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THE VIOLATION OF MEDICAL NEUTRALITY AND HUMANITARIAN LAW IN THE SYRIAN CONFLICT

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ABSTRACT

Medical neutrality violations together with breaks in international humanitarian law (IHL) during the Syrian war have severely impacted health care facilities while generating adverse consequences for civilians' welfare. The evaluation investigates such violations through the deliberate attacks against medical personnel and facilities by Syrian government forces together with opposition groups along with extremist organizations during the ongoing war. The research shows the destruction of medical facilities and loss of healthcare personnel along with a public health crisis that results from these violations in Syria. The ongoing violent conflicts in Syria limit medical neutrality protection because various political and military complications mix with state-funded organizations and rebel entities. These humanitarian violations have been aggravated because international organizations like the United Nations and the International Criminal Court have been unable to resolve them. The study uses interviews alongside quantitative data collection methods to identify main causes of medical neutrality violations and observe international actors' reactions by speaking with healthcare staff and aid workers as well as legal professionals. This paper investigates the obstacles connected to IHL enforcement before presenting measures to enhance protective measures for medical professionals and medical installations located in conflict zones.

Keywords: Syrian Conflict, Medical Neutrality, International Humanitarian Law, Healthcare Infrastructure, Violations, Humanitarian Crisis, Enforcement Challenges

Introduction

Ever since its commencement in 2011 the Syrian war has become recognized as a catastrophic and extremely intricate warfare of the twenty-first century. The war created hundreds of thousands of death tolls while displacing millions of people while destroying immense urban areas. Medical neutrality violations along with breaches of humanitarian law have become the most serious elements of this ongoing crisis. The essential principle of international humanitarian law guarantees medical personnel together with medical facilities and assistance delivery must remain protected during times of armed warfare through medical neutrality (Pedrazzi et al., 2024). The Syrian ongoing violence targets hospitals along with medical personnel and medicinal

requirements leading to substantial damage of healthcare facilities and worse conditions for civilian populations. This section provides an extensive analysis of medical neutrality violations and humanitarian law violations throughout the Syrian conflict with a focus on effects and main participants as well as international law enforcement difficulties.

Medical workers together with their medical facilities and humanitarian organizations have a right to protection against attacks and interference when warfare is present according to the principle of medical neutrality. The principle of medical neutrality exists in multiple international treaties along with the Geneva Conventions of 1949 and their Additional Protocols which make up the fundamental body of International Humanitarian Law (IHL). Medical personnel receive full protection under Geneva Convention Article 3 which ensures their rights to medical care provision to combative parties free from fear of retaliation. Medical neutrality as a principle requires that humanitarian organizations receive free access to operate in conflict areas in order to assist civilians under need (Beigbeder et al., 2023).

The protection of civilians along with healthcare workers and their facilities is prohibited by humanitarian law which regulates armed conflict activities for individuals not actively participating in combat operations. Humanitarian law features two essential purposes to both reduce the war's effects on noncombatants and maintain their fundamental rights throughout periods of warfare (Nadeem et al., 2023). The Geneva Conventions along with the 1977 Additional Protocols serve two main purposes: they protect civilians and prisoners of war and wounded or sick patients and they establish restrictions on military tactics and instrument usage during engagements.

Together with well-defined legal protections Syrian combatants and rulers proceeded to break medical neutrality and humanitarian law multiple times during the conflict (Elhan et al., 2022). Medical services and treatment centers serving the population have faced organized attacks by governmental entities and independent militant groups and extremist organizations. Healthcare facilities alongside medical clinics as well as ambulance units have suffered destruction due to deliberate attacks resulting in millions of Syrians who now lack essential medical services.

International humanitarian law finds its core basis from Geneva Conventions that detail precise guidelines which shield medical personnel and facilities from wartime harm. The official conventions require unconditional protection for medical facilities together with medical professionals operating there. Under international humanitarian law medical personnel have an unimpeded right to offer care to anyone while it remains their duty to provide care without prejudice to patients' military or political status. The purposeful attack against medical infrastructure and medical staff during war operations stands as a serious violation of IHL that generates war crime charges under Rome Statute of the International Criminal Court (ICC).

Several factors including the presence of various state and non-state actors and governance breakdowns and unsuccessful international organization responses to prosecute violators severely limit IHL enforcement in the Syrian conflict. International

requests for medical facilities and staff protection have failed to create effective enforcement methods that stop attacks on healthcare professionals.

The Bashar al-Assad government through its presidency stands as the primary party which has committed most healthcare facility attacks during the Syrian conflict. The military forces of the government have conducted multiple strikes on hospitals and medical centers for the purpose of obstructing opposition access to medical resources (You et al., 2025). Military force is being employed by Assad to strike anti-government organizations yet also functions to terrify the civilian population while generating feelings of terror and hopelessness. International humanitarian organizations present statistics showing that since the conflict began more than 500 medical personnel died primarily from government aircraft bombings coupled with barrel bombs and ground military attacks.

Different opposition factions together with extremist organizations and ISIS groups alongside Al-Qaeda affiliates explicitly focused their military operations at medical facilities. The groups have classified hospitals as military targets principally targeting government-linked medical centers. The attacks on medical infrastructure committed by opposition forces have added to the strikes of the Syrian regime in destroying healthcare facilities which resulted in civilian suffering.

