Health service providers during political unrest: some reflections from Kashmir.

Abstract:

Conflict situations expose the population to lot of vulnerabilities. The distribution of resources other than human resource gets severely affected by the conflict. The distribution of health services is often implicated due to the systematic assault faced by the health service system. People are not only affected by the direct implications rather a web of causes and effects emerges as soon as the area is taken by a conflict. Bearing in mind the complexities of conflict the present paper focuses on the implications that emerge in conflict situations. Based on the existing literature on working in such complex atmosphere, the present paper provides insights about working in a conflict where the context is altogether different. The conflict of Kashmir makes the context different as the protests are against the government while at the same time health care provisioning is also done by the government. The paper is based on the interviews taken of few health care professionals who were interviewed to understand and analyze the complex nature under they perform their duties. It states about the different hurdles that are faced by the doctors while performing their duties in the volatile and complex environments.

Keywords: Medical Neutrality; Medical Ethics; Conflict; Kashmir; Emergency.

**Introduction:**

Conflict poses a barrier to access services that are usually accessed by a human being in normal circumstances. At the times of conflict, the situation is often aggravated due to unavailability or inaccessibility of services. Conflicts often leave families homeless and destitute. There are studies that focus on the barriers faced by the asylum seeking or refugees while accessing health care. These studies of the people displaced because of conflict focus on health care needs (Spiegel et al., 2010); out-of-pocket expenditure (Coutts, & Fouad 2013); and restriction of services (Langlois et al., 2016). It is evident from Syria how parties to the conflict make systematic attempts to attack the health care facilities as well as the professionals that are part of such facilities. Very often hospitals or supply chains are attacked to maximize the output of offensive attack as has been seen in Syria, Bahrain or Palestine.

Working under the situations of conflict involves a greater deal of risk for the health care professionals. The attacks on the health care professionals in Syria in the recent past (since the start of armed conflict) points towards the atrocities committed against those who help the sick and injured (Devi, 2016). These systematic attacks not only affect the health care professionals but also have a severe effect on the overall health system. These attacks cause a major drain of valuable human resources who usually leave these areas in order to save their lives, thus making the population susceptible to varied health problems (Rubenstein & Bittle, 2010). These health problems not only include the various diseases but also a variety of health events that arise mainly because of conflict.

A report brought out by one of the international human rights organizations states about the experiences of health care services during a civilian political unrest in Bahrain. The report by Physicians for Human Rights, titled “Under the Gun: Ongoing Assaults on Bahrain’s Health System” tells about the systematic attack on the health care professionals and patients in a public hospital. Protests were held in order to bring about reforms in the political structure of Bahrain. These protests were dealt with utmost force by the Government of Bahrain and many riot control methods were utilized which resulted in casualties. In order to minimize the magnitude of injuries, the patients visited healthcare institutions but even the health care professionals who treated the wounded in the hospitals were subjected to detainment and torture. The report states about the assault on the country’s biggest hospital and the violations that were done through the Bahraini government forces. The report also highlights the politicization of health sector in Bahrain (Sollom and Atkinson, 2012).

The healthcare professionals who work under such circumstances are exposed to vulnerabilities. On the one hand, they have to abide by the principles of medical neutrality while on the other hand; they have to safeguard not only their life but also the life of one who is in need of care. While working under such circumstances doctors in the public hospitals face the dilemma of treating patients with injuries. Providing treatment under such circumstances would not only invite trouble for the patients but also for the providers. On several instances, the health care setups were visited by the police to track injured civilians and to obtain information from them (Lancet, 2011). Such acts are not only for obtaining information but also for crushing the dissent which is often raised against the authoritative regimes. By torturing the injured victims it gives a message to the broader public for refraining from such activities. A similar trend was seen during the civil unrest in Bahrain, where the crackdown of government forces had severe implications on the health system (PHR, 2011).

Numerous reports have been brought out by human rights organizations, professionals, and individual researcher to highlight the state of health and health system in areas affected by conflict. These reports provide a glimpse of the state of affairs in such conditions and the subsequent impact of such conditions on the survival of human beings. A report carried out by Lancet in 2015 states that a total of 633 health care professionals were killed in Syria and 271 facilities were attacked (Sekkarie, Murad, & Sahloul, 2015). The systematic attack on the health care professionals, patients and health care infrastructure in Syria has left the health service system in shambles (Brundtland et al., 2013). In the beginning of the conflict when the health care establishments were bombarded in Syria the health care professionals worked on a field basis. Patients which got injured during the demonstrations were taken to local establishments and were treated there. Such response was essential for avoiding the unnecessary detention of the injured victims. However, these patients were tracked down by the police with the help of blood stains (Shetty, 2013). These reports highlight the ordeal of the health system in tackling the huge number of causalities under a highly unfavorable environment. Another report carried out by Lancet about the crises in Syria states that the health care provisioning in opposition-controlled areas is done under temporary circumstances in makeshift field hospitals. These hospitals though are providing services to some extent however they lack necessary equipment and other logistical support. Most of the permanent hospitals are destroyed and 70% of the medical professionals have left Syria (Coutts, & Fouad 2013).

