

## **“Ever since you said the hospital can’t be bombed, it’s been bombed constantly”**

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Like many a movie, “*For Sama*” starts with a bang that sets the scene for the explosions that pepper the rest of the film. Unfortunately, this is no Hollywood action blockbuster with jaw-dropping special effects. The explosions are not pyrotechnics but shelling and barrel bombs falling from helicopters flying overhead. The victims are not anonymous extras but civilians – men, women and children. Waad al Kateab’s and Edward Watts’ 2019 film is an Oscar-nominated BAFTA-winning documentary portraying a commonplace life trajectory – finding love, marriage, pregnancy, birth, motherhood – but played out in the tragic context of the siege of Aleppo, Syria and filmed in large part from within the city’s hospitals as they are under attack.

The camera rarely flinches in portraying the grim realities of modern conflict. Bloodied children as they come through the emergency department doors, victims of the unrelenting attacks on the city and its people. The boys’ faces numbed by shock as they accompany their wounded brother having been playing innocently in the street. The babies carried by hand from their incubators in the neonatal unit to the basement as the hospital corridors fill with dust, smoke and debris. The viewer holds their breath during an emergency caesarean section on an injured woman, followed by a profound sigh with the use of chlorine gas on civilians.

And these horrors are exactly the reason why we should watch “*For Sama*”. We have become so accustomed to rolling headlines and reports of atrocities around the world that each new incident in a far-off land barely registers any more. The plight of the civilians is what is lost when news coverage focuses on global geo-political forces and terrorist organisations. As we watch the film it’s impossible to be unmoved by the lives and deaths of these normal people and with that *emotion* an indignation that such inhuman acts are carried out with impunity.

Five years on from the attack on the MSF Hospital in Kunduz, Afghanistan on 3<sup>rd</sup> October 2015, attacks on healthcare facilities are a deliberate and frequent occurrence in many of the world’s conflict zones, despite international humanitarian law dictating that they ought to be an unimaginable red line in the rules of warfare. The weaponization of healthcare in Syria has led to more than 600 attacks on medical facilities and the killing of more than 900 healthcare workers. The implications of this for the healthcare community and on the health of the Syrian population are profound; thousands of healthcare workers have been driven out of Syria for fear of persecution, for their lives, and those of their families. These illegal and unconscionable attacks continue in Syria and elsewhere, setting a dangerous precedent.

These attacks on healthcare have both direct and indirect consequences with multiple immediate and longer-term impacts. As a result, they have been used as a strategy of the war in Syria with deliberate and systematic attacks being used to target medical facilities, depriving communities of scarce medical resources and driving them away from areas in which the hospitals are situated. In 2018, the United Nations Office for the Coordination of Humanitarian Affairs requested that Syrian organisations declare the coordinates for their locations; this deconfliction mechanism was to operate by making these locations available to Russian, Turkish and US-led coalition forces with the belief that this would protect them. Though the system was voluntary, humanitarian relief organizations felt pressure from donors and UN officials to participate despite prior knowledge that neither the Syrian government nor its Russian allies would respect such an agreement. The failure of the deconfliction mechanism (the declared medical facilities were attacked) and the limited scope of the UN Security Council-led board of inquiry to investigate the attacks on these facilities has angered Syrian healthcare workers and humanitarian organisations while also putting their staff and civilians at risk. This has reinforced the disregard with which the international community continues to treat those affected by the Syrian conflict.

The no-weapons policy encouraged and respected in most health care settings is in stark contrast to the scale of the attacks using modern weapons and targeting of ambulances with civilian patients. Direct attacks on medical missions by state and non-state actors are not new or foreign to the humanitarian world, and range from acts of violence by individuals to precision airstrikes destroying hospitals. Whilst the world's gaze is focused on COVID-19, within the European Union, stones are thrown at a paediatric clinic in Moria refugee camp, globally healthcare workers are at increased risk of violence during the pandemic, and in Afghanistan, mothers in an MSF maternity hospital are systematically shot in their hospital beds, with five women in labour and their babies, two children, and a midwife amongst the 24 killed.

The same way that a voice reports in the opening moments of the film "Ever since you said the hospital can't be bombed, it's been bombed constantly," the humanitarian sector continues to speak out and analyse every attack on a health care worker or a medical facility, not shying away from silence. The WHO, Médecins Sans Frontières (MSF), International Committee of the Red Cross (ICRC), Humanitarian Outcomes, Physicians for Human Rights, Safeguarding Health in Conflict coalition, and International Network on Explosive Weapons are amongst those especially active in documenting attacks and advocating for political change and enforcement of May 2016's thusfar ineffectual UN Security Council Resolution 2286. Should we, as individual health professionals and researchers working with children, be doing the same?

The direct and indirect impacts on children are clear with Save The Children's Stop the War on Children report showing 420 million children living in conflict zones and in 2017 more than 25,000 children directly affected by verified cases of grave violations against children (which include killing, maiming, sexual violence, attacks on schools and hospitals amongst others). For paediatricians the very fact that a Paediatric Blast Injury Field Manual exists is a sobering reminder of how grave the situation is. The enormity and horror of it all can leave one feeling overwhelmed and impotent.

What can one do as an individual? You could watch the film yourself and encourage your circles to do so too? You could liaise with your professional medical organisations to encourage them to use their powerful collective voices to lobby government for enforcement of international humanitarian law? You could contact your democratically elected representative to suggest that they watch “*For Sama*” and ask them what they are doing to support the International Network for Explosive Weapons’ political declaration to address the humanitarian harm arising from the use of explosive weapons in populated areas? You could support the NGOs that are active in campaigning on the issue, some of whom are highlighted here?

Whilst the reader might be progressively feeling pessimistic and powerless, it is worth highlighting how some groups are taking imaginative approaches to bringing the relevance of the Geneva Conventions to young minds across the world. The ICRC have worked together with the gaming industry to incorporate concepts of international humanitarian law into military video games, contributing to the sophistication of the games and respecting the maturity of many gamers by illuminating consequences of their actions.

The development from witnessing and documenting to action has also been felt by the makers of “*For Sama*.” Waad set up Action For Sama, a campaign to end the targeting of healthcare facilities in Syria, and archived footage is being submitted to the UN International Impartial and Independent Mechanism as evidence of war crimes. The emergency doctor and hospital director of Al-Qudes hospital, Hamza al-Kateab, whose personal and professional presence permeates “*For Sama*” doesn’t hesitate when asked about the relevance of attacks on healthcare to children specifically “What Waad wants to show in the film is the reality. Hospitals are mainly for civilians – these are not front-line hospitals for wounded soldiers. These [children] are the casualties being received.” The direct impact could not be clearer. “They killed the last paediatrician!” Dr Waseem was the paediatrician present at Sama’s birth and was killed whilst on-call in the hospital attack in April 2016. CCTV footage in the film shows the eerily calm and mundane activity in the hospital moments before the explosion occurs, images that we can all relate to. When Hamza is asked for suggestions of what healthcare professionals can do, he is similarly clear “We need to show more solidarity to each other and what we’re facing...what I felt like when I was in Syria was that no-one cares.”

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