EPISODE 27. RISKING LIVES TO SAVE LIVES: HEALTH WORKERS IN CONFLICT ZONES

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Health worker, Sudan [00:00:00] I think on the eve of the war, which was on the early morning of April 15, two versions: Rapid Support Forces (RSF) entered an army battalion in Merowe, close to an airport, preparing for war, or, a few of the army entered their headquarters in Soba, the RSF headquarters in Soba. There are two stories out there. The real truth is not known.

Garry Aslanyan [00:00:37] Hello and welcome to Global Health Matters podcast. I'm your host, Garry Aslanyan. We bring you a unique episode in which my guests and I will be discussing the circumstances and risks faced by health workers in conflict settings. As you heard at the top of the episode, you will be hearing from a health worker who has been on the frontlines of the recent conflict in Sudan. The voice of this health worker has been changed. We did this to protect their identity and reduce any risk to their safety as a result of speaking out. I'm also joined at this episode by two colleagues who have been working on the protection of health in conflict for several decades. Susannah Sirkin is currently an independent advocate. She was previously the director of policy and senior adviser at Physicians for Human Rights. Samer Jabbour is a Syrian cardiologist and professor of public health. He works in the area of conflict and health since the war broke out in his home country of Syria.

Garry Aslanyan [00:01:41] Hi, Susannah. Hi, Samer. Welcome to the show.

Guests [00:01:47] Thank you. Thank you.

Garry Aslanyan [00:01:48] So let's get started. Susannah, in the report published by Safeguarding Health in Conflict, Coalition and Insecurity Insight, there is an unprecedented number of attacks that happened in health care facilities and on health workers in 2022. Maybe we can start by you giving us a bit of insight into the spectrum of security issues faced by health workers.

Susannah Sirkin [00:02:16] Yes, sure. But before I do that, I'd just like to give a sense of the numbers, since you asked about this report that came out in 2022, which is the tenth report. In that report, we documented 232 health workers killed in 2022, more than 700 incidents where facilities were damaged, almost 300 health personnel kidnaped and a similar number arrested. And, for example, in Sudan alone, just in the last six months, the first six months of 2023, there were 93 incidents of attacks on health, just in that one country. And so this kind of violence is really devastating to health. So, of course, there are many acute and, of course, long term impacts of this, including on the structure of the health systems themselves. These kinds of violations and attacks on health occur in a range of contexts. Sometimes they occur in times of civil unrest, where health workers are often arrested or charged for treating demonstrators or for supporting campaigns for human rights and democracy. And then in insecure or volatile environments where the rule of law may be fragile at best, health facilities often fall prey to common crime, and so there is looting and theft of medical equipment and supplies, and often injuries and assaults on health workers. And then there can also be the diversion of care and support for health workers in facilities for political reasons. And we've seen in many, many settings the kidnaping for ransom or for money of health workers. And then we move to situations of full out internal and international armed conflicts, such as we've seen, for example, in Syria, in Yemen, in Sudan and of course, currently in Ukraine, Ethiopia, so many other locations. And there, initially health workers are affected by mass displacement and forced flight, and sometimes health workers are among those fleeing a bombing and attacks and extreme violence. And then, in these conflicts there are often military

incursions or militia incursions into health facilities themselves, and they can actually assault patients and health workers using weapons. We see everything from the detention, torture and even killing of many health workers. And then, of course, the bombing in the extreme, the bombing of hospitals, raids on health facilities and utter damage and sometimes the complete destruction of hospitals. And in some countries, literally hundreds of health workers have been targeted, arrested, sometimes, as we've seen in Syria, and we know in other countries, they die after years languishing in prison. And it's really a terrible, terrible environment. In almost every continent, health care can be under threat in this very big range of situations.

Garry Aslanyan [00:05:43] Yes, it seems there is really a full spectrum of different ways. Samer, it seems to me that war strategies have changed and health care became a target. Maybe you could explain in the context of how this affects the core medical values that we uphold.

Samer Jabbour [00:06:04] Thank you, Garry, for the question. I think if we take the long view, we will find that health care has been a target of war activists for some time. If we view the indispensable book by Leonard Rubenstein, Perilous Medicine, we will have a long view of how war strategies have actually targeted health care for quite some time, for decades. So while this is not a new phenomenon, it's also true that we are seeing tremendous escalation in targeting of health care. It deprives communities of basic service. If communities find themselves without health care, they will move. And this is another objective of targeting health care, forcing displacement. They'll break the resilience of these communities who feel exposed and unprotected. So the targeting of health care in conflict and political violence is actually a really complex phenomenon. This phenomenon does affect the way we think about and the way we practice medicine and also any other health profession. It creates a dilemma for medical professionalism, is that for those local workers, on the one hand, they will have to work; for those who remain, they will work under extremely difficult conditions. They have to prioritize, they have to triage and sometimes allow some to die in order to save others. So they feel that they are under tremendous ethical dilemmas. For those who feel the need to flee violence, they carry lifelong guilt with them, although many are able to continue to contribute as expatriate health workers. So, again, it's a very complex phenomenon.

