



DO NO HARM: A Call for Bahrain to End Systematic Attacks on Doctors and Patients

April 2011

ABOUT PHYSICIANS FOR HUMAN RIGHTS

Physicians for Human Rights (PHR) is an independent, non-profit organization that uses medical and scientific expertise to investigate human rights violations and advocate for justice, accountability, and the health and dignity of all people. We are supported by the expertise and passion of health professionals and concerned citizens alike.

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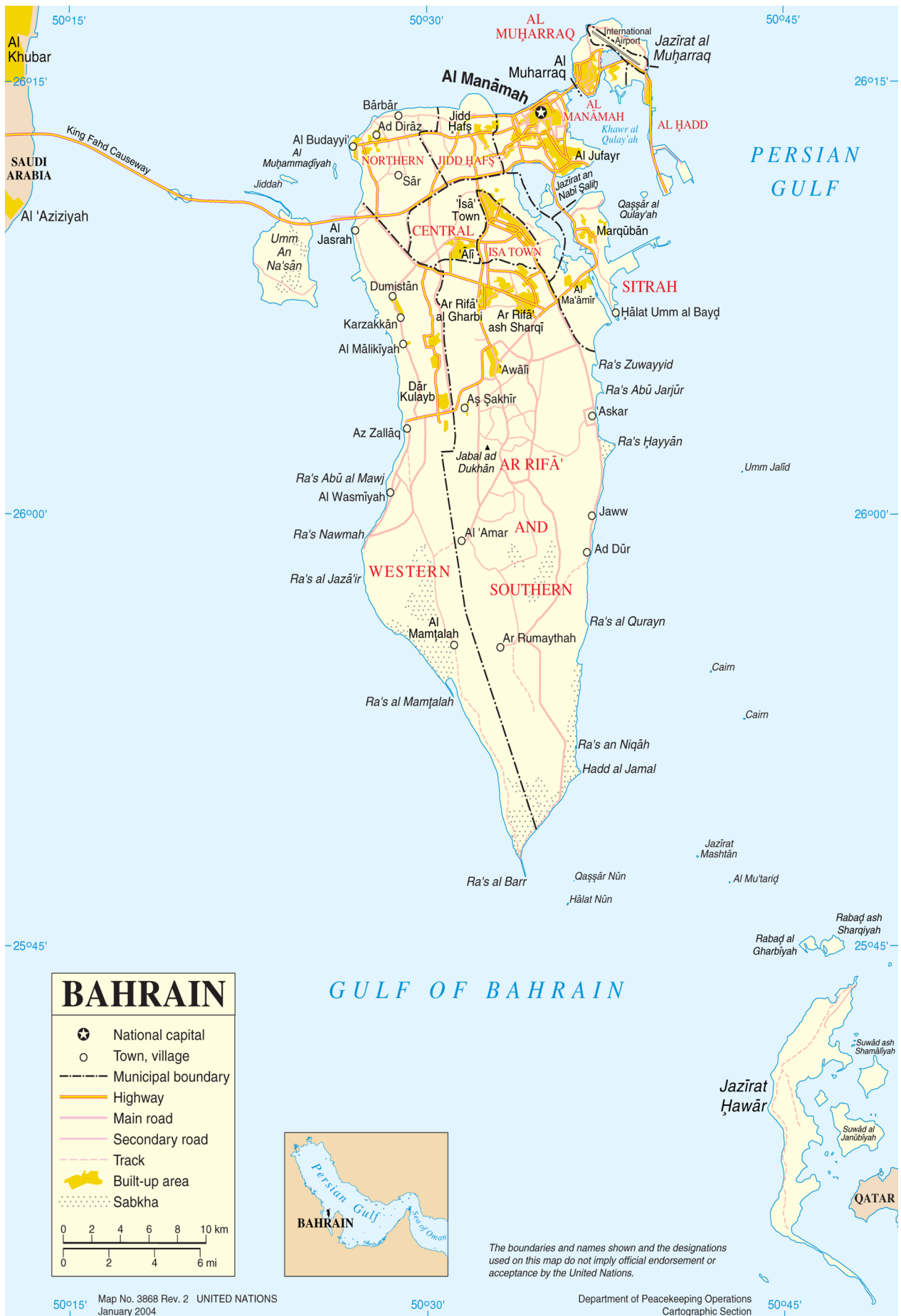
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**“Physicians,
more than the
representatives
of other pro-
fessionals, are obliged
to be the messengers of
peace and humanity.”**

German pathologist Rudolph Virchow, 1894



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Acknowledgments

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Thousands of protesters in the small island Kingdom of Bahrain in the Persian Gulf took to the streets calling for government reform in February and March 2011. The Government's response was brutal and systematic: shoot civilian protesters, detain and torture them, and erase all evidence. On the frontline, treating hundreds of these wounded civilians, doctors had first-hand knowledge of government atrocities.

This report details systematic and targeted attacks against medical personnel, as a result of their efforts to provide unbiased care for wounded protestors. The assault on healthcare workers and their patients constitutes extreme violations of the principle of *medical neutrality* and are grave breaches of international law. Medical neutrality ensures

1. the protection of medical personnel, patients, facilities, and transport from attack or interference;
2. unhindered access to medical care and treatment;
3. the humane treatment of all civilians; and
4. nondiscriminatory treatment of the injured and sick.

While in Bahrain, PHR investigators spoke with several eyewitnesses of abducted physicians, some of whom were ripped from their homes in the middle of the night by masked security forces. For each doctor, nurse, or medic that the government disappears, many more civilians' lives are impacted as patients go untreated.

Armed security forces abducted Dr. Ali El-Ekri from the operating room while he was performing surgery at Salmaniya Hospital on 17 March. Another doctor was abducted in the middle of the night from his home in front of his wife and three children. Police and masked men in civilian clothes stormed the home of Dr. Abdul Khaliq al-Oraibi on 1 April. The security forces dragged him out of bed, handcuffed, and then blindfolded him. They did not say where or why they were taking him. His family has not heard from him since.

Physicians for Human Rights uncovered egregious abuses against patients and detainees including torture, beating, verbal abuse, humiliation, and threats of rape and killing. For example, security forces shot Ali in the face and head at close range with birdshot. He woke up later in Salmaniya Hospital where he was held for five days. On his second day, three armed security forces handcuffed Ali and a dozen other wounded men behind their backs with plastic wrist ties and began to beat them. Then the security forces threw Ali and the other patients face first onto the floor and dragged them out into the hallway, leaving trails of blood on the floor. Interrogation, torture, and forced confessions followed.

PHR's findings are an indictment of the Bahraini government's all-out assault on health care and health professionals. The ruthless targeting of physicians is but one element of a vicious crackdown on dissent. The militarization of the health system has caused a breakdown in access to health care and the trust of patients in Bahrain's medical facilities.

Our report also includes documentation of other violations of medical neutrality including the beating, abuse, and threatening of six Shi'a physicians at Salmaniya Hospital; government security forces stealing ambulances and posing as medics; the militarization of hospitals and clinics that obstruct medical care, and rampant fear that prevents patients from seeking urgent medical treatment.

Other key findings of this report include:

- Government authorities used excessive force, including high-velocity weapons and shotguns, while using birdshot, rubber bullets, and tear gas against unarmed civilians – often at a close range. One story highlighted in the report details attacks on guests at a wedding.
- Bahraini forces fired tear gas into enclosed spaces, including homes.
- Security forces used unidentified chemical agents, which causes disorientation, aphasia, and convulsions.
- Security forces violently assaulted civilian detainees while in custody.