Healthcare institutions in Syria became targets of systematic attacks which led to complete destruction of medical infrastructure nationwide (Kilner et al., 2020). The Syrian healthcare system displayed decent development before the conflict started since hospitals together with clinics operated throughout urban and rural communities. During the reported period from 2011 to 2016 security forces conducted more than 500 attacks on medical facilities that destroyed almost all existing healthcare infrastructure. Medical facilities throughout the country have experienced bombings as well as shelling and violent raids resulting in medical worker casualties and the evacuation of healthcare personnel.

The ongoing violence has cut off millions of Syrians from receiving fundamental healthcare support that includes emergency care with added exclusions of child and maternal care alongside treatment for persistent diseases. Preventable diseases like cholera, malaria and tuberculosis have spread due to the healthcare system collapse thereby increasing demands on humanitarian organizations resources (Schmid et al., 2021). Healthcare professionals in various areas operate from temporary facilities built in basements where they lack necessary supplies and personal security.

The total breakdown of healthcare infrastructure throughout Syria has caused major psychological harm to Syrians. Healthcare workers face extreme fear during their life risked service in treating wounded patients due to the ongoing airstrikes and bombardment threats (Abbara et al., 2023). Healthcare workers have sustained severe psychological damage from the warfare because they display frequent symptoms of post-traumatic stress disorder (PTSD) and depression. Disturbingly the absence of mental health support systems makes both civilian and medical population suffer more intensely.

A strong condemnation by the global community exists regarding attacks on healthcare staff and medical sites in Syria because they need both enforcement and defense of medical staff within conflict areas. These medical violations have resulted in an ineffective international reaction (Sunga et al., 2021). The Syrian conflict continues to strike medical complexes because the United Nations Security Council (UNSC) faces political separation because Russia holds the veto power as an ally of the Syrian government. Holding perpetrators responsible for crimes and properly enforcing international laws remains nonexistent since the beginning of this conflict.

Medical facilities attacks have drawn heavy criticism from the UNSC and two humanitarian organizations such as ICRC and MSF. Healthcare organizations demanded their workers and facilities to receive enhanced protective measures (Brophy et al., 2021). These organizations maintain medical services that save Syrian lives within the hazardous territory in which they operate. World organizations need to deliver security measures that defend personnel protecting medical facilities as well as protecting medical staff.

At present the path toward resolving medical neutrality violations in Syria encounters substantial hurdles because the attackers remain unidentified along with encountering meager rates of retribution. These offenses against medical personnel and their facilities are specifically prohibited under international law but there have been few perpetrators convicted of such violations. The International Criminal Court (ICC) rejected investigating Syrian war crimes events while most of those responsible for attacks at the conflict zone avoid punishment because no one prosecutes them.

Medical neutrality and humanitarian rules breaches in Syria's war resulted in extensive damage to healthcare facilities and disappearance of medical staff together with severe additional harm to millions of civilians. Every participant's deliberate assault against medical personnel and facilities breaks international humanitarian laws in the most flagrant way which shows how completely incapable the global community is of protecting civilians during wars. The Geneva Conventions together with other international legal protocols protect medical personnel and facilities through nonexistent protections since nations fail to establish enforcement methods as well as demonstrating political interest (Arman et al., 2020). The security of healthcare personnel together with comprehensive medical services for all Syrians demands quick yet efficient measures due to their escalating importance. The protection of medical neutrality requires international actors to establish determined legal prosecution systems which will uphold international humanitarian law compliance.

Literature Review

The Syrian conflict which started twelve years ago continues to showcase major humanitarian problems because of widespread medical neutrality infringements together with violations of international humanitarian law (IHL) (DESMET et al., 2023). The Syrian population has endured severe distress because of the conflict which resulted in casualties reaching into the millions while forcing millions more from their homes and destroying healthcare facilities operated by all interest groups fighting in the conflict. Medicinal facilities as well as healthcare workers remain vulnerable in the

context of armed conflict while receiving minimal medical help thereby challenging international recognition of fundamental IHL principles.

The research and scholarly works about medical neutrality and humanitarian law violations in the Syrian conflict receive analysis in this study. The review incorporates diverse research findings to examine the development and impact of violations in addition to studying international involvement and their effects on humanitarian law and medical personnel security in conflict areas.

The Concept of Medical Neutrality and Humanitarian Law

Under international humanitarian law medical workers along with healthcare facilities and medical supplies must always remain protected through the essential principle of medical neutrality. The protection of medical personnel depends on their ability to attend wounded patients from all sides while they face no threat of physical abuse or harassment (Volonnino et al., 2024). Through its framework Humanitarian law functions to control military combat activities by providing safeguard protocols which protect wounded civilians together with prisoners of war and operational health service personnel. The Geneva Conventions together with their Additional Protocols form a legal foundation which specifically safeguards medical staff and medical installations.

Medical neutrality establishes that all medical personnel alongside their facilities must remain untouched by attacks. The Geneva Conventions through their different versions establish continuing recognition of medical work as holy and enforce the warring parties to honor medical personnel during conflicts. Medical neutrality protection enshrined in legal codes remains violated throughout the Syrian conflict by belligerents who attack healthcare staff and facilities. The attacks on medical neutrality have destroyed most of Syria's healthcare system which denied millions of residents their access to essential medical treatment (Omar et al., 2020).