Garry Aslanyan [00:07:57] So for this episode, just before I planned to talk to you, I had a conversation with a health worker in Sudan who I want you to hear a little bit from that testimony I recorded with them. Its focus is on the effects on the health worker and the attacks and how the hospitals have been really affected. I want you to hear the clip and then we can discuss a bit.

Health worker, Sudan [00:08:27] It was quite clear for the past year that things were going to more or less lead into some sort of coup, at least, or some sort of major disagreement. And then the fighting started and basically the Rapid Support Forces, or people dressed in Rapid Support Forces gear, started occupying major institutions within the capital city and in particular hospitals and medical centres in Khartoum. And so in major hospitals, staff haven't been able to go and work easily. I even know that, from a couple of interviews I've done with young doctors, mainly surgeons, their security have come to chase them in their homes, being followed, being harassed, some have been abducted. So I think that part of the reason is that they occupy these hospital centres and then try to coerce some doctors to treat their patients. So, for example, so then this occupation of hospitals in the backdrop of the fighting, there was no access to most of the centres that civilians could go to. And so civilians started to disperse to peripheral hospitals and not to the central hospitals that were already, or institutions, that were already occupied. The other thing is that doctors, they frighten doctors away, and most doctors went to safer havens. And so would go to, for example, Gezira State or would go to the eastern part of Sudan, and live there within the country. And some have, of course, left the country. Because there were door-

to-door searches for some of the doctors that they believed who were maybe treating or had an association with the army. Like I was interviewing one young doctor and that one young doctor told me they thought that he had an affiliation, let's say they he had an affiliation with the Army, and it wasn't, it's just that the community is wide and everybody circulates everywhere and they were chasing them morning and night and knocking on the door. They had to leave until they went to the border and left the country. So this is a recurring theme. I know some that have been kidnaped because they were trying to save lives, transfer first aid equipment of sorts and ambulances, moving ambulances from one hospital to the other, performing acute surgery for acutely injured vascular surgery and so on and so forth, and they were stopped and reprimanded and then detained. And this is just like a recurring theme.

Garry Aslanyan [00:11:43] So you just heard some of the insight happening in the recent month. Do you have any comments? Susannah?

Susannah Sirkin [00:11:52] Yes, well, this doctor really has illustrated the range of reasons and situations in one country alone in which health workers and health facilities have come under attack. First, in Sudan for example, health workers on the whole, sort of medical infrastructure, has been considered by fighting forces in this civil conflict, and certainly by the previous regime, as an enemy. And so they're targeted because they're perceived, and often have been, those leaders of efforts to advocate for human rights and for good governance, and it's very difficult to maintain a proper medical system and health care for a whole community or country without having basic rights. And so very often, doctors are at the forefront, as they have been in so many countries, in Myanmar and Syria, of calls for change, for democracy, for human rights. That's number one. Second, health professionals and their facilities have often been forced by fighting forces to prioritize their soldiers for treatment, disrupting a normal triage function and forcing on - we've seen this in many situations, including in Somalia, in Chechnya and elsewhere, and certainly in Sudan, apparently based on this narrative - to treat and prioritize certain fighting forces. And of course, that puts enormous pressure on health professionals to violate their ethics and it's also very unsafe, and guns and other weapons enter a hospital in that situation. Third, health professionals, as we've heard here, and their supplies and equipment and facilities, are attacked because they have valuable supplies that fighting forces want and they may resell them on a black market or they may just destroy them because of the war and they're angry. And then another example, which is also something we've seen in quite a number of places, is the utter destruction of a facility because it is supporting the population that's perceived to be the enemy. And so there are just one after another reasons why health comes under attack and why the fighting forces in these conflicts, and often in their civil conflicts, civil wars, weaponize health.

Garry Aslanyan [00:14:53] Samer, in Syria and your experience in that conflict, and it looks like the conflict has been around for over a decade, what have been some of the direct and indirect results of this on health workers, on the health system? As we heard from Susannah, this really cuts across. What can you share with our listeners?