**Three A’s and the complex environment:**

Three A’s (Availability, accessibility, and affordability) of health services are often under question in conflict situations. The peculiarity of the conflict situations makes the services more distant from the seekers. Abu-Zaineh, et al., in “Measuring and decomposing socioeconomic inequality in healthcare delivery: A microsimulation approach with application to the Palestinian conflict-affected fragile setting” states about the compromised state of financial and physical accessibility in terms of health services in occupied Palestine. While highlighting the issues of access, by quoting the results of a survey (PCBS, 2004b) the study states that:

*“Rich people were twice as likely as ‘people living with financial hardship’ to access hospital care. Furthermore, the survey found that the number of people needing more than an hour to reach an appropriate health facility had increased tenfold due to the mobility restrictions, particularly in the West Bank region where multiple checkpoints exist across different agglomerations, resulting in additional direct costs, such as transportation costs, and indirect costs, such as queues and waiting time at checkpoints”.* (Abu-Zaineh et al. 2011, p. 135)

Thus it highlights the issues pertaining to the specific conflict situation. The study advocates policy measures to reduce financial barriers while accessing care.

Conditions in conflict situations are often aggravated due to the hindrances created by the situations of the conflict itself. A report carried out by The Lancet in 2015 deliberates about the state of health in conflict-ridden Syria. Hinting towards the non-availability of services in the opposition-controlled areas of Syria the report states that the aid agencies are prohibited from sending material with the assumption that such services are used by the rebels who are fighting against the Syrian government. The siege that is in place in different areas has made health services potentially inaccessible to the civilians in Syria (Sekkarie, Murad, &Sahloul, 2015).

The effects of siege in a conflict-ridden area have a severe effect on the services that are to be accessed by the local populace. While highlighting the effects of the siege on healthcare Smith (2015), attempted to critically analyze and explore healthcare under siege in Gaza. The paper titled, “Healthcare under siege: Geopolitics of medical service provision in the Gaza Strip” unpacks the implications of the siege on the health service system. It argues that by holding the resources and material and by undermining healthcare at a systems level these factors have severe implications for healthcare provisioning. It further argues that the siege results in suspension of the flow of necessary material, which further hampers the smooth functioning of services and results in deterioration of the healthcare sector (Smith, 2015).

The management of health services becomes challenging due to the political uncertainty or turmoil. Managing the load and extra burden becomes a tough task for the health care providers in such situations. Hamdan et al. in “Organizing health care within political turmoil: the Palestinian case” states about the nature of health care provisioning in a highly volatile state. The occupied state of Palestine was given authority to control their health services only in late 1994 and since then it has gone under reformation and attempts have been made to develop it in a better way. The study draws attention towards the different sources through which the health sector expenditure is managed. The paper raises the concern of accessibility with the basic questions of availability, accessibility, and affordability. Though the health sector is available, accessibility gets severely hampered due to Israeli policies of the closure of areas that are between the West Bank and the Gaza strip.

Accessibility is often hampered in the conflict situations through a systematic attack on the avenues of treatment seeking. Not only through the process of physical blocks but also through the mental blocks which incapacitate the people fully. These blockades are brought forward with an aim to crush the rising dissent and to send a message of fear. Like in the case of clashes in Syria, due to the prevailing mistrust among the people, those who were injured while protesting refrained from visiting the public hospital. This dilemma was mainly faced because of the presence of government forces near the hospitals. The regular crackdown of hospitals forced these patients to go for other avenues of treatment which were ill equipped. These alternative hospitals or makeshift hospitals have restricted the supply of essentials and are risky for life (Lancet, 2011). Similarly during the protests in Bahrain many injured protestors who were accessing healthcare were held captive by the government forces and were subjected to torture. These acts develop fear and mistrust among the masses, which then resort to other sources of care which are secure only in terms of security (PHR, 2011).

Conflicts throughout the world pose different threats to the people who are experiencing it. Similarly, in the case of Palestine, the population is facing severe physical barriers while accessing the health care. These barriers are not only directed towards the health service system but also on the other sectors through which proper healthcare can be accessed. The blockades levied by the Israeli army in terms of movement restrictions, closure of roads, has severely affected the Palestinians as these blockades not only cause extra expenditure in order to avail services but also refrains them in accessing such services. These barriers not only affect the service receiving population but also affect the service providers.

