that you need. It's a little bit-- more difficult when you're in a conflict zone-- delivering trauma care and the understanding that both sides will have equal access to it. That's-- that's a harder message to convey. But obviously to go back-- we need to work that out.

WIDNEY BROWN:

So with regard to the role of Russia with the Assad government-- you know, it's interesting. There was a recent report that-- Putin had sent an emissary to-- Syria and basically said, "If the peace talks are gonna go forward effectively, you're gonna have to step aside." And apparently-- according to this report, Assad said no.

We know that governments have to negotiate with each other. And we're not arguing that governments shouldn't be talking to each other. In fact, I think we all know that if there's gonna be a negotiated peace in Syria, Iran's gonna have to be at the table, Russia's gonna have to be at the table, et cetera.

And that's-- that's-- that's totally appropriate. Where it gets problematic is when particularly permanent members of the Security Council use their veto power to sh-- to protect behavior they know is patently unlawful. And the criticism here of the Russian government is as sharp as it is because they are now part of that campaign of-- - in Syria where we were able to document that they are attacking hospitals.

So that-- that is why the-- the concern about Russia's role there. But not sayin' that we don't know that you need to have governments interacting with each other to get to some sort of negotiated peace that we would hope would be f-- fair. In terms of the documentation that-- Physicians for Human Rights does, we do want to try to keep-- continue to do the work in Syria.

And we hope that based on the research that we've done, that there would be enough evidence that if a court is ever seized with-- jurisdiction of war crimes and crimes against humanity in Syria, that they would be able to use the evidence that we've collected as a starting point to actually do an investigation and hopefully prosecution.

Prosecutions for violations of the principle of the protected status of hospitals and medical workers is not something that's been prosecuted at any recent justice initiatives. And I-- I think one way to try to emphasize restoration or maintaining the norm would be to have accountability.

And now I'm sounding like a lawyer, which I am. (LAUGHTER) But criminal accountability. And one of the things is looking at the individual cases and then packaging them so that you actually can get to command responsibility for these sorts of decisions. But generally speaking-- we will continue to document this sort of work and do advocacy before the U.N. Security Council about its role of ensuring that-- the w-- laws of war are actually-- respected as well as, of course, all the other entities at work with respect for human rights law, which doesn't totally go by the wayside just because it's a conflict zone.

I don't think I have anything to add on the community part-- but to say that every-- when we work with-- organizations of doctors to know how important that community bond is. And where you've often seen attacks on health workers is when they're-- they're new to the community and there's some level of distrust and how critical it is to-- to build that.

In terms of the-- the criminality that you mentioned-- it-- it's something that we're seeing. A lot of the attacks that we see on hospitals and clinics in-- in places-- where they're deeply impoverished coun-- countries, it's-- a clinic may have things that you can sell. So it's-- it's opportunistic crime, but it still has a devastating impact-- on the hospitals or clinics.

And when the-- the p-- the people who work there are the target or the patients, it's devastating. So, again, always holding that m-- line but recognizing that the

motivations come from different parts. Terrorists and then the U.S. I mean, sorta the short version is in the post-9/11 attacks, the U.S. in its-- in its-- creation of a global war on terror basically said the rules of war do not apply in these cases.

They did it in many different ways. They tried to say that anywhere that they can find someone they designate a terrorist is a legitimate target of an assassination or a action to kill as opposed to be detained and subject to criminal law or prosecutions. Guantanamo Bay is a rights-free, legal-free zone.

We have basically allowed the U.S. government to pick up people where they had in many cases no prob-- legitimate probable cause and lock them away be-- outside of the-- the reach of the-- of the courts-- and be tortured for now going on 15 years. The assassinat-- the drone assassination policy completes violates international law, both-- under IHL and under human rights law.

So that created the permissive-- environment to say, "If I call my enemy a terrorist, then the laws don't apply." And we've seen that being used opportunistically by many, many governments around the world with the Uyghurs-- the-- China and the Uyghurs-- Russia and the-- in the-- in the Caucuses-- the-- the Thai-- in-- in Thailand with the Muslims in the south.

I mean, basically it created a whole alternative narrative governments could use that's undermined these hard won, hard negotiated laws that were about respecting rights, the rule of law and, again, I wanna emphasize protecting civilians. Any other questions or comments?

ELISE BAKER:

There-- so there was--

WIDNEY BROWN:

I'm sorry.

ELISE BAKER:

--the question about-- how to support health workers in government-controlled areas, which I don't have a great answer for that. And I'm-- I think that's just a really hard question to be asking. But it is-- I mean, I've spoken with people where have cousins in government-controlled areas who have asked me the same thing, of what-- like-- "My cousin is working in government-controlled Aleppo.

"And she needs a support network. She's incredibly young. She just graduated from medical school. And she can't leave. And she's gonna continue to work in this hospital. But how can we support her?" And there are definitely, you know, hundreds of doctors working in Damascus who are providing medical care to millions

of people who live in government-controlled areas who, you know, probably also don't want to be living under the Syrian government's rule. So I don't really have an answer to that besides-- yeah, do you have something? (LAUGHTER)

DEANE MARCHBEIN:

No, I don't. But-- we-- we do supply hospitals in government-controlled areas. And it's-- it is-- it is challenging. Because-- the Assad government doesn't like-- MSF. And so for them to accept-- supplies from us in some way-- puts them in jeopardy. And so we've supplied vaccines in parts of Aleppo that were government held. And it's-- it's really-- it's very, very challenging. I don't have a good answer to it except that-- we will-- we try, we will continue to try, and we're not gonna give up.

WIDNEY BROWN:

So could I just close by saying, again, Jonathan, thank you so much. Thank you to Open Society Foundation for-- hosting this. Thank you, Dr. Marchbein. We really appreciate you taking the time to come to this and speak with all your experience. And to all of you who braved the cold and were willing to listen to stuff that's not fun to listen to but-- whose support we really need to make sure that we're all united in understanding that it's so important that reestablish the rule of law, and protect civilians, and protect the health care system. Thank you. (APPLAUSE)

* * *END OF TRANSCRIPT* * *