The report concludes with policy recommendations for Bahrain, the United States, and the United Nations. Among its policy recommendations, PHR calls for the Government of Bahrain to immediately end all attacks on medical personnel and facilities. PHR also calls on the Obama Administration to lead an international effort to appoint a Special Rapporteur on Violations of Medical Neutrality through the United Nations Human Rights Council.

Medicine and delivery of health care should unite rather than divide a country. Bahrain's attacks on clinicians exhibit a profound disrespect for the basic principles of medical ethics. There are immeasurable long-term consequences of these atrocities. Punishing physicians for adhering to their ethical duty to treat the sick and wounded violates international law. Bahrain's abuses in the spring of 2011 are among the most extreme violations of medical neutrality in the past half century, and history will remember them as such.

The findings of the report are based on a one-week investigation (2-8 April 2011) which included 47 in-depth interviews with patients, physicians, nurses, medical technicians, and other eyewitnesses to human rights violations. The report was written by Mr. Richard Sollom, Deputy Director at PHR, and Dr. Nizam Peerwani, a senior forensic pathologist and chief medical examiner for Tarrant County, Texas.

Methods and limitations

The findings of this report are based on a one-week investigation a PHR team conducted in Bahrain (2-8 April 2011). The PHR team comprised Mr. Richard Sollom, an experienced human rights investigator in situations of armed conflict, and Dr. Nizam Peerwani, a senior forensic pathologist and chief medical examiner. The team conducted 47 interviews with patients, physicians, nurses, medical technicians, and other eyewitnesses to human rights violations. The qualitative domains of the interview instrument were developed by adapting health and rights instruments used by PHR in similar settings where violations of medical neutrality have occurred. An Expert Review Board convened by PHR reviewed the instrument, which the team adapted to the field while in Bahrain. For protection of key informants, all interviews were anonymous by removing identifying information from the interview record. PHR investigators asked participants for their verbal informed consent after hearing an explanation of PHR, the investigation, and the intent to conduct advocacy based on the assessment findings. Interviews were conducted in English and Arabic. Interview data were analyzed using qualitative methods and were augmented with a literature and lay media review.

PHR conducted an emergency investigation, which by its nature is subject to limitations in duration, scope, and access. The field investigation took place during a short time frame of seven days in Bahrain. The scope of the current investigation did not permit a full analysis of the health system. Restricted access to health facilities and medical personnel precluded a com-

prehensive account of all human rights violations. This investigative study should be construed as a snapshot in time, partial rather than complete accounts or prevalence reports of human rights violations. Notwithstanding these limitations, the study produced sufficient firm data to make informed recommendations.

Introduction to medical neutrality

Doctors have an ethical duty to prevent illness and care for the sick and wounded without regard to politics, race, or religion.¹ These ethics of medical practice date back at least 2,300 years and include Islamic tradition.² Society in turn has an obligation to protect physicians' independence and special role within society as they impartially heal the sick and treat the injured.³

When countries engage in war or experience civil unrest, the independence of doctors and other medical personnel is often hindered. Although the laws of war protect the sick and wounded in time of armed conflict, and oblige doctors to provide them neutral and ethical care,⁴ these same legal protections are not as clearly articulated in human rights law during civil unrest.⁵ A physician's ethical responsibility during time of peace is identical to that during time of war,⁶ yet a state's obligations toward its medical workers under international law in each of these situations are less evident.⁷

- 1 "I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient." WMA Declaration of Geneva, Sep. 1948, <http://www.wma.net/en/30publications/10policies/g1/index.html>.
- 2 A physician who takes the Hippocratic Oath pledges: "I will apply ... measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice." Robert M. Veatch, *A Theory of Medical Ethics* 22 (1977). In the ninth century, Ishaq ibn Ali al-Ruhawi wrote the *Practical Ethics of the Physician*. In the thirteenth century, Ibn abi Usaybia wrote the Arabic version of the Hippocratic Oath entitled, *Lives of Physicians*, which states: "In all my treatment I will strive so far as lies in my power for the benefit of the patients." *Id.*, at 57.
- 3 Drawing on the Declaration of Geneva, the World Medical Association formulated a more detailed code of ethics, which states, "A physician shall be dedicated to providing competent medical services *in full technical and moral independence*, with compassion and respect for human dignity." (Emphasis added.) WMA International Code of Medical Ethics, *adopted* 1949 (last amended 2006), <http://www.wma.net/en/30publications/10policies/c8/index.html>. See also, WMA Declaration of Tokyo art. 5, *adopted* Oct. 1975 (last amended May 2006), <http://www.wma.net/en/30publications/10policies/c18/index.html>, which states, "A physician must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The physician's fundamental role is to alleviate the distress of his or her fellow human beings, and no motive, whether personal, collective or political, shall prevail against this higher purpose."
- 4 According to Protocol Additional to the Geneva Conventions of 12 Aug. 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), "Under no circumstances shall any person be punished for having carried out medical activities compatible with medical ethics, regardless of the person benefiting therefrom... Persons engaged in medical activities shall neither be compelled to perform acts or to carry out work contrary to, nor be compelled to refrain from acts required by, the rules of medical ethics or other rules designed for the benefit of the wounded and sick, or this Protocol... The professional obligations of persons engaged in medical activities regarding information which they may acquire concerning the wounded and sick under their care shall, subject to national law, be respected... Subject to national law, no person engaged in medical activities may be penalized in any way for refusing or failing to give information concerning the wounded and sick who are, or who have been, under his care." Protocol Additional to the Geneva Conventions of 12 Aug. 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) arts. 10.1-10.4, 8 Jun. 1977, 1125 U.N.T.S. 610. Bahrain acceded to Geneva Conventions I, II, III, and IV of 1949 on 30 Nov. 1971, and acceded to Additional Protocols I and II to the Geneva Conventions on 30 Nov. 1986. For a full list of Bahrain's ratifications of international human rights treaties, see *Rule of Law in Armed Conflicts Project, Bahrain: International Treaties Adherence*, http://www.adh-geneva.ch/RULAC/international_treaties.php?id_state=21 (last visited 20 Apr. 2011).
- 5 The laws of war (non-international armed conflict, or civil war) "shall not apply to situations of internal disturbances and tensions, such as riots, isolated and sporadic acts of violence and other acts of a similar nature, as not being armed conflicts." Geneva Convention Protocol II, *supra* note 4, at art. 1.2.
- 6 "Medical ethics in time of armed conflict is identical to medical ethics in time of peace." WMA Regulations in Times of Armed Conflict art. 8, *adopted* Oct. 1956, (last amended May 2006), <http://www.wma.net/en/30publications/10policies/a20/index.html>.
- 7 When conflicts fall outside the scope of the laws of war (Geneva Conventions), "the duties of doctors continue to

1. the protection of medical personnel, patients, facilities, and transport from attack or interference;
2. unhindered access to medical care and treatment;
3. the humane treatment of all civilians; and
4. nondiscriminatory treatment of the injured and sick.⁹

The principle of medical neutrality embodies international medical ethics and is codified in the Geneva Conventions, which set the standard for international humanitarian law, or the laws of war.¹⁰ Although international humanitarian law may not apply to the current situation in Bahrain as it is not an armed conflict, principles of medical neutrality are reinforced in various human rights treaties, which Bahrain has a duty to uphold. International human rights law applies at all times, unlike international humanitarian law which only applies during armed conflict.¹¹

Major international human rights instruments, such as the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social, and Cultural Rights, (ICESCR), and the Convention Against Torture (CAT), all of which the Kingdom of Bahrain has ratified,¹² provide a solid foundation upon which norms of medical neutrality stand.

The ICCPR, for example, forbids arbitrary arrest and detention¹³ and describes very limited situations in which derogation from this principle is allowed.¹⁴ The arbitrary arrest and detention of medical personnel violates this international treaty.