Vitullo et al., in 2012 conducted a study to analyze the experiences of those Palestinians who applied for travel permits in order to access health services or for work purpose in east Jerusalem. The study titled “Barriers to the access to health services in the occupied Palestinian territory: a cohort study” states that a total of 19% applications were rejected by the Israeli government. The study further states that ambulances were allowed to enter East Jerusalem on 49 (5%) instances out of 1074 instances. 18- 40 years were the age group of whom maximum pleas got rejected. The study concludes those permits are causing severe difficulties and a major barrier in accessing health services.

**Changing nature of assault and its management:**

Health care professionals witness a variety of injuries while treating their patients. The injury caused by a fall will be different from injury caused due to sharp objects. Due to the varied nature of injuries, there is a need to tackle them in different ways as per their typical nature. Similarly, injuries sustained in eye needs a different and specialized care than bruises or injuries sustained by legs or hands, and injuries sustained through bullets need different management than injuries sustained through splinters or shrapnel.

With the development of warfare the management of war causalities became more complex and advancements were made to tackle these casualties. Due to the varied nature of casualties, the development of methods of management also started to surface. The whole area of military medicine flourished due to such developments. With the advancement in weaponry, different issues emerge and these issues needed a different antidote. With the passage of time, high-intensity conflict or wars faded away but more and more disruptions started to emerge which needed a different way of management than conventional wars. These disruptions gave birth to different categories of weapons which were used to incapacitate the trouble makers and thus resulted in less fatal outcomes. However, these new agents of peace caused varied injuries which needed different care and management.

Adedipe et al in their study “Injuries associated with law enforcement use of force” state about the need to identify different injuries that arise in the situations of civil demonstration and at the same time issues that pertain due to such injuries. The study highlights the need to manage the different types of injuries differently. It states that the spectrum of injuries varies in such situations due to the varied methods of law enforcement. The study categorizes the different weapons and methods and at the same time highlights the injuries that can be caused by them. Although these actions result in less fatal injuries most of the time, however, there is a need to keep the health professionals updated. Health care professionals should be kept updated about the different methods and their relative impact in terms of injuries which will aid in the proper evaluation and subsequent treatment of injuries of such nature (Adedipe et al. 2012). Similarly other papers state about the proper primary care management of such injuries by the medical professionals (Khonsari et al., 2010).

Injuries which are not visible often pose a severe threat to the survival of those who sustain them. Wahl and his associates while studying the impact of Flash-Ball on the protestors conclude that energy delivered by such weapons is lethal enough to cause severe injuries. Weapons like Flash-Ball may not cause penetration but it can severely affect the internal organs and such weapons should not mislead the physicians (Wahl et al. 2006). The development of such weapons is continuously going on and the injury impact which these weapons have on the human beings is documented. Debates are going on to include some of the non-lethal weapons in the lethal category because of their capacity to cause severe injury or to neutralize. And the injury caused by weapons raises the questions of the proper approach to treatment which will not only have a physical effect but psychological impact as well (Lewer, 2003).

**Methodology**

The study was exploratory in nature and purposive sampling method was utilised for the present reaseach. Due the highly political nature of the conflict there was less patcipation from the employs of government sponsored institutions (in this case doctors) to participate in research. Although attempts have been made by the medical faternity in the past to highlight the attrocities commited by the state. However many health care providers were approched to participate in the present study only a handful agreed. Since the number of participant is very minimal and generalizations cannot be drawn. However, their interaction points towards the complixties that arise due to conflicts and provide some vital insights about the need and management of health issues during a volitile state. Based on the field experiences the present study will now elucidate on the experiences of the health care providers in context of kashmir.

**Results:**

Health care providers who are treating and managing injuries of conflict victims experience various problems of medical and non-medical nature and have to deal with them within the given health institution. As per the health service providers in the civilian hospitals, the injuries which they treat at their hospitals constitute of various agents starting from stones up to live bullets. These injuries are caused by the different weapons used by the armed forces to contain protests. Injuries caused by shooting stones, marble sling shots, batons and canes, tear gas canisters, pepper gas canisters, pellet guns, live bullets and rubber bullets and injuries caused by beating are all treated at the different associated hospitals. The number of injuries has increased over the period of time. According to Doctor Frank who works as a consultant in the orthopedics department, injuries that are received in their department constitute mainly of fractures which happen due to various methods adopted by the police and paramilitary.