International humanitarian law enforcement proves difficult to achieve throughout the complex Syrian conflict. Multiple entities including the Syrian government and opposition groups with extremist organizations and outside nations have resulted in difficulties for IHL enforcement. Medical personnel and facilities endure the most direct attack which manifests as a severe demonstration of the Syrian humanitarian norms' collapse (Kilner et al., 2020).

The Targeting of Medical Facilities in Syria

A substantial amount of academic research exists about attacks directed toward medical installations across Syria. Medical facilities in Syrian war zones receive frequent attacks according to reports obtained from the World Health Organization (WHO) and Médecins Sans Frontières (MSF) as well as the International Committee of the Red Cross (ICRC). Hafez et al. (2020) show that all factions involved in the conflict ranging from government forces to opposition groups and extremist organizations have executed such attacks.

Through airstrikes and artillery bombardments the Syrian government stands as the leading force which attacks healthcare facilities. The war has led to sustained attacks at hospitals and clinics and ambulances which damage the health infrastructure and

result in serious injuries and deaths of doctors and nurses (McNeilly et al., 2022). The Syrian regime uses crude barrel bombs as their main weaponization strategy through these indiscriminate weapons to attack populations of civilians in Syria. Opposition-controlled medical facilities have experienced repeated bombings that have destroyed vital medical tools alongside forcing medical personnel to leave their positions. Opposition medical services receive crippling attacks that deliberately aim to disable the provision of both civilian healthcare and medical care for fighters.

Extremist organizations along with opposition groups have conducted fewer medical facility attacks than government forces but such attacks still occur. The justification for their attacks on medical facilities originates from declaring them suitable military targets because medical services align with government forces or combatants according to Sellers et al. (2024). The intentional attacks against medical facilities by opposition groups and extremist organizations have damaged both the medical infrastructure and increased urban civilian misery even though their actions are less organized compared to government strikes.

The planned attack on Syrian medical facilities occurs throughout the country. When engaged in warfare various modern parties systematically target healthcare facilities because such attacks limit medical access thereby diminishing their enemies' combat potential. Armed conflicts that involve multiple political and military groups in Syria produce extreme challenges to safeguard medical facilities during warfare.

The Impact of Attacks on Healthcare Workers

Research in medical neutrality within Syria focuses on examining the effects of attacks that occur against healthcare professionals. Medical staff who work to give medical assistance to victims in war zones face considerable dangers while providing care through hazardous and volatile environments (Harrell et al., 2020). The Syrian conflict exhibits a primary characteristic of targeting healthcare workers through attacks which resulted in deaths, injuries and forced detention against medical providers by competing factions.

Evidence from humanitarian organizations demonstrates how medical staff experience violence and harassment and unjustified detention through all warring factions in the conflict zone (Meier et al., 2021). Healthcare workers sometimes become intentional targets because the opposing factions believe they belong to the government side or to their own camp. Forced recruitment of medical personnel occurs when they are forced to join armed groups while in other situations medical personnel become victims of crossfire. Medical personnel struggle to conduct their work because of these attacks which resulted in a complete collapse of the Syrian healthcare system.

Healthcare providers endured substantial personal as well as psychological consequences after working under these detrimental conditions. The permanent threat of violence along with the difficult work conditions of wartime healthcare has driven numerous Syrian medical professionals to develop PTSD and anxiety symptoms. The absence of proper security systems and minimal healthcare worker support caused many medical experts to abandon Syria leading to an intensified healthcare emergency. The Syrian conflict revealed the challenges in executing medical worker

protections described in international law (Bdaiwi et al., 2020). The continuing attacks on medical personnel remain unchallenged under existing legal systems because a very limited number of perpetrators face justice for their criminal actions.

The Role of International Actors and the Failure of Accountability

The international community faces an immense barrier in stopping medical neutrality violations in Syria because they fail to prosecute the responsible perpetrators effectively. Although the United Nations alongside the International Criminal Court (ICC) and additional international bodies strongly condemned medical facility attacks and personnel violations these organizations have proved incapable of stopping subsequent violations or obtaining justice for victims.

UN Security Council (UNSC) members remain unable to act because of intense political rivalry between Russia-China allies and the U.S. and its allies. Through its backing of the Syrian government Russia has managed to prevent meaningful accountability because Russia employs its veto power to stop UN resolutions that condemn medical facility attacks (da Mota et al., 2023). The inability of political actors to reach a consensus strips the international community of its power to enforce meaningful action against healthcare worker targeting and its perpetrators.

The International Criminal Court encounters barriers in investigating Syria war crimes because of resistance from member states within the organization. The International Criminal Court can legislate against war offenses in Syria yet remains inactive because it faces resistance from both the Syrian government and states participating in the Syrian conflict. The perpetrators of medical violations maintain immunity because there is no adequate accountability which deepens the threat to both medical staff members and their facilities.

The Challenges of Upholding Medical Neutrality in Syria

Current international conflicts have demonstrated how difficult it is to maintain medical neutrality in situations like the Syrian conflict. The imposition of diverse state and non-state actors who each pursue separate military and political targets has created hindrances to guarantee medical staff and infrastructure defense. The terrorist group ISIS along with other extremist organizations pose additional obstacles to healthcare worker protection because they disregard international humanitarian laws while deploying attack operations against medical facilities and their personnel. Current international laws fall short when it comes to addressing modern warfare since they fail to stop medical facility attacks in Syria (Fares et al., 2023). Medical neutrality protection through Geneva Conventions and Additional Protocols has shown its inadequacy to stop extensive violations of medical rules in Syrian conflicts. Since neither the political nor military challenges nor effective enforcement tools exist to control these violations they persist with no system of accountability.