The ICESCR codifies the right to health and explicitly calls on governments to provide access to medical care in a non-discriminatory manner for those in need.¹⁵ The willful blocking of medical care to those in need violates this treaty.

be governed by international codes of ethics. Thus doctors are equally bound to help all patients regardless of nationality, politics, race, religion, etc., and indeed regardless of their own personal safety, but the protection that they are offered by customary law and international treaties may be limited.” Vivienne Nathanson, *Preventing and limiting suffering should conflict break out: the role of the medical profession*, 839, *International Review of the Red Cross*, 30 Sept. 2000, <http://www.icrc.org/eng/resources/documents/misc/57jq5.htm>. For an analysis of medical neutrality in situations where international humanitarian law applies and those in which it does not, see Johanna Michaels Kreisel, *The Benghazi Six: International Medical Neutrality in Times of War and Peace* (Apr. 2007), http://works.bepress.com/cgi/viewcontent.cgi?article=1000&context=johanna_kreisel&sei-redir=1#search=.

- 8 In a groundbreaking investigation that helped define “medical neutrality,” PHR’s 1989 medical investigation in El Salvador reported on allegations of the assault, arrest, intimidation, and execution of healthcare workers. PHR has published 27 pieces on Medical Neutrality from years 1988–Present, reporting on over 14 countries: Panama (1988); Chile (1988); El Salvador (1990); Kuwait (1991); Somalia (1992, 1997); Thailand (1992, 2010); India (1993); Yugoslavia (1996); Russia (2002); Iraq (2003); United States (2003–2007); Sri Lanka (2009); Saudi Arabia (2010); Libya (2011); and the MENA region (2011). The term “Medical Neutrality” refers to doctors’ ethical duty as set forth by the World Medical Association (WMA) to prevent and limit suffering of patients in their care, and a duty to practice medicine in a neutral way without fear or favor to those in need regardless of nationality, ethnicity, political affiliation, or other social division. WMA Declaration of Geneva, *supra* note 1.
- 9 George J. Annas and H. Jack Geiger, *War and Human Rights*, in *War and Public Health* 37 (Levy and Sidel)
- 10 Medical neutrality is also recognized as customary international humanitarian law (i.e., norms of medical neutrality apply to all parties in armed conflict irrespective of whether the parties have ratified the Geneva Conventions). Jean-Marie Henckaerts & Louise Doswald-Beck, *Customary International Humanitarian Law: Volume 1, Rules*, International Committee of the Red Cross 79–104 (2005).
- 11 See International Committee of the Red Cross, *International Review of the Red Cross: Customary Law* 195–6 (Mar. 2005) (detailing the applicability of international human rights law at all times), <http://www.mineaction.org/downloads/Emine%20Policy%20Pages/Geneva%20Conventions/ICRC%20Study%20on%20Customary%20Law.pdf>.
- 12 The Kingdom of Bahrain ratified the ICCPR in 2006, the ICESCR in 2007, and the CAT in 1998. *Rule of Law in Armed Conflicts Project*, *supra* note 4.
- 13 International Covenant on Civil and Political Rights art. 9, 16 Dec. 1966, 999 U.N.T.S. 171, (hereinafter ICCPR).
- 14 *Id.*, at art. 4.
- 15 International Covenant on Economic, Social and Cultural Rights arts. 2(2), 12(2)(d), 16 Dec. 1966, 993 U.N.T.S. 3 (hereinafter ICESCR).

Additionally, CAT forbids governments from torturing its citizens and from engaging in acts of cruel, inhuman, and degrading treatment.¹⁶ This prohibition on government action relates to all potential victims including individuals in need of medical care. Subjecting patients or those in need of medical services to torture or cruel, inhuman, and degrading treatment stands in clear violation of CAT. The recent attacks on civilians documented in this report violate these human rights treaties and place the Kingdom of Bahrain in breach of its international legal obligations.

In addition to violating well-founded international human rights law, attacks on medical professionals interfere with their ethical obligations to provide unbiased care to those in need. The World Medical Association's International Code of Medical Ethics and Medical Ethics Manual describe the duties of physicians, which include administering emergency care and adhering to principles of non-discrimination.¹⁷ Governments should not infringe upon the duties of medical professionals and should not target or punish those who seek to uphold these internationally recognized principles.

Background

The Kingdom of Bahrain is an archipelago composed of 33 islands. Bahrain Island accounts for 83% of the country's total area, which is roughly four times the size of Washington DC.¹⁸ In 2010, Bahrain's population numbered 1.2 million, including 235,000 non-nationals.¹⁹

The smallest country in the Persian Gulf, Bahrain is ruled by Al Khalifa, a Sunni royal family. King Hamad bin Isa Al Khalifa holds power alongside Prime Minister Sheikh Khalifa bin Salman Al Khalifa, forming a constitutional monarchy.²⁰ The Bahraini National Assembly comprises two houses: a lower Council of Representatives (*Majlis Al-Nuwab*) composed of 40 elected members, and an upper Council of Shura (*Majlis Al-Shura*) composed of 40 royally-appointed representatives.²¹ Bahrain's current constitution came into force on 14 February, 2002..²²

Islam is Bahrain's official religion.²³ According to the country's 2001 census, Bahrain's population is 81.2% Muslim, 9% Christian, and 9.8% Hindu and other religions.²⁴ Shi'a Muslims constitute 65-70%²⁵ of the total population. Ethnic groups living in Bahrain today include Afro-Arabs, Ajam (ethnic Persians both Shi'a and Sunni), Baharna (Shi'a Arabs), Bahtaiani Jews, Banyans (immigrants from India), Huwala (descended from Sunni Arabs), Najdis (non-tribal urban Sunni Arabs) and members of tribal communities that include Utoob tribes, Al Mannai, Dawasir, Al Nuaim, and other Sunni Arab Bedouins.²⁶

16 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 10 Dec. 1984, 1465 U.N.T.S. 85 (acceded 6 Mar. 1998) (hereinafter CAT).

17 WMA International Code of Medical Ethics, *supra* note 3.

18 U.S. Library of Congress, A Country Study: Bahrain, Geography and Population (1993), <http://memory.loc.gov/frd/cs/bhtoc.html>.

19 CIA World Factbook: Bahrain, 6 Apr. 2011, <https://www.cia.gov/library/publications/the-world-factbook/geos/ba.html>.

20 *Id.*

21 Program on Governance in Arab Region, Bahrain National Action Charter 5 (2001), <http://www.pogar.org/publications/other/constitutions/bahrain-charter-01e.pdf>.

22 Voice of America, *Tiny Bahrain Hears Calls for Change*, 15 Feb. 2011, <http://www.voanews.com/english/news/middle-east/Tiny-Bahrain-Hears-Calls-for-Change-116251364.html>.

23 "Bahrain is an independent, sovereign, Islamic Arab State. Its people is part of the Arab Nation; and territory, part of the large Arab home. And neither shall its sovereignty nor any part of its territory be surrendered." Constitution of the State of Bahrain art. 1(a), 26 May 1973, available at <http://confinder.richmond.edu/admin/docs/Bahrain.pdf>.

24 CIA World Factbook: Bahrain, *supra* note 19.

25 Karen Leigh, *Crackdown: Why Bahrain's Military Has Taken Over a Hospital*, Time Magazine, 17 Mar. 2011, <http://www.time.com/time/world/article/0,8599,2059654,00.html>.

26 Union of Islamic World Students Rohama.org, *Bahrain / Introduction to Islamic States*, 5 Mar. 2011, <http://www.rohama.org/en/pages/?cid=4293>.