*Injuries caused by unintentional accidents were tackled in our department since its inception. Conflict-induced injuries were administered for the first time after the 1990s and were not much in number. However, conflict-induced injuries showed a steep rise after the turmoil that hit the valley after 2008. Since 2008 we have been receiving and treating patients who are injured because of confronting the armed forces. We treat patients who have developed bone injuries because of bullets, tear gas canisters, and ruthless beating by the forces.*

In the ophthalmology department of the hospital, the injuries related to eyes were being managed. According to one of the doctors in the department, eye injuries have emerged as one of the major concerns in the recent protests. The department is visited by patients who have received severe trauma during protests besides tackling those with other unintentional injuries and adverse health issues. While stating about the injuries doctor Ray states:

*Many youths with slingshot injuries on the face and eyes are seen by us. These shots are quite fatal as they result in severe ocular factures. Many of these youth will not retain their eyesight due to the severity of trauma. Even the pellets that are fired for controlling the mob are deadly. They are nightmarish for both the patients and doctors as they are hard to manage. Each patient has multiple ruptures which make it really hard to rehabilitate that patient fully (Ray).*

While the emergency department of the hospital which receives patients who are in severe trauma, constituting patients with severe head injury, injuries to the abdomen and other vital parts of the body. Stating about the nature and magnitude of injuries Doctor Smith states:

*We receive patients with severe trauma mostly. Their condition at the time of admission in the hospital is usually critical. We have treated many patients of which some have died while few recovered. Patients with bullet injuries, canister injuries, stone injuries and pellet injuries in different parts of the body are provided emergency care in our department. Here our goal is to minimize the trauma and to bring stability to the patient (Smith).*

1. **Requirement of primary care and higher levels of medical management**

The private clinics that operate through the different localities have a different view regarding the injuries that are sustained by the civilian protestors while confronting the armed forces. For them, it is an act of foolishness as a stone cannot stand in front of a bullet.

*I have seen a lot of people getting injured in this part of the city. They come to me and seek help. Most of the time my advice to them is to visit a hospital. In the cases of minor bruises, I would do the first aid and give them few medicines. But at times some of them hesitate to visit the hospital because of the fear of getting caught by the police. On those instances, I help them to the level I can, while in those cases they have to visit the hospital after few days. The first aid which I provide them is temporary and they get an opportunity to visit the hospital when things settle down (Lee).*

Similarly other chemist states about his encounter with the injuries, he states.

*I have been working in this shop since last 25 years and I have seen mutilated bodies. People with minor injuries caused by pellets, canisters and at times victims of the physical harassment visit my shop. They are reluctant to move to hospitals as they fear that they will be identified and then booked by the police. If their injuries are manageable then I accept to help them otherwise I refuse and tell them to visit a good doctor or hospital. Fearing the police some of them even move outside for treatment as it helps them in evading arrest and at the same time getting better treatment (Ramesh).*

1. **Pressure faced during management of conflict-induced injuries:**

Doctors are often forced by the state agencies to unveil the identity of their clients who are injured while protesting against the state, failing which the doctors are at times penalized by the state. In the protests that occurred in Turkey in 2013 and in Bahrain in 2011, the state made a systematic attack on the doctors for treating the injured civilians who raised voice against the state. A similar trend of attacks was seen in Syria wherein a systematic attack was launched against the health service system in opposite controlled areas by the state (Aciksoz, 2015; PHR, 2011; Sekkarie et al, 2015).

Working in such situations is often challenging for the health care providers. On the one side is the systematic pressure created by the police and other military establishments while on the other side is the pressure that is often created by family members, friends and relatives of the victim. Stating about the dual pressure that is faced by doctors while managing such cases Doctor Frank states:

*On the one hand, we have law enforcement agencies; they have deployed their informers in the hospital, while on the other side is the family and friends of the victim who at times thrash the doctors for not attending their patients properly or if they suspect that we have told police about the victim (Frank).*

Similarly Doctor Ray and Doctor Smith states;

*We live in a difficult situation where we feel pressure even during having rest. At times we are visited by some police officials who warn us for not disclosing the identity of our patient. They tell us to inform them as soon as any injured patient visits the hospital (Ray).*

*I think we face pressure most of the time from police. We are being watched by police every time; they come and look for the protestors who are injured. Even at times, they try to take the injured victims with themselves even barring them from having treatment. It is only when we protest and force them to leave the patient alone they will let us treat them. Sometimes the trauma is so severe but they won’t care (Smith).*

1. **Problems faced due to limitations of the health service system:**

The issues of available facilities are majorly faced in conflict situations across the world due to the destruction of health service infrastructure, issues faced in the procurement of medicines and other equipment, loss of valuable human resources, destruction of public transport etc. (Aciksoz, 2015; Sekkarie et al, 2015). According to one of the doctors, the issues faced by them in Srinagar are more related to lack of necessary equipment. Doctor Frank states;