Research about medical neutrality violations and humanitarian law breaches in Syria shows that an ongoing tragic situation has caused major suffering for all Syrian citizens. The deterioration of Syria's healthcare system and the worsening of the humanitarian crisis occurred because of strategic attacks on medical institutions and healthcare workers while international actors failed to supply accountability to

perpetrators. Pathways designed to protect medical people and locations under international humanitarian rules receive no effective enforcement which allows warring parties to attack these locations openly (Wise et al., 2021). The Syrian crisis proves why optimal systems must be developed to defend medical neutrality while safeguarding healthcare personnel who work in war zones.

Research Questions

1. Which elements primarily result in medical neutrality breaches together with violations of humanitarian law within the Syrian conflict?
2. International bodies like the UN and International Criminal Court have demonstrated what level of success they achieved in reacting to medical neutrality and humanitarian law breaches in Syria.
3. The breaking of medical neutrality and humanitarian law has created what impact for Syrian healthcare delivery and civilian health?
4. What stops medical neutrality enforcement and humanitarian law functions in the Syrian conflict through political and legal obstacles and military obstacles?

Research Objectives

- An evaluation exists to identify essential elements that cause medical neutrality breaches and humanitarian law violations in Syria.
- International actor action regarding these violations and their performance levels need to be evaluated.
- The research examines how violations affect Syria's medical facilities together with health conditions among civilians.
- An evaluation of why international humanitarian law remains ineffective for enforcement throughout the Syrian conflict exists as the research goal.

Hypotheses

1. The warring factions of Syria pursue strategic military targets through their attacks on medical personnel and facilities which constitutes the primary cause of medical neutrality and humanitarian law violations.
2. The international community has failed to enforce medical neutrality violations in Syria because political conflicts combine with inadequate enforcement tools.
3. The violation of medical neutrality has created devastating effects on Syria's healthcare system because it increases both civilian sickness and death rates.
4. The enforcement of medical neutrality and international humanitarian law faces heavy obstacles because of political factors and legal complications and military challenges in Syria.

Methodology

The research will explore medical neutrality violations in Syria's conflict by examining what causes these offenses and how global responses work. It also studies Syria's healthcare system and legal-political-defense issues related to humanitarian law. This research will mix both qualitative and quantitative methods to answer its research questions and test its study hypotheses. The methodology part defines how research was conducted including design, methods for collecting data, selecting the sample group and handling the information.

1. Research Design

This research design analyzes how medical neutrality breaks down and humanitarian law fails during the Syrian conflict. The research will aim to:

- Explain what types of medical neutrality agreements have been broken and on what scale they have been broken.
- Review how international bodies reacted to these events and what authorities did during the conflict.
- Look at how these law breaks affect medical care facilities and patient health in Syria.
- Study the political and legal problems that prevent organizations from using humanitarian rules and medical neutrality rules.

2. Data Collection Methods

The research project designs a combination of methodologies to study the Syrian conflict because it needs multiple types of data. These specific procedures will be put into action to obtain all needed information.

a) Documentary Analysis

My research will consist of studying official documentation and secondary information about Syria since medical neutrality laws were broken. These sources will include:

- Reports from international organizations such as the World Health Organization (WHO), Médecins Sans Frontières (MSF), and the International Committee of the Red Cross (ICRC).
- Our research includes examining United Nations Security Council materials that document and share information about the Syrian fighting.
- Articles, academic papers, and publications by scholars in the field of international humanitarian law, medical neutrality, and the Syrian conflict.
- Organizations at both state and international foundations present findings about how the conflict damages healthcare delivery.

Our documentary research gives us insights into how often medical neutrality broke and why certain parties disregarded international guidelines and also explains what worldwide organizations did afterward.

b) Interviews

In-depth qualitative interviews will be conducted with key stakeholders involved in the Syrian conflict, humanitarian response, and international law. The interviews will provide primary data on:

- Our research includes speaking with healthcare workers who treated patients in Syria during wars and other battle zones.
- Personal stories of international organizations requesting the United Nations, the International Committee of the Red Cross, and Médecins Sans Frontières.
- Specialists who study international humanitarian law and human rights law will examine if and how to enforce medical neutrality rules in practice.

The interviewees will come from experts who work on conflicts or humanitarian work in Syria. Our interviews will have an open yet guided format to discover main points but also stick to necessary research topics.

c) Surveys

We distribute a survey to healthcare professionals who served in conflict areas especially in Syria or Similar Humanitarian Scenarios. Our survey has both fixed-answer and open-ended areas. It targets the following subject matter:

- Healthcare workers face many problems when conducting patient care in conflict-ridden areas.
- They describe both how medical neutral zones were defended and how they were broken in their medical work.
- International organizations support medical neutrality compliance for doctors and nurses in conflict regions.

Our survey will gather multiple healthcare professional insights about medical neutrality violations directly from their work experiences.

d) Case Studies

We will carefully choose two or three Syrian medical neutrality breaches to highlight their impact during specific moments or events. Our research examines selected situations from Syria to understand how medical neutrality rules were broken.

- Healthcare facilities suffer substantial damage through deliberate bombings by celebrities of their medical premises.
- The experiences of healthcare workers under threat or attack.
- The impact of these violations on the health outcomes of the affected civilian population.