Bahrain is connected to Saudi Arabia through the King Fahd Causeway, and is known internationally for exports of oil and pearls.²⁷ The country's harbor and historic capital *Qal'at al-Bahrain* is a recognized UNESCO World Heritage Site.²⁸

Two main sects of Islam: Shi'a and Sunni

Sunni and Shi'a comprise the two main sects of Islam.²⁹ Approximately 10-15% of the world's Muslims are Shi'a.³⁰ This sect constitutes a majority in Iran, Iraq, Lebanon, and Bahrain³¹ and a minority in Pakistan and Saudi Arabia, among other countries.³²

The first civil war between two Muslim groups (later to become the Shi'a and the Sunni) took place in 656 AD between Ali, the fourth Caliph and cousin of Prophet Muhammad, and one of Prophet Muhammad's wives in consort with the Prophet's companions.³³ After a dispute over the assassination of the preceding caliphate, Ali moved to Kufa (south of Iraq), forming an Arab contingent in Iraq that would become the first Muslim group to recognize themselves as Shi'a. A second civil war between Ali, the Caliph, and Muawiya, a defector, led to widespread recognition of Shi'a as a religious and political group.³⁴

Religious, social, political, and geographic distinctions between Sunni and Shi'a Muslims³⁵ often have political ramifications. The Islamic revolution in Iran in 1979, for instance, not only emphasized the distinct political identity of Iran as a Shi'a state, but also inflamed tensions between Shi'a Iran and the Arab Sunni countries in the Middle East.³⁶ In recent years, increasingly strident religious and political rhetoric available through a growing number of media outlets has further inflamed sectarian tensions in the region. The 2003 U.S. invasion of Iraq and the subsequent election of a Shi'a-dominated government have concerned many Sunni Arab countries that rising Shi'a power will increase the Iranian influence in the region.³⁷ The recent wave of

27 EconomyWatch, *Bahrain Economic Statistics and Indicators*, <http://www.economywatch.com/economic-statistics/country/Bahrain/> [last visited 14 Apr. 2011].

28 UNESCO, *Qal'at al-Bahrain – Ancient Harbour and Capital of Dilmun*, <http://whc.unesco.org/en/list/1192> [last visited 14 Apr. 2011].

29 There are several key differences between the two sects.

1) Sunni believe that the first four successors (Caliphs) of Mohammed are righteous religious leaders of Islam. In contrast, Shi'a believe that only the 12 Imams who are direct descendants of the fourth Caliph, the cousin of Mohammed, are legitimate heirs to Mohammedan leadership. George Mason University, History News Network, *What is the difference between Sunni and Shais Muslim? And why does it matter?*, 18 Dec. 2006, <http://hnn.us/articles/934.html>.

2) Shi'a believe that Mahdi, the last Imam of the 12, disappeared and will reappear as the Messiah before judgment day to fill the globe with justice. Sunni do not believe in Mahdi. *Sunni and Shi'a*, BBC, 19 Aug. 2009, http://www.bbc.co.uk/religion/religions/islam/subdivisions/sunnishia_1.shtml.

3) Prayer is different: Sunni fold their arms across their bodies during prayer while Shi'a pray with hands at their sides. Sunni pray five times day; Shia' pray the same five prayers only three times. Hussein Abdulwaheed Amin, *Islam for Today, The origins of the Sunni/Shi'a split in Islam*, <http://www.islamfortoday.com/shia.htm> [last visited 8 Apr. 2011].

4) There are differences in doctrine regarding issue like marriage, inheritance, tax and other practical matters. Jon B. Alterman, Center for Strategic and International Studies, *The Real Shi'a-Sunni Conflict*, http://csis.org/files/media/csis/pubs/0307_menc.pdf.

30 Christopher M. Blanchard, CRS Report for Congress: *Islam: Sunnis and Shiites*, 10 Feb. 2005, <http://www.dtic.mil/cgi-bin/GetTRDoc?Location=U2&doc=GetTRDoc.pdf&AD=ADA476265>.

31 Lionel Beehner, Council on Foreign Relations, *Shia Muslims in the Mideast*, 16 Jun. 2006, <http://www.cfr.org/religion-and-politics/shia-muslims-mideast/p10903>.

32 *Id.*

33 Tariq Ali, *The Clashes of Fundamentalisms: Crusades, Jihad and Modernity* 51 (2002).

34 Vali Nasr, *The Shi'a Revival* 36 (2006).

35 *Id.*, at 24.

36 Susan Palk, *Explainer: Tension Between Sunni and Shi'a*, CNN, 23 Feb. 2011, http://articles.cnn.com/2011-02-23/world/bahrain.sunni.shiite.explainer_1_shiite-majority-sunni-arab-leaders-gulf-island-state?_s=PM:WORLD.

37 Robin Wright and Peter Baker, *Iraq, Jordan See Threat To Election From Iran*, *The Washington Post*, 8 Dec. 2004, <http://www.washingtonpost.com/wp-dyn/articles/A43980-2004Dec7.html>; Helen Cooper, *Saudis Say They*

uprisings in the Middle East, particularly in countries like Bahrain that have a significant Shi'a population, have once again spawned fears among Sunni that their power and influence in the Persian Gulf is in decline.³⁸

Government of Bahrain provides comprehensive healthcare

The right to healthcare is enshrined in Bahrain's national constitution.³⁹ Since 1960, Bahrain's government has provided comprehensive healthcare through 20 primary healthcare centers, 3 clinics, and 1 public referral hospital, Salmaniya Hospital.⁴⁰ At the same time, the number of private health providers in Bahrain is increasing.⁴¹ There were 2,227 practicing physicians working in Bahrain as of 2007.⁴²

The 821-bed Salmaniya Hospital holds the entirety of Bahrain's centralized blood supply, which it distributes to private hospitals upon request and under observation of government authorities.⁴³ Functioning as a research center, Salmaniya Hospital is also home to Bahrain's College of Health Science and the Arabian Gulf University.

Bahrain ranks highly on numerous healthcare indices used to measure a country's level of development and health. For example, the under-5 mortality rate measures the number of child deaths under age five per 1,000 live births; Bahrain has an under-5 mortality rate of 12/1,000 live births, compared to a regional average of 78/1,000 live births, and a global average of 65/1,000 live births.⁴⁴ The World Health Organization documents life expectancy for men and women in Bahrain to be 74 and 76 years respectively,⁴⁵ and lists physician density (number of physicians per 10,000 population) in Bahrain at 29.7/10,000⁴⁶ – nearly three times the regional average of 10.1/10,000.⁴⁷

Overview of the Current Conflict

Bahraini protesters calling for political and economic reform began to march on the streets of Bahrain's capital Manama in early 2011. Mostly young and Shi'a,⁴⁸ they planned their first demonstration for 14 February.⁴⁹ The day marked the tenth anniversary of the public referendum

Might Back Sunnis if U.S. Leaves Iraq, New York Times, 13 Dec. 2006, http://www.nytimes.com/2006/12/13/world/middleeast/13saudi.html?_r=1&fta=y.

38 *Gulf Arab States Reject Iran 'interference'*, MSNBC, 3 Apr. 2001, http://www.msnbc.msn.com/id/42403712/ns/world_news-mideast/n_africa/.

39 "Every citizen is entitled to health care. The State cares for public health and the State ensures the means of prevention and treatment by establishing a variety of hospitals and healthcare institutions." Constitution of the State of Bahrain *supra* note 23, at art. 8(a).

40 Kingdom of Bahrain Ministry of Health, Country Case Study: Bahrain Health Care Financing 18 (2008), <http://gis.emro.who.int/HealthSystemObservatory/PDF/Health%20Care%20Financing/Mapping%20Health%20Care%20Financing%20-%20Bahrain.pdf>.

41 *Id.*, at 14.