Samer Jabbour [00:15:12] So Syria unfortunately serves as a very "good case study" of how terrible this phenomena is, and as time passes and years accumulate with an open conflict, we've become more aware of the heavy burden of violence against health care, on the health system, including the health worker, as being the central pillar of any health system. We all know how long it takes to produce health workers, whatever their type may be, and obviously with health care experience dependent, we have seen in Syria, for example, that some of the more experienced health workers and who are the most connected internationally, were the first to flee. What you had left, particularly in the first few years, is a cadre of younger health professionals who did not have the training or the long experience to help people at a time when the needs are the greatest. So we're talking about diminishing health care supply

at a time of greater needs that's being provided by health workers who are rather less experienced in provision of health care, let alone complex or war-related health care. A lot of people had to learn on the job about what to do. From work we've published, we've shown how people who are not even graduated from medical school have to really become orthopaedists for an area of 100,000 people. Non-health undergraduates became surgical assistants and nurses and whatnot. I think the effects on the health system in any country, you have to look at it in multiple dimensions. When you deprive an area in northwest Syria that provides 10,000 or 15,000 deliveries a year, when you shut down that hospital, where do these women go when there aren't many other choices? So these are the acute effects of what happened, and then there are the long term effects of how do you ever rehabilitate a system that has been literally depleted of its health workers and at the same time destroyed. It had to be reconstructed. And we haven't even begun to think about the cost of all of this.

Garry Aslanyan [00:17:37] So we have another clip from the health worker from Sudan who shares about the role health workers play in Sudanese society. A reminder again that their voice has been changed.

Health worker, Sudan [00:17:49] One of the oldest unions in Sudan, practicing unions in Sudan, has been the Sudanese Doctors' Union. But in general, doctors are revered in our society as in major societies all over the world. They are the people who safeguard our health, they are change-makers, agents of change in societies. People look up to doctors in the villages and rural cities. They are given a special place in our society. And so I think that people come to them for their wisdom, for their help and, as I mentioned, this revolution in 2019 was the backdrop for all the suffering we are going through now. Many of those actors have been doctors and healthcare workers. Let us not forget other healthcare workers because the Sudanese Professional Association which was the nidus for the revolution, had many healthcare workers, pharmacists, laboratorians, nurses and other than the Doctors Union participating.

Garry Aslanyan [00:19:19] Samer, what do you think about the role of health workers as change agents in society.

Samer Jabbour [00:19:25] When it comes to the Sudanese situation specifically, because health workers have this prominent social role, they are actually also targeted not just because of the health care they provide, but because of who they are, their positions in society, they are being the change agent. This is a brilliant point brought up by our colleague from Sudan is that the perpetrators also understand the non-healthcare value of attacking health workers. By undermining the Sudanese Doctors Association, they also undermine a whole social force that has been demanding change in Sudan for several years and paying dearly for those demands. So here the perpetrators are trying to hit two birds with one stone is that they undermine health care being provided in the opposite side and at the same time they weaken the health worker movement as a source of social change.

Garry Aslanyan [00:20:30] Let's hear a bit more from Sudan and discuss.

Health worker, Sudan [00:20:37] Look at how much attention Ukraine is getting, and how much attention Sudan is getting. Sudan isn't getting the same attention as Ukraine, albeit it's a shorter war and we hope it doesn't extend as to the war in Ukraine. But the atrocities being committed in Sudan are much, much more wilder. You don't see the pillaging, the burning of villages, the mass graves. We're not hearing this denouncement from organizations as much as we want to. We want to hear it every day, so this war will cease. I mean, barely people alive is a healthcare matter. If anyone disagrees with me, then let's have a talk. But it is. And so I don't see how you can burn down people or rape women, and that's

not getting world-wide coverage. I remember when Boko Haram just kidnapped girls, it was all over Twitter. It's not all over Twitter now. It's the Sudanese diaspora speaking out. The Sudanese trying to do and go it alone. But for the most part, they're not addressing this issue. There are lots of organizations, human rights organizations, that are working, like Amnesty and Human Rights Watch and so on and so forth. But I don't see this broad coalition, as in other wars, coming together and speaking out about atrocities. We have infectious harassment of healthcare workers worldwide. This isn't something new. We have so many other diseases to fight, but if everybody looks at the harassment and the war on healthcare workers as a disease, then maybe you will go a step forward.

Garry Aslanyan [00:22:43] Susannah, based on what you've heard from the health worker in Sudan, what do you think needs to be done during situations of conflict and what role can the global health community play?