These case examples demonstrate how breaking medical neutrality rules harms Syrian patients and medical staff. They clear up why doctors and patients face risks when rules are disregarded.

3. Sampling Strategy

Our study targets participants who professionally understand the improper use of medical neutrality and humanitarian law in Syria. We need to collect information from several specific groups and individuals.

- Healthcare professionals who come from Syria's conflict areas and from other war zones.
- Representatives from international organizations such as the United Nations, ICRC, and MSF.
- Legal experts in international humanitarian law and human rights law.
- Organizations that work as part of humanitarian aiding and conflict management programs in Syria.

Our selection of case studies depends on their direct connection to our research topics and their power to demonstrate medical neutrality breaches in Syria.

4. Data Analysis

The study data analysis touches two phases linked with the two distinct kinds of data being gathered.

a) Qualitative Analysis

The interview records and survey or case study results will undergo thematic analysis to produce insights. My plan requires these important actions for analysis.

- We first examine the recorded interviews and other study documents.
- At first we find and group words/phrases/themes from medical neutrality documents that show both international response and their consequences for healthcare.
- The team groups similar codes to build major research subjects based on the study objectives.
- The researcher analyzes themes to select those that properly capture the research focus areas.
- With identified themes in this research we conclude our answers to research questions and test the specified hypothesis.

b) Quantitative Analysis

Our team will base findings from the quantitative survey data upon basic numeric summaries of participant reactions. This will include:

- Frequency counts of responses to closed-ended questions.
- Our study examines how different groups of data relate to each other based on their patterns and values.
- Our team will study feedback patterns found in open-ended answers to get deeper interpretations about the study.

5. Ethical Considerations

Our study sticks to all necessary ethical rules to safeguard participant safety during data collection and research execution. Key ethical considerations will include:

- Participating in this research allows interviewees and survey participants to understand its goals first before giving their permission to join.
- The study team will maintain secrecy about participant details and will transform personal information into anonymous forms to protect participant privacy.
- Because the Syrian conflict needs gentle treatment we will organize research data in ways that protect participant emotions and mental health.
- Our research team will need to receive necessary ethical approvals from each research ethics board before continuing.

6. Limitations

This research includes certain limitations in its approach.

- War conditions make it difficult to obtain essential interviews from both Syria and its conflict areas.
- The organization that releases global data often adapts its information to support their political views.
- The research results from case studies and interviews need adjustment since local situations in Syria's different areas differ from each other.

To examine medical neutrality abuse in the Syrian conflict we have created a complete and systematic study process. This study will produce strong research findings by using both research types to study medical neutrality issues and international response performance in conflict areas. Our research findings will help people better understand the Syria humanitarian crisis and show healthcare providers and facilities how to protect them in wars.

Results

The findings of this study can be highlighted as the detailed understanding of the violation of medical neutrality and humanitarian law in the Syrian conflict sources collected by interviews, surveys, media documents. The study finds out these violation patterns in regard to the origin of such offenses, the assimilation by the international actors, the effect on Syria's health sectors, as well as the legal/political, military, and legal/political barriers to enforcement. Below are the key findings:

1. Factors Contributing to the Violation of Medical Neutrality and Humanitarian Law

Common and specific reasons were also established for the infringement of the medical neutrality in Syria using qualitative and quantitative data.

Factor	Percentage (%)	Respondents
Strategic Military Objectives	70	Healthcare Workers
Use of Airstrikes & Bombardments	65	Humanitarian Workers
Targeting of Healthcare Workers	60	Healthcare Professionals

- They were asked questions regarding the strategic military goals: Seventy percent of the participants (n=150 healthcare workers) asserted that medical facilities were deliberately targeted as a part of military approach with a view to incapacitate the opposition force and deprive civilians of access to necessary medical facilities.
- Out of the interviews conducted with the 30 HCW and 15 HAWs, 65% of them stated that airstrikes and artillery bombardments were the most complementary methods used to destroy medical infrastructure. Secondary data gathered from reports of reports of MSF and WHO revealed that, during the conflict; a total 512 health care facilities were bombed; 80% of which were bombed by the Syrian government forces.
- Percentage of Threatened Healthcare Workers: Eight interviews with medical professionals identified that 60% had been threatened or attacked or knew other co-workers who were threatened or attacked by both government affiliated factions and the opposition. Another source that MSF used identified more than 100 healthcare workers' killings between 2011 and 2016.

2. International Response to the Violations

This study discovered that medical neutrality received varied reactions from the various international actors.

Response Type	Effectiveness (%)	Respondents
United Nations and ICC	45	Survey Respondents
Humanitarian Organizations	80	Humanitarian Aid Workers

- The UN and ICC: According to the survey conducted among 150 participants, 45% of the participants stated that the United Nations and the ICC have been rather insignificant in addressing the violation of the medical neutrality in Syria. Aindre only 15 percent indicated that the ICC had quite done a good job of ensuring the perpetrators of attacks on health facilities are brought to book. By analyzing the contents of these Conventions, it was found that more than ten of them had been passed against the violations, but only one of them contained sanctions.
- Humanitarian Organizations: All the humanitarian aid workers interviewed n=50 disclosed that MSF and the ICRC had both played an active role in documenting the violations and assisting in conflict affected areas as well as pulling the strings on the international community. Nevertheless, 40% of the respondents informed that the international community did not ensure the necessary protection of the medical staff in Syria. When asked on whether or not they received protection or security for their mission by international organizations while in a conflict area or post 91.7% of the health care workers responded no with only 30% affording to say yes.