42 World Health Organization, Global Health Observatory Database: Country Statistics, available at <http://apps.who.int/ghodata/?vid=4100&theme=country>.

43 *Medicins Sans Frontières/Doctors Without Borders, Health Services Paralyzed: Bahrain's Military Crackdown on Patients 1,4* (2011), http://www.doctorswithoutborders.org/publications/reports/2011/Bahrain_BP_Final_06042011_2106_FR-EN%20LOGO.pdf.

44 World Health Organization, *Bahrain: health profile*, 13 Aug. 2010, <http://www.who.int/gho/countries/bhr.pdf>.

45 World Health Organization, *Bahrain*, <http://www.who.int/countries/bhr/en/> (last visited 13 Apr. 2011).

46 Global Health Observatory Database, *supra* note 42.

47 *Bahrain: health profile*, *supra* note 44.

48 Kenneth Katzman, Congressional Research Service, *Bahrain: Reform, Security, and U.S. Policy*, 21 Mar. 2011, <http://www.fas.org/sqp/crs/mideast/95-1013.pdf>.

49 According to the Bahrain Youth Society for Human Rights, "Bahrain Youth Society for Human Rights will monitor human rights violations against demonstrators and foreigners in Bahrain, on February 14, 2011, where a group of young people asking to demonstrate peacefully against human rights violations and calling for freedom of opinion

in favor of the Bahrain National Action Charter,⁵⁰ a series of reforms offered by the King to end years of political unrest in the 1990s.⁵¹ Inspired by recent protests in Egypt and Tunisia, Bahraini demonstrators camped in Pearl Square, the nation's symbolic center.⁵² These unarmed demonstrators peacefully called for a new constitution to create an elected government and grant authority to the parliament as well as greater political freedom and the elimination of discrimination against the Shi'a population.⁵³

Unlike the uprisings in Sunni-majority Arab countries, which focused almost entirely on demands for political reform, the Bahrain uprising had undertones of the long-standing Sunni-Shi'a tension in the country.⁵⁴ Bahrain's Shi'a majority has criticized their mistreatment by the Sunni ruling government.⁵⁵ They resent high rates of unemployment among Shi'a as well as their under-representation in the government and within the security forces.⁵⁶ Shi'a argue that electoral gerrymandering limited them to 18 seats in the Council of Representatives.⁵⁷ The seats were won by the Al-Wefaq Islamic Association, the main Shi'a opposition party.⁵⁸ Of the 22 cabinet members, five are Shi'a.⁵⁹ Furthermore, Shi'a have accused the government of granting citizenship to Sunnis from countries like Pakistan, Yemen, and Syria in order to alter the demographic makeup of the country.⁶⁰

The Bahraini government responded to protests with minimal concessions and violence. In response to the unrest, government security forces attacked the unarmed protesters with rubber bullets,⁶¹ tear gas,⁶² and birdshot.⁶³ In the first days of the protests, several people died and doz-

and expression and other political demands." Bahrain Youth Society for Human Rights, <http://byshr.org/> (last visited 8 Apr. 2011).

50 Bahrain National Action Charter, *supra* note 21.

51 According to the International Crisis Group, in the 1990s, clashes and unrest were common in Bahrain, "particularly during what has been called the 1994-1998 intifada." International Crisis Group, *Popular Protests in North Africa and the Middle East (III): The Bahrain Revolt 2* (2001), <http://www.crisisgroup.org/~media/Files/Middle%20East%20North%20Africa/Iran%20Gulf/Bahrain/105-%20Popular%20Protests%20in%20North%20Africa%20and%20the%20Middle%20East%20-III-The%20Bahrain%20Revolt.ashx>.

52 Michael Slackman, *Bahrain Takes the Stage With a Raucous Protest*, New York Times, 15 Feb. 2011, <http://www.nytimes.com/2011/02/16/world/middleeast/16bahrain.html>. The Pearl Roundabout, found in the center of capital city Manama, is surrounded by the Bahrain Central Market, Marina, Pearl and City Center Roundabout and the Abraj Al Lulu (Pearl Towers) apartment complex, which is named after the Pearl Monument (no longer standing). The Pearl Monument contained six dhow "sails" reaching skyward (representing the Gulf Cooperation Council's six member nations), which joined together to hold a pearl at the top (signaling Bahrain's history of pearl cultivation).

53 *Bahrain: Reform, Security, and U.S. Policy*, *supra* note 48.

54 Yousif Al-Qardawi, prominent Arab Sunni Imam, said: "What is happening in Bahrain is a sectarian uprising. In contrast, the other four uprising are popular." Al-Qardawi: *The Bahrain revolution is sectarian, targeting Sunni*, CNN Arabic, 20 Mar. 2011, <http://arabic.cnn.com/2011/bahrain.2011/3/19/qaradawi.bahrain/index.html>.

55 Ben Pevin, *Demand Equal Rights in Bahrain*, Al Jazeera, 7 Mar. 2011, <http://english.aljazeera.net/indepth/features/2011/02/20112271137430846.html>.

56 Interview with key informant no. 6, in Bahrain [5 Apr. 2011]; Bahrain Center for Human Rights, *Religious Freedom for Shia in Bahrain: "Systematic Oppression and Marginalization,"* Jan. 2006, <http://www.bahrainrights.org/node/1442> (last visited 8 Apr. 2011).

57 *The Bahrain Revolt*, *supra* note 51 at 4.

58 Mohammed Al A'al, *Independents: The Biggest Winners*, Gulf Daily News, 1 Nov. 2010, <http://www.gulf-daily-news.com/NewsDetails.aspx?storyid=290557>.

59 See *Bahraini Cabinet*, Government of the Kingdom of Bahrain, <http://www.bahrainprimeminister.net/showArticle.php?id=425> (last visited 21 Apr. 2011); *Religious Freedom for Shia in Bahrain*, *supra* note 56.

60 See Staci Strobl, *From colonial policing to community policing in Bahrain: The historical persistence of sectarianism*, 35.1 International Journal of Comparative and Applied Criminal Justice, 19-37 (Feb. 2011); *Bahrain protesters want Sunni immigrants deported*, CBS News, 9 Mar. 2011, <http://www.cbsnews.com/stories/2011/03/09/ap/middleeast/main20041122.shtml>; Interview with key informant no. 6, in Bahrain [5 Apr. 2011].

61 *Footage shows crackdown in Bahrain*, Al Jazeera, 13 Mar. 2011, <http://english.aljazeera.net/news/middleeast/2011/03/201131375850321229.html>

62 *Id.*

63 Kristen Chick, *Bahrain's Calculated Campaign of Intimidation*, Christian Science Monitor, 1 Apr. 2011, <http://www.csmonitor.com/World/Middle-East/2011/0401/Bahrain-s-calculated-campaign-of-intimidation>.

ens were wounded.⁶⁴ King Hamad made some attempts to appease protesters: he ordered the release of some political prisoners,⁶⁵ dismissed four ministers,⁶⁶ and forgave 25% of the housing loans.⁶⁷ He also appointed his son, the Crown Prince, to begin negotiations with opposition members⁶⁸ who suspended their participation in the parliament.⁶⁹ These efforts were unsuccessful, largely because of longstanding distrust between the two sides and the King's unwillingness to relinquish his power. The protests also grew more socially divisive as the stalemate continued. In response to Shi'a demands for the king to step aside, Sunnis took to the streets as well to demonstrate their support for the monarchy.⁷⁰

14 March marked a turning point in Bahrain, as King Hamad called in support of some 2,000 troops from Sunni Gulf states.⁷¹ Most were Saudi, and were deployed to the streets of Bahrain.⁷² The following day, the King announced a state of emergency; checkpoints were set up to reduce citizen movement, and excessive force was used to crack down on protesters.⁷³ Calling the Salmaniya public hospital a "stronghold of the opposition protestors," security forces occupied the building, arrested doctors, and prevented the wounded from receiving care.⁷⁴ The government has since suggested that protest leaders were using the hospital as a command and planning center.⁷⁵ Doctors,⁷⁶ nurses, bloggers,⁷⁷ and human rights activists⁷⁸ have been arrested. Although the last major protest was on 16 March,⁷⁹ security forces have continued to wage midnight raids to detain suspected protesters and have injured or detained many others.⁸⁰ According to the Bahrain Center for Human Rights, 31 protesters have been killed, and more than 800 have been detained and disappeared.⁸¹

The situation in the Persian Gulf remains precarious. Because of its sectarian elements, the conflict in Bahrain has inflamed longstanding tensions in the Gulf region between the Shi'a

64 *Clashes rock Bahraini capital*, Al Jazeera, 17 Feb. 2011, <http://www.webcitation.org/5wZPVZfFG>.