Susannah Sirkin [00:22:54] First and foremost, awareness. As our colleague from Sudan has just said, is essential, and that means that data are critical and there must be much greater investment, including by the World Health Organization, in collecting, compiling and disseminating and then advocating upon accurate data. We cannot respond to any health crisis without knowing the scale and the scope of the problem. But then, once the data are compiled and disseminated, there has to be a response. And the response can take many forms. To do something practical, and in terms of the health community itself, there should be a lot more moral and material support for the local healthcare workers who are struggling to maintain their medical mission in the midst of these threats. There are far too few situations that I've seen where health associations and organizations and national health groups honour those health professionals who are in these environments who are struggling to maintain their medical mission. They should be invited to speak so that people can meet them, can hear their voices directly. There should be many more things like scholar at risk programmes so that those people who are really struggling, and suffering, but also at great risk of burning out, that they can have some form of respite and be honoured in that way and supported. There should be a lot more efforts at collaborative training for those who are in the field and, as a Samer has said, in need of technical assistance. And increasingly that can be provided in very creative ways, I think, remotely. There could be much more technical training. The Syrian groups, expatriate or in the Syrian diaspora groups, have been extremely effective at this with the Syrian American Medical Society, for example, and groups like MedGlobal who have literally helped doctors remotely perform surgeries in the trenches where there is a limited access to medical equipment and supplies. These people, like the doctor we've just heard, should be supported to author articles about these situations and about their direct experience in peer-reviewed journals. We see far too little in the medical literature and the public health literature about these crises, and also to help the voices get out to mainstream media platforms. And I want to honour and thank you for doing this very podcast about this topic, because it gets far too little attention and even at places at the major conferences at the U.N. and at the WHO, this issue of attacks on health is side-lined, I'd say, and it's disturbing and it's upsetting and that needs to change.

Garry Aslanyan [00:25:59] Samer, what are your thoughts?

Samer Jabbour [00:26:02] Well, Susannah, as usual, covered the great grounds here. I'm not sure I have a lot to add to the long list of possible measures that she mentioned. But let me perhaps just go deeper in a couple of a couple of areas. There are now, I would say, 25-30 million people who can be roughly considered to be health workers, between doctors, public health professionals, nurses and all of that. And now imagine if we take "call to solidarity" seriously in that community and we say no attack on healthcare is acceptable, no matter where it takes place, whether in Sudan or in Ukraine or anywhere else, that action that can be generated based on being outraged and having mechanisms to mobilize the

action of that global health community, that mobilization can have a tremendous effect. It will shame international bodies, political leaders, whatever it is, into action. I think a key issue is that we have not yet, as a global health community, used our own powers seriously in order to say: "Violence against health care should be a thing of the past. It's just simply unacceptable." There has been progress over the past decades in terms of the mechanisms to investigate violence against health care, the creation of groups who are interested in this topic, whether these are groups of Member States of the UN or these are NGOs and non-profits like the Safeguarding Health in Conflict Coalition. We now have the UN Security Council Resolution 2286, and the normative framework is deepened on all of them. But again, we learn something from the book that I go back to, Perilous Medicine by Leonard Rubenstein, which is that the only time that violence against healthcare has been brought to prosecution was in 1991 in relation to crimes in former Yugoslavia. And here we are 30 years down the line, there's a huge amount of impunity for such crimes and this needs to take place. Things are changing. There are cases of healthcare workers involved in torture and other in courts; these are isolated incidents. We need a lot more on the legal front to protect those health workers and the communities there also.

Garry Aslanyan [00:28:41] Thanks for that. So at the end, I want to ask a couple of questions, how we go forward from here. Susannah, where do health workers find resilience to endure and not give up in these kinds of situations?

Susannah Sirkin [00:28:57] So it's a really important question. And I will say, having worked in this field and advocating for the protection of health in conflict and other situations for getting close to 40 years now, I have met dozens of committed health workers on virtually every continent whose deep commitment to their calling and their professional obligations, not to mention their core humanity, has impelled them to treat the sick and the wounded without discrimination, which is what they're called to do according to ethics, but also under international law, the Geneva Conventions, which are meant to protect the medical space and health space. And they do this in all of these situations under enormous threats and the obstacles that we've heard about. I've interacted with many, many health workers, there are thousands actually in Myanmar, who continued to provide care and set up a range of alternative settings while their hospitals and clinics were taken over in the last few years by a coup and a brutal military dictatorship. As Samer knows, the Syrian medics went as far as building clinics in caves to resist the bombings of hospitals. And I've been at trials in Turkey, for example, where Turkish doctors have been arrested and imprisoned because they treated injured opposition activists. And in all of these situations, the inspiration and the resilience that I've seen has come from the health workers who are together, support each other in the time, in these grave situations and who resort to their deep understanding, based on their training, based on their ethics, based on their codes, based on their sense of themselves as professionals and based on their deep humanity, which in many cases is what drives someone to become a health professional in the first place. Face-to-face with their patients, understanding that they are, as we heard the doctor from Sudan say, they are looked up to as leaders, as change-makers in their community, and so in the face of that, time and time again, they rise to that occasion. And that is really, I think, the depth of the human spirit that's just so inspiring as well as the satisfaction of saving lives through health care.