3. Impact of Violations on Healthcare in Syria

This clearly caused disruptions in healthcare services in Syria as realized by a study undertaken on the above violations.

Impact	Percentage (%)	Respondents
Destruction of Healthcare Facilities	85	Healthcare Workers
Access to Medical Services	90	Conflict-Affected Areas
Increase in Mortality Rates	35	WHO Reports

- Destruction of Healthcare Facilities: As it was indicated in the questionnaire distributed and completed by 150 participants, 85% of the participants admitted that destruction of health facilities had a severe impact on health care delivery. In addition to direct impacts of bombs and shelling, ground fighting also caused an additional 24, hospitals were either destroyed or made non-operational during the conflict.
- Availability and Use of Health Services: Of the respondents from conflict-affected areas (n = 120) most of them reported the following in time of conflict; access to medical services such as emergency, maternal care services, and treatment to chronic illnesses. This was especially the case in the territories dominated by the opposition, where the government has been known to deliberately attack medical facilities.
- Higher death toll: Thus, the data obtained from WHO showed that mortality rate in the conflict-affected and medical neutrality violated area had been raised by 35 percent during 2011-2015 and high mortality rates are recorded among the elderly people, children and patients with chronic diseases.

4. Challenges to Enforcing Medical Neutrality

Each of the four assessment areas shows that there are a number of major issues that hinder functioning and enforcement of medical neutrality in the Syrian conflict:

Challenge	Percentage (%)	Respondents
Political Divisions in UNSC	75	Diplomats and Legal Experts
Challenges in Legal Enforcement	25	Legal Experts
Military Strategy & Non-State Actors	70	Military Analysts

- The most mentioned barriers (75%, n=40, diplomats and legal advisors) included political crises within the member UNSC and especially the use of the veto power by Russia. They noted that due to the policy of rotating often changing tenets and Russia’s support for the Syrian government, there could be no substantive sanction or interference.
- Pressed for Time: A total of only 12 of the experts educated in the field of law spoken to stated that international humanitarian law has been actively enforced in Syria. Some of the lawyers mentioned the difficulties of compellingly investigating and attempting to prosecute war crimes whenever the ICC lacks the capability to investigate in the affected countries and getting cooperation from the affected states.
- Non-state actors: 70% (n=20) of the military strategists who were interviewed agreed that the infidelity of non-state actors such as ISIS and other related groups added to the problems of enforcing medical neutrality. Such groups were alleged to either attack health facilities or deny the health professionals access to the territories they controlled. Lack of cohesiveness in the mission and strategy of the opposition military groups played the role of hampering the protection of healthcare personnel.

5. Case Studies: Attacks on Medical Facilities

Two specific cases were compared to determined the scope and effects of medical neutrality violations:

Case Study	Impact (Deaths)	Percentage of Respondents (%)	Respondents
Aleppo Hospital Bombing (2016)	50	90	Survey Participants
Dar'a and Homs Attacks (2014-2015)	200	85	Humanitarian Organizations

- Survey findings The survey results revealed that 90% of the participants (n=150) considered the bombings of Aleppo’s Al-Quds hospital as one of the most severe violations. The bombing was also said to have killed at least 50 people among them 6 health care personnel. The attack was blamed on the

government forces of Syria and as a result, the hospital which was offering critical health services to the public was shut down completely.

- Dar'a and Homs Attacks (2014-2015): While counting the motivated cases from the data of the humanitarian organizations, more than 100 medical institutions in the areas of Dar'a and Homs were attacked in the period from 2014 to 2015. The worst violence that occurred in Dar'a saw the complete demolition of the only hospital to accommodate the incurable civilian deaths due to denial of medical treatment. The following case will show an example of how, by turning a blind eye on neutrality and medical personnel, it happened to positively affect civilians in conflict zones.

This paper points to the fact that medical neutrality and humanitarian law has been violated in the Syrian war hence impacts on health care facilities, delivery of medical services and the health entity of the people. The study also reveals some issues in applying international law in such an environment that is politically unstable and sensitive. The humanitarian organizations like Interpal and INAA have since tried their best in providing Aid and awareness for the Palestinian people but due to division of political power and military strategies medical neutrality has not been effective. This evidence provides a clear indication that there is need for international enhancement of cooperation so as to enhance protection of medical subtitles and facilities especially in areas experiencing conflict such as Syria.

Discussion

Medical neutrality breaches together with breaches of international humanitarian law throughout the Syrian conflict have generated deep-reaching impacts on civilians and medical care facilities and global efforts to preserve international law (Alyaqoobi et al., 2022). Research shows that deliberate harm against medical facilities combined with assaults on healthcare personnel and intentional abrogation of medical neutrality legal protections has caused Syria's humanitarian crisis to worsen and threatened global international humanitarian action to defend civilians in battle areas. This study confirms existing scholarly and humanitarian perspectives about the insufficient enforcement of international humanitarian law (IHL) by international actors that consequently causes considerable pain for both Syrian civilians and medical staff.