*We possess a very good human resource but on the equipment front, we lack much of the modern and sophisticated machinery that is necessary for providing a proper rehabilitative treatment to the victims. So at times based on the magnitude of the injury we advise certain patients to visit big hospitals like AIIMS in order to get them treated. Even the medicines which are prescribed to an injured victim are costly. There are no or very few arrangements for providing medicines to the victim (Frank).*

While on the other front it is the problems of a poor referral system that is more dangerous to the ailing victim. Trauma patients are often referred from the primary level and secondary level hospitals to tertiary care, which means they have to travel more and thus risking lives of patients. The lack of trauma centers also poses a severe threat to not only injured protestors but also to every patient who needs immediate trauma care. Patients who are suffering from severe trauma and are unable to receive proper care at the first contact are at much higher risk. Dr. Ray while reflecting on the issues faced by them due to the prevailing state of health service system states:

*We are in desperate need of trauma centers since injured victims are at times referred from other hospitals thus putting their lives at risk. By referring patients from the different locations puts their lives at risk as it results in an escalation of trauma level besides wastage of valuable time (Ray).*

Similarly, Dr. Smith highlights the need for ambulances with life support system, he states:

*Patients from different corners of the valley are often referred to the hospitals that are situated in its central part. The ambulances that carry those injured from a trauma do not possess any trauma care facilities. We need such ambulances as a load of injured victims from the primary to the tertiary level is quite high (Smith).*

**Conclusion:**

The healthcare professionals who work under such circumstances are exposed to vulnerabilities. The findings of the study also establish that even the medical professionals working under conflict-induced situations are vulnerable to its ill effects. Conflict situations often make people vulnerable to adversities. At times, systematic attempts are made by the different parties to the conflict to attack the health care facilities as well as the professionals that are part of such facilities. Even the distribution of resources other than human resource also gets severely affected by the conflict. Very often hospitals or supply chains are attacked to maximize the output of offensive attack as has been seen in Syria, Bahrain or Palestine. Conflict poses as a severe barrier in terms of accessing services in a volatile situation which is often aggravated due to unavailability or inaccessibility of services.

The results of the present study revealed about the ordeal of the health care professionals under such circumstances. Working in such situations is often challenging for the health care providers because of various parties involved. On the one hand, they face pressure at the hands of police and other military establishments while on the other hand pressure is exerted on them at the hands of victims’ family members, friends, and relatives. The assault on the health care providers at times is more grave and serious. Numerous reports have been carried out by human rights organizations, professionals, individual researcher to highlight the state of health and health system in areas affected by conflict. These reports provide a glimpse of the state of affairs in such conditions and the subsequent impact of such conditions on the survival of human beings. A report carried out by Lancet in 2015 states that a total of 633 health care professionals were killed in Syria and 271 facilities were attacked (Sekkarie, Murad, &Sahloul, 2015). While the reports related to attack on health services in Kashmir are limited, there are few reports which highlight attacks on the ambulances[[1]](#footnote-1) in Kashmir (Dhar et al., 2012). The attacks on the health service system in Kashmir and particularly on doctors often go unreported or underreported[[2]](#footnote-2).

Working under the conflict situations is often life threatening for the health care providers. They have to risk their lives in order to provide services to the conflict-affected population. Globally health care professionals have been attacked by the different parties to conflict. A recent example in this manner is the systematic attacks on the health care professionals in Syria since the start of armed conflict. These systematic attacks not only affect the health care professionals but also have a severe effect on the overall health system. These attacks cause a major drain of valuable human resources who usually leave these areas in order to save their lives, thus making the population susceptible to varied health problems (Rubenstein & Bittle, 2010).

Even the doctors were penalized at times for highlighting the atrocities committed by the armed forces. Globally the existing literature focuses primarily on the issues faced by the healthcare professionals at the hands of the parties of war. A report carried out by Physicians for Human Rights, one of the international human rights organizations, states about the experiences of health care services during a civilian political unrest that occurred in Bahrain in 2011. The report titled “Under the Gun: Ongoing Assaults on Bahrain’s Health System” states about the systematic attack on the health care professionals and patients in a public hospital. The report states that the health care professionals who treated the wounded in the hospitals were subjected to detainment and torture (Sollom and Atkinson, 2012). Literature suggests a similar trend in Syria, where the systematic attack on the health care professionals, patients, and healthcare infrastructure had deep implications on the health service system (Brundtland et al., 2013).

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