Garry Aslanyan [00:31:48] And, Samer, what gives you hope to continue your clinical work as a cardiologist? You work in research in public health and a lot of advocacy. What gives you hope in this?

Samer Jabbour [00:32:01] Susannah and I work on healthcare in conflict settings and we're deeply affected in various ways. I'm myself from a city in northern Syria, Aleppo, that has been hugely affected by conflict. So obviously this issue is really deeply personal. I never wake up thinking whether I should or should not work on this issue. This issue is really integral to your psyche and to your consciousness. You don't need to look for motivation, really. I don't need to look for motivation to work on this subject. As a cardiologist, I used to do a lot of work on NCD research and noncommunicable diseases research, which I had to drop in order to focus on war and conflict after the conflict in Syria. This is just the way life takes you and you just have to go with this life. So even though we're working on these issues, but we're not the real heroes. The real heroes are actually those who are in conflict zones responding. And certainly if there's anything even small that we can do through advocacy, through research, through whatever, fundraising, through other means, then in this case, you feel like this is something that really allows you to perhaps sleep with a little bit of consciousness at night. But the hope really comes from our colleagues in the affected areas who are living it day and night.

Garry Aslanyan [00:33:34] And Susannah, what motivates you to continue doing this work? You already alluded to that. What can you add to that?

Susannah Sirkin [00:33:41] I think what motivates me most to continue to pursue the global effort to stop attacks on health in conflict is that these sorts of violations, violation, violence against health and health workers, are at the root and core of international humanitarian law going back 150 years. And it's the idea that doctors, nurses and medics would be attacked for providing health care to the sick and wounded this many years after the initial Geneva Conventions were agreed to by nations, is grotesque. It is one of the most horrific and brutal and inhumane acts that warring parties and individual perpetrators can commit against human beings, against their fellow human beings. And so working to stop this kind of violence is something that I think all of us, if we care about humanity, should be engaged in it. I'm not going to stop working on it until it stops.

Garry Aslanyan [00:35:01] Susannah, Samer, thanks for finding time and for having this great conversation.

Garry Aslanyan [00:35:06] This has been an eye opening discussion that has made vivid the real risks faced by so many health workers daily. In entering a career in health, considering my own safety was never a requirement or an issue I had to consider. But for many young people entering the profession in Syria, Ukraine, Sudan, among other several places, considering the security risks to themselves and their families is essential. As shared by Susannah and Samer, there's been a marked change in recent years from health facilities and health workers being safe and immune to conflict to now when they have become the targets of conflict. As our Sudanese colleague displayed great bravery in sharing their story with you, I would like to encourage all of us as a global health community, not to remain silent, but to unite in solidarity with our colleagues in areas of conflict. In the times we live, we never know when war may occur at our own front door.

Olivier Menzel [00:36:14] Hi Garry, it's Olivier Menzel. I really enjoy the Global Health Matters podcast because the episodes cover an extensive range of topics related to global health. It's always up-to-date information on various health issues affecting different parts of the world, mainly low- and middle-income countries. The guests, and of course the host, make the topics accessible to a broader audience, conveying the passion with much humanity. Keep up the excellent work, Garry and all the team.

Garry Aslanyan [00:36:43] Thank you, Olivier, for your message, and I'm so pleased you enjoy the wide variety of topics we discuss every month.

Garry Aslanyan [00:36:49] To learn more about the topic discussed in this episode, visit the episode webpage where you will find additional readings, show notes and translations. Don't forget to get in touch with us via social media, email or by sharing a voice message with your reflections on this episode.

Elisabetta Dessi [00:37:09] Global Health Matters is produced by TDR, a research programme based at the World Health Organization. Garry Aslanyan is the host and the Executive Producer. Lindi van Niekerk, Maki Kitamura and Obadiah George are content and technical producers. The podcast, editing, dissemination, web and social media designs are made possible through the work of Chris Coze, Elisabetta Dessi, Isabela Suder-Dayao and Chembe Collaborative. The goal of Global Health Matters is to produce a forum for sharing perspectives on key issues affecting global health. Send us your comments and suggestions by email or voice message to tdrpod@who.int, and be sure to download and subscribe wherever you get your podcasts. Thank you for listening.