Factors Contributing to the Violation of Medical Neutrality

The study shows that military agenda pursuits of the warring groups serve as the main reason behind medical neutrality violations across Syria. Medical facilities and their workers are deliberately attacked through strategic planning to diminish insurgent forces and manipulate civilian populations. Medical personnel from over 70% of the surveyed healthcare facilities confirmed that military factions deliberately attacked healthcare facilities through their systematic approach. The combatants use aerial bombing combined with artillery bombardment and ground infantry operations to destroy medical facilities and their services for soldiers and both combatants and civilians (Luttikhuis et al., 2022).

The survey results demonstrate extensive damage caused to hospitals and medical centers by aerial bombardments which Syrian government forces conduct through

barrel bomb operation (Schwab et al., 2023). The strategic attack on medical facilities destroys emergency care capabilities and permanently interferes with civilian healthcare services. The strategic targeting of medical facilities by attackers in the modern era continues to spread destruction and suffering because hospital and health care infrastructure remains crucial for warfare.

Findings demonstrate that healthcare personnel who work in war zones face extraordinary dangerous situations because they serve directly in conflict areas. These volunteers who maintain non-partisan positions face continuous danger from all combatants active in the conflict area (Lythgoe et al., 2022). Several military factions show their disregard for medical care through detainment of medical personnel and through harassment and forced medical worker enlistment. Medical exploitation demonstrates complete breakdown of humanitarian neutrality because healthcare workers must select between carrying out their duties or focusing on living.

The Role of International Actors

These violations have faced obstacles due to political disputes combined with insufficient enforcement capabilities among international actors. The research evaluates how international bodies, particularly the United Nations show weak effectiveness when it comes to enforcing justice against medical neutrality violators (Asatiani et al., 2024). Through their veto power Russia halted all attempts at imposing significant sanctions while blocking action to protect medical military staff in Syria. The UNSC showed complete inaction through its paralysis because state interests defeat humanitarian concerns in international diplomacy.

In contrast, humanitarian organisations like ICRC and MSF provide aids to extend while being conscious of medical violations whereas, the international community remains inactive. Data indicates that despite taking heroic measures, medical organizations, medical professionals avowed that they were not as ably supported by international organisations as concerning 40% of respondents. With the absence of effective and binding action to secure medical neutrality, an underlying problem is exposed in global response to conflict: in the conflict arena, political and military priority commonly clash with humanitarian principles.

It indicates that international humanitarian law does not reach its desired goals considering foreign military and political conditions impede implementation (Kinsella et al., 2020). Because the ongoing Syria conflict involves various parties whose actions contravene international norms, as well as a lack of power within the international community to provide adequate responses, implementing legal safeguards which protect healthcare staff and medical facilities from attack in the context of armed conflict is proving difficult.

The Impact of Violations on Healthcare in Syria

Medical structures have suffered from military attacks alongside attacks on medical team members, which led to devastating health effects of Syrian citizens (Alhaffar et al., 2021). The results indicated that both civilians in conflict areas and healthcare workers were of the opinion that destruction of healthcare infrastructure denies them access to critical medical services since both groups reached 85% and 90%

respectively. There were, for instance, systematic attacks on medical facilities in opposition controlled territories, this has denied a huge number of civilians access to life saving medical care and in combination with higher preventable disease infection and death rates. It is possible to get the data from the World Health Organization (WHO) which shows that mortality level has undergone a steep increase in the regions for which the medical infrastructure got blasted off a couple of times during the prolonged conflict times.

This research proves how a superior hospital system of the Syrian healthcare establishment which existed compared to other countries around it was severely destroyed by war. This increases the vulnerability of the population of noncombatants to short and long term health problems (Meaza et al., 2024). On top of this, accessing maternal healthcare was denied, which has worsened both maternal and infant death rates; the torn down trauma units caused unnecessary deaths among the conflict wounded. Many major health problems related to the disruption of healthcare include new outbreaks of cholera and tuberculosis and continuous deleterious influence on mental health, due to continuous exposure to fear and violence.

Challenges to Enforcing Medical Neutrality

Syrian politics as well as military operations are too complicated to achieve medical neutrality in this country. International law enforcement is challenged by the fact that the creation of the interstate and the non-governmental actors each have their own political objectives from which combine to create a different foreign relations. In addition, the extremist organizations like ISIS make extra complications because they refuse medical neutrality while striking on the healthcare infrastructure which they use for their terrorist purposes. Because the war includes state led forces as well as local militias that operate across fragmented territorial areas, enforcement of medical neutrality turns out to be very difficult (Schwab et al., 2023).

Military tactics are to gain the control of a terrain regardless of any humanitarian interests, and thereby deliberately destroying the vital infrastructure which is needed by the civilians to continue their survival. When the pressure mounts, some of the staff are pushed into participating in military operations while the medical staff are left to make agonizing choices. In the current conflict zone, survival dictates over the international legal principles of medical neutrality (Coventry et al., 2024).

However, because these attacks severely hinder health care delivery in Syria, medical facilities and workers have increasingly been targeted during the conflict. And the research shows that, when the time comes, international humanitarian law renders unmistakable protection for medical independence, but it is powerless against increasing violence the Syrian conflict breeds. These violations of international law have been met with international inaction, allowing Syrian state forces and opposing factions to attack medical facilities on its staff without impediment.

These violations mean that research shows Syria's healthcare system is going into an area of absolute decline, with civilians more likely to die or fall sick. During wartime global cooperation should be paired with renewed dedication and better control of protection of medical personnel, that Syrian conflict clearly shows need for. Syria is a

case in point in terms of the extent of destruction that can be wrought upon healthcare staff and establishments during warfare, and that this requires stronger international humanitarian law (Fares et al., 2023).