65 *Bahrain King Closes Cases on Shia Leaders Accused of Plot*, CNN, 21 Feb. 2011, http://articles.cnn.com/2011-02-21/world/bahrain.protests_1_isa-al-khalifa-bahrain-haq-movement?_s=PM:WORLD.

66 *Royal Order to Dismiss 4 Ministers*, Alwast Newspaper, 25 Feb. 2011, <http://www.alwasatnews.com/3094/news/read/528960/1.html>.

67 *Royal Decree To Forgive 25% of House Loans to Benefit 35,000 Bahraini Families*, Alwast Newspaper, 26 Feb. 2011, <http://www.alwasatnews.com/3095/news/read/529156/1.html>.

68 Ashley Bates, *What's Happening in Bahrain Explained*, Mother Jones, 18 Feb. 2011, <http://motherjones.com/mojo/2011/02/whats-happening-in-bahrain>.

69 *Bahrain Shi'ite opposition suspends parliament rule*, Reuters, 15 Feb. 2011, <http://uk.reuters.com/article/2011/02/15/uk-bahrain-opposition-idUKTRE71E1XQ20110215>.

70 Sara A. Topol, *Thousands Join Bahrain Protests; King to Free Some Political Prisoners*, 22 Feb. 2011, <http://www.aolnews.com/2011/02/22/thousands-join-bahrain-protests-king-to-free-some-political-pri/>.

71 Ethan Bronner and Michal Slackman, *Saudi Troops Enter Bahrain to Help Put Down Unrest*, New York Times, 14 Mar. 2011, http://www.nytimes.com/2011/03/15/world/middleeast/15bahrain.html?_r=1&hp.

72 *Id.*

73 *Bahrain King Declares State of Emergency After Protests*, BBC, 15 Mar. 2011, <http://www.bbc.co.uk/news/world-middle-east-12745608>.

74 *Why Bahrain's Military Has Taken Over a Hospital*, *supra* note 25; *Health Services Paralyzed*, *supra* note 43 at 7.

75 *24 Deaths as a Result of Conflict: The Parliament Accepts Resignation of 11 MP from Alo-Wefaq*, Alsharq al-Awsat Newspaper, 30 Mar. 2011, <http://aawsat.com/details.asp?section=4&article=614913&issueno=11810>.

76 *U.S. condemns arrest of opposition figures in Bahrain*, CNN, 19 Mar. 2011, <http://edition.cnn.com/2011/WORLD/meast/03/18/bahrain.protests/index.html?eref=edition>.

77 Karen Leigh, *Crackdown: Bahrain Goes After The Blogfather*, 30 Mar. 2011, <http://www.time.com/time/world/article/0,8599,2062268,00.html>.

78 *Bahrain detains human rights activist - colleague*, Reuters, 20 Mar. 2011, <http://uk.reuters.com/article/2011/03/20/uk-bahrain-protests-arrest-idUKTRE72JOVH20110320>.

79 Barbara Surk, *Bahrain Wages Unrelenting Crackdown on Shiites*, Associated Press, 1 Apr. 2011, http://news.yahoo.com/s/ap/20110401/ap_on_re_mi_ea/ml_bahrain_crackdown.

80 *Bahrain's Calculated Campaign of Intimidation*, *supra* note 63.

81 Bahrain Center for Human Rights, *Bahrain: Mounting Clampdown on Trade Unions and Professional Societies*, <http://bahrainrights.hopto.org/en/node/3862> (last visited 21 Apr. 2011).

Iran and the Arab Sunni Gulf States.⁸² Bahrain and Saudi Arabia have historically accused Iran of interfering with the internal affairs of Bahrain in order to increase its influence not only in Bahrain, but throughout the Gulf.⁸³

King of Bahrain declares state of emergency

On 15 March 2011, the King of Bahrain declared a three-month state of emergency following acts of extreme violence during protests. Some fear an “undeclared war.”⁸⁴

Under article 36 (b) of the Constitution of 2002, the King of Bahrain is entitled to declare a state of national safety: “A state of national safety or martial law shall be proclaimed only by Decree. In all cases, martial law cannot be proclaimed for a period exceeding three months. This period may not be renewed except with the consent of the majority of the members of the National Assembly present.”⁸⁵

Article 123 of the Constitution further provides that: “It is impermissible to suspend any provision of this Constitution except during the proclamation of martial law, and within the limits prescribed by the law. It is not permissible under any circumstances to suspend the convening of the Consultative Council or the Chamber of Deputies during that period or to infringe upon the immunity of their members, or during the proclamation of a state of national safety.”⁸⁶

According to a statement released by government authorities on 15 March, the head of Bahrain’s armed forces is now authorized “to take necessary steps to restore national security.”⁸⁷ Explicitly handing power to Bahrain’s security forces,⁸⁸ the King’s martial law delegates implementation powers to the military’s commander-in-chief.⁸⁹ The decree authorizes the government to outlaw operation of trade unions, political and nongovernmental organizations, and newspapers; monitor phone conversations and other forms of correspondence; assume control of transportation infrastructure; engage in inspections and surveillance; and make arrests.⁹⁰ The government also imposed curfews until further notice, which have ranged in duration from 12-hour curfews to 6-hour curfews nightly.⁹¹

Bahraini authorities use excessive force

Security forces in Bahrain have deployed excessive use of force including high-velocity weapons and shotguns, while using birdshot, rubber bullets, and tear gas against unarmed civilians. Physicians for Human Rights also documented the use of unidentified chemical agents by security forces against civilians. This troubling finding is based on a first-hand account of one

82 *Iran Criticizes Deployment of Saudi Arabian Soldiers in Bahrain*, National Public Radio, 15 Mar. 2011, <http://www.newsmax.com/Newsfront/ALLTOP-AME-ARCURZ3-ARTOP/2011/03/15/id/389475>.

83 *Gulf States Condemn Iran ‘meddling’ in Bahrain*, AFP, 4 Apr. 2011, http://news.yahoo.com/s/afp/20110404/wl_mideast_afp/gulfunrestpoliticsiran_20110404132437.

84 Barbara Surk and Reem Khalifa, *Bahrain’s King Declares State of Emergency*, The Washington Times, Associated Press, 15 Mar. 2011, <http://www.washingtontimes.com/news/2011/mar/15/official-saudi-soldier-shot-dead-bahrain/>.

85 Constitution of the State of Bahrain *supra* note 23, at art. 36(b).

86 Constitution of the State of Bahrain *supra* note 23, at art. 123.

87 Bahrain’s King Declares State of Emergency, *supra* note 84.

88 Lin Noueihed and Frederik Richter, *Bahrain declares martial law, violence flares*, 15 Mar. 2011, <http://www.reuters.com/article/2011/03/15/us-bahrain-protests-idUSTRE72E26N20110315>.

89 Human Rights Watch, *Bahrain: Martial Law Does Not Trump Basic Rights*, 16 Mar. 2011, <http://www.hrw.org/en/news/2011/03/16/bahrain-martial-law-does-not-trump-basic-rights>.

90 *Id.*

91 *Bahrain Lessens Nightly Curfew in Capital*, Yahoo News, 23 Mar. 2011, http://news.yahoo.com/s/usnw/20110323/pl_usnw/DC70675.

protester, who exhibited neurological symptoms, as well as corroborating testimonies of three separate Bahraini healthcare professionals who had witnessed or treated dozens of patients with similar neurological symptoms.

The United Nations has established best practices for the use of force, which must always be based on the principles of necessity,⁹² proportionality (minimum level of force),⁹³ legality, and accountability.⁹⁴ All actions must aim to protect and preserve human life and dignity.⁹⁵ Moreover, before security forces resort to force, they must attempt to use non-violent means, such as presence, dialogue, information, and de-escalation, when dealing with peaceful assemblies. When the threat level is more serious, such as unlawful but non-violent assemblies, a show of force is acceptable using only less-lethal means and weapons. Only when a situation has escalated to present an imminent deadly threat should law enforcement officials apply proportional and reasonable use of lethal force. Where the lawful use of force or firearms is unavoidable, law enforcement officials must exercise restraint, minimize damage and injury, respect and preserve human life, ensure assistance and medical aid are rendered to any injured or affected persons, ensure relatives of the injured are notified, and ensure the arbitrary or abusive use of force is punished as a criminal offense. Exceptional circumstances, including political instability or public emergency, cannot be invoked to justify any departure from these principles.⁹⁶

In most instances, based on eye witness accounts and extensive interviews, Physicians for Human Rights concludes that security forces throughout this crisis in Bahrain have faced no imminent threat to their lives or the lives of third persons. Moreover, PHR investigators received no evidence to suggest that pro-democracy protesters were armed or carried weapons during the demonstrations.

Security forces use high velocity weapons against civilians

Bahraini security forces⁹⁷ have used high-velocity weapons, shotguns, and other firearms

- 92 Law enforcement officials, in carrying out their duty, shall, as far as possible, apply non-violent means before resorting to the use of force and firearms. They may use force and firearms only if other means remain ineffective or without any promise of achieving the intended result. Basic Principles on the Use of Force and Firearms by Law Enforcement Officials art. 4, U.N. Doc. A/CONF.144/28/Rev.1 (18 Dec.1990) and Code of Conduct for Law Enforcement Officials art. 3, U.N. Doc. A/34/46 (17 Dec. 1979).
- 93 Whenever the lawful use of force and firearms is unavoidable, law enforcement officials shall (1) exercise restraint in such use and act in proportion to the seriousness of the offense and legitimate objective to be achieved and (2) minimize damage and injury and respect and preserve human life. Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, *supra* note 92, at art. 5 and Code of Conduct for Law Enforcement Officials, *supra* note 92 at art. 3.
- 94 Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, *supra* note 92, at arts. 7, 22, and Code of Conduct for Law Enforcement Officials, *supra* note 92 at art. 7.
- 95 Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, *supra* note 92, at art. 3 and Code of Conduct for Law Enforcement Officials, *supra* note 92 at art. 2.
- 96 Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, *supra* note 92, at art. 8.
- 97 The Ministry of Defense oversees the **Bahrain Defense Force**, composed of 12,000 soldiers including army, navy, air force, and the Royal Bahrain Medical Services. Of those, a person would likely have a run-in with the army. They wear brown and tan camouflage fatigues and carry M16 assault rifles, M4 carbine assault rifles, Barrett M82 anti material rifles, or Heckler & Koch MP5s. The **Public Security Forces** and the **Coast Guard** are distinct from the Bahrain Defense Force, reporting to the Ministry of the Interior. City dwellers are most likely to encounter Public Security Forces. The public security forces wear black, dark blue, and blue-grey on pale blue camouflage uniforms and carry riot control shotguns. The **National Guard** is made up of 1,200 soldiers. The National Guard contains Pakistani soldiers and other foreign mercenaries who often do not speak Arabic. They wear khaki fatigues, bulletproof vests, and flak helmets. The **riot police** also consist largely of foreign mercenaries. They wear dark blue military fatigues with flak helmets and olive green pouches, black boots, and bulletproof vests. The **Bahraini Special Forces**, also foreign mercenaries, wear a tiger stripe pattern with black, dark brown, and light brown on tan. The notoriously brutal **Bahraini Secret Police**, or "**Mukhabarat**," was once overseen by the British but are now being "Bahrainized." The **Special Weapons and Tactics police unit** wears black fatigues, black boots, black flak helmets, and bulletproof vests. See US Department of State, Bureau of Near Eastern Affairs, *Background Note: Bahrain*, 20 Jan. 2011, <http://www.state.gov/r/pa/ei/bgn/26414.htm>; Paul Woodward, *Britain's role in Bahrain's torture*

against the Bahraini people. The UN acknowledges use of firearms as a form of law enforcement to be an extreme measure, and advocates excluding their use.⁹⁸

Physicians for Human Rights spoke with one Shi'a youth who witnessed the killing of Abdul-Redha Mohammed Buhmaid, a friend and fellow protester shot in the head on 21 February 2011. He felt paralyzed with fear when he saw Abdul-Redha on the ground bleeding profusely from the head, brain matter on the ground next to him. (Abdul-Redha was most probably killed by a high-velocity weapon due to the massive damage to the skull.) Raising their arms, he and several other protesters then walked toward the security forces and said, "Why do you shoot us? We had our hands up. We are peaceful. What do you want from us?" To which one Bahraini military officer replied, "I want you to leave. If you do not turn back, I have orders to shoot."

A fourth-year nursing student was on duty 16 March 2011 at Salmaniya Medical Complex where she witnessed two patients with gunshot wounds to the head, four other patients on ventilators, and two patients with eye injuries due to shotgun blasts.⁹⁹

Security forces routinely fire birdshot at close range against civilians¹⁰⁰

PHR medical investigators examined ten patients who exhibited wounds consistent with birdshot injury. Physicians for Human Rights also received corroborated testimony from 15 eyewitnesses who reported that security forces in Bahrain fired shotguns both indiscriminately into unarmed crowds as well as targeted individual protesters at close range.

Birdshot pellets tend not to exit the body and can cause serious physical impairment (including permanent loss of sight) and can be fatal.¹⁰¹ When a person is shot at very close range, soot will enter the wound along with the pellets and blacken the edges. The muscle around the wound will also turn bright red due to the presence of carbon monoxide. The farther the gun is from its target, the more the wound will show scalloping around the edge.¹⁰² Scalloping begins at about four feet from the target.¹⁰³ Pellets begin to disperse approximately five to ten feet from the gun barrel.¹⁰⁴

PHR investigators interviewed a young Bahraini man who was attending a wedding ceremony on 13 March 2011. Riot police¹⁰⁵ attacked the wedding guests by firing tear gas canisters inside the communal hall. As the crowd fled, more police arrived from the other side of the building and began

*regime, 17 Feb. 2011, <http://warincontext.org/2011/02/17/britains-role-in-bahrains-torture-regime/>; Bahrain hiring Pakistanis to suppress uprising, The Shia Post, 31 Mar. 2011, <http://www.shiapost.com/news/20.php>; Bahrain Youth Society for Human Rights, *The Riot Police Continuously Attack Civilians*, 27 Jan. 2010, <http://byshr.org/?p=177>.*

98 "The use of firearms is considered an extreme measure. Every effort should be made to exclude the use of firearms". Code of Conduct for Law Enforcement Officials, *supra* note 92 at art. 3(a).