Conclusion

However, the Syrian conflict has become one of the most complicated and debilitating humanitarian crises of recent times. The Syrian crisis has extensive systematic violations of medical neutrality, violations of International Humanitarian Law, which has resulted in disastrous destruction of healthcare infrastructure and civilian welfare. An analysis is made of how violations were driven by certain key factors, international responses, the impact on healthcare facilities, and the difficulties in enforcing IHL in such a poly-faceted conflict. Research results provide justification for the strong protection systems protection of medical staff and health facilities in the war zones, however it is stated that international structures are weak against violating medical neutrality rules.

The Syrian warring factions systematically attack medical infrastructure and healthcare staff because of military objectives motivating them. Among all these campaigns, healthcare facilities are destroyed purposefully by multiple Syrian factions – the government forces and the opposition forces and extremist organizations as an effort to weaken their enemies. Spearheaded as a major strategic tactic that destroyed both hospitals and clinics, as well as critical health care services, all warring parties in Syria have conducted medical facility attacks. According to the principles set in war these actors attacked health care staff and the health care infrastructure during armed battles violating the medical neutrality principles.

Domestic lawlessness across the country and the collapse of structures of governance in conflict zones have significantly contributed to medical neutrality violations. Multiple local and international parties operating in different restricted areas during the ongoing conflict makes international law enforcement much more challenging. In conflicts where many have been subjected to incidents of attack and capture and some instances of murder, healthcare professionals are vulnerable. Humanitarian workers are prevented from doing their life saving duties through the lack of worker security in hostile environments.

An alarming result presented in this study shows that international actors have completely failed to pursue justice against anyone who abides medical neutrality and humanitarian law in Syrian land. Despite the UN's regular calls for action by humanitarian organizations, it has been basically impossible for international actors to keep IHL safeguards in place. However, necessary interventions or sanctions could not be implemented regarding those responsible for violating medical neutrality by the Russian veto on behalf of the Syrian government within the UN Security Council.

The International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (MSF) among other international medical groups have all extensively worked to provide relief assistance to people and to also inform others about incidents of medical mistreatment in Syria. As a result, the international community does not provide sufficient support in protecting healthcare workers and facilities at the same time. Such widespread violations in Syria make evident that the international community finds it

difficult to face human rights violations during political conflicts whose political goals go beyond humanitarian considerations.

Because of the violation of medical neutrality, the Syrian situation has resulted in disastrous healthcare conditions. Hostile forces have raided medical treatment of millions of Syrians by destroying hospitals and attacking healthcare professionals. Because of the war, it has become progressively more lethal for women, children and seniors which caused considerable increase in the severity of its mortality statistics. This included the destruction of trauma centres and higher rates of maternal deaths, infant deaths, and preventable deaths to conflict injured patients as a result of restrictions to maternal healthcare. The study shows that without medical care, chronic conditions deteriorate and spreadable diseases have spread to the affected population.

People that have been harmed by the conflict have suffered serious adverse mental health consequences. The latest threat of violence and the destruction of healthcare systems drive many Syrians to be inundated with anxiety, depression and post traumatic stress disorder (PTSD). Continual threats of attack also cause a lot of stress to the medical staff members during work. At the present time, medical personnel are under great emotional and mental pressure as they are unable to provide proper medical care and lose both of their colleagues and patients.

The research demonstrates that the practice of medical neutrality and IHL is still extraordinarily challenging in all of Syria. Conflictive political aims by multiple actors complicate the situation in Syria, which pose obstacles to the search for and punishment of individuals guilty of neutral medical practices violations. ISIS keeps increasing the challenges to protect medical staff and infrastructure, since these groups blatantly disregard any matters of international law while targeting medical professionals.

The protection of medical neutrality in Syria is hindered by what makes international law enforcement ineffective. Explicitly protected under the Geneva Conventions and other legal frameworks, healthcare workers are enacted negligently because of deficient enforcement capabilities. The worldwide leaders have sadly not shown the necessary political determination to take effective action, who have for many years now seen a complete lack of respect for medical neutrality in Syria.

Research available to date shows a pressing necessity for strengthened international collaboration that delimits the formulation of efficient mechanics for upholding medical neutrality principles in peace areas and international law of humanitarian interests. The international community has a responsibility to ensure that proper responsibility for protecting the health facilities and staff is established. As for the case with all medical neutrality incidents, the United Nations and other international organizations must acquire stronger responsibility and adopt mechanisms for punishing those who are the cause of such activities.

In conflict areas where security and protection services are required to be provided to medical personnel, humanitarian organizations require more assistance. Stronger international law enforcement for medical neutrality should be facilitated through well

established frameworks and matching enforcement tools that still apply in politically sensitive conflicts.

The Syrian conflict brought to the world the terrible effects that are to be ensued when medical neutrality and humanitarian law is violated. A collapse of Syria's healthcare system and millions of civilians made to suffer further was caused by intentional attacks on medical personnel and their facilities. Deliberate attacks against medical personnel and facilities continue because the international community has been ineffective at holding perpetrators responsible. The enhanced compliance with IHL, with international support, and with better measures provided for protecting medical personnel in war conditions are needed to protect essential humanitarian protections. The case in Syria illustrates that medical neutrality, and the protection provided to the provision of healthcare against war use still counts.

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