99 Interview with key informant no. 25, in Bahrain (6 Apr. 2011).

100 Birdshot refers to a large quantity of shotgun pellets often used to hunt birds and small game. The small pellets (1.3–4.6mm in diameter) are made of metal such as lead, tungsten, or steel. One shotgun shell can contain hundreds of birdshot pellets, which disperse after the shotgun is fired, at an average velocity of 300 meters per second. Stefan Pollak and Pekka J. Saukko, *Gunshot Wounds*, Wiley Encyclopedia of Forensic Science 1 (2009). See also, European Parliament Directorate General for Research, Crowd Control Technologies: An appraisal of technologies for political control xxiii (2000), http://www.europarl.europa.eu/stoa/publications/studies/19991401a_en.pdf.

101 See e.g., Vincent J. M. Di Maio, *Gunshot wounds: practical aspects of firearms, ballistics, and forensic techniques* 215 (1999); *Penetrating Trauma: Close-Range Firearm Wounds*, *Forensic Pathology of Trauma* 295-356 (2007); *Gunshot Wounds*, *supra* note 100; Joseph Prahlow, *Gunshot Wound Deaths*, *Forensic Pathology for Police, Death Investigators, Attorneys, and Forensic Scientists* (2010); Gary J. Ordog, MD, David Albin, MD, Jonathan Wasserberger, MD, et. al., *Shotgun 'Birdshot' Wounds to the Neck*, 28.4 *Journal of Trauma-Injury Infection & Critical Care*, 491-497 (1988).

102 Stefan Pollak and Pekka J. Saukko, *Gunshot Wounds*, Wiley Encyclopedia of Forensic Science 15 (2009).

103 *Gunshot Wound Deaths*, *supra* note 101 at 357.

104 *Shotgun Pattern Testing*, FirearmsID.com, http://firearmsid.com/A_distshotpatt.htm (last visited 15 Apr. 2011).

105 Bahraini Shi'a are under-represented in the country's police force, which is dominated – especially at the leadership level – by recruits from Yemen, Pakistan, Syria, and Jordan. Numerous international commentators believe that bringing foreign-born Sunnis into the police forces and granting them citizenship is one way in which

firing birdshot – from only several meters away – into the fleeing crowd. The riot police withdrew after one hour, at about 9:00 p.m. The youth whom Physicians for Human Rights interviewed and examined was injured by birdshot in the right upper arm (biceps brachii) and left lower extremity (gastrocnemius). He reported that he was too afraid to visit Salmaniya Hospital or the local medical center because he had heard that government authorities were disappearing patients. He said that with an unsterilized knife, he dug out approximately 70 metal pellets from his arm and leg.¹⁰⁶

A 19-year-old Bahraini Shi'a from Karzakann was in the frontline at Pearl Roundabout, facing the police from a distance of 20 meters. The riot police started to deploy tear gas, rubber bullets, and live ammunition (shotgun). The crowd dispersed. Those who failed to escape were physically assaulted by the police with batons and the butts of guns. He sustained shotgun injury with pellet wounds to the left medial arm and left posterior leg. PHR investigators reviewed multiple photographs taken near the time of injury and also interviewed and examined the victim on 4 April 2011.¹⁰⁷

After helping a wounded teenager named Ahmed on 15 March, a fellow protester named Mohamed was also gravely injured in the right back and right posterior flank by shotgun. Riot police surrounded the predominantly Shi'a village of Nuwaidrat, outside the capital, Manama, and began shooting at unarmed civilians who had assembled in the center to stand guard against such an attack. Police opened fire at 4 p.m., using birdshot, rubber bullets, tear gas, and sound bombs – all of which, when used at close range and aimed above the chest can cause serious injury. Fewer than 10 meters away, a police fired his double-barrel shotgun at Mohamed, and he immediately collapsed. When the police left the area, his brother rushed him to Kano Medical Center where his wounds were cleaned. Mohamed was then transferred to Salmaniya Hospital for imaging and other diagnostic testing. Mohamed was discharged from the hospital after two days in ward 42. Physicians for Human Rights examined Mohamed on 3 April 2011, and his wounds, as well as another eyewitness account of the same event, corroborate his testimony.¹⁰⁸

While participating in a peaceful candlelight vigil on 24 March with some 100 other celebrants outside the mosque in Jufar, 22-year-old Hassan saw seven armed police officers in blue uniforms get out of their vehicles in front of them. Without warning they fired on the crowd. As he was fleeing, he was shot and sustained soft tissue pellet injury to the left posterior arm, shoulder, and back; he lost vision in his right eye due to pellet injury.

When several police caught up to him, they kicked him violently in the stomach causing Hassan to curl up in severe pain. They then pummeled him on the back and head with the butts of their rifles. He reported that the men in blue uniforms spoke Arabic with non-Bahraini accents. When Physicians for Human Rights investigators examined Hassan on 3 April 2011, sequelae from gun shot wounds were visible on his face and back, which corroborate that he was shot from multiple angles while running away. PHR investigators also reviewed multiple photographs of the victim taken near the time of injury.

Bahraini armed forces use rubber bullets that cause permanent injury

Riot police in Bahrain routinely employ rubber bullets as a means for crowd control. PHR investigators examined hundreds of rubber projectiles littering the streets of Manama and surrounding Shi'a villages. These bullets ranged in size up to 40mm (1.6 inches) in diameter. The density of the projectiles also varied, some were extremely hard and inflexible. PHR investigators also examined aluminum canisters that hold six of these large solid rubber bullets. When fired, multiple projectiles explode from the canister and indiscriminately hit human targets, including

the Sunni-led government is working to increase the number of Sunni in Bahrain. See *From colonial policing to community policing in Bahrain*, *supra* note 60.

106 Interview with key informant no. 20, in Bahrain [4 Apr. 2011].

107 Interview with key informant no. 47, in Bahrain [4 Apr. 2011].

108 Interview with key informant no. 12, in Bahrain [3 Apr. 2011].

vulnerable women, children, and elderly bystanders. These hardened rubber bullets may cause serious bodily injury, including loss of vision.

Twenty-five year old Muhamed participated in a major demonstration in the predominantly Shi'a neighborhood, Sitra, just outside the capital of Bahrain on 14 February 2011. Several thousand men, women, and children took to the streets in an orderly protest calling for government reform. Holding a large red and white Bahraini flag, Muhamed was front and center when riot police arrived. Thirty minutes after he and 50 others in the frontline sat down in a planned, peaceful protest, and 30 minutes after this display of civil disobedience, hundreds of fully armed and shielded riot police in blue uniforms arrived on the scene and marched toward the crowd of unarmed civilians. Unprovoked and without warning, the police shot tear gas and sound bombs (flash bang grenades) into the crowd causing instant panic. They then aimed their weapons directly at Muhamed and other protesters in the frontline. Muhamed collapsed to the ground with blood streaming from the right side of his head. Police had shot him with a rubber bullet that fractured his right upper jaw and eye socket (right maxilla and medial wall of the right orbit). Muhamed's entire eyeball was dislodged and dangled on the side of his face.

A man at his side wrapped the Bahraini flag Muhamed was carrying around his head to stem the bleeding and protect his exposed eyeball. He and another man lifted Muhamed and carried him to the closest home. An ambulance arrived and brought him to the emergency room at Salmaniya Hospital, where Dr. Ghassan Dhaif – whom police later detained – treated him. Later that day ophthalmic surgeon Dr. Saeed al-Samahiji sutured the remnants of ocular muscles and removed (enucleated) the right eye. When PHR investigators spoke with him and his family on 4 April, Muhamed said that although doctors told him to return for urgent follow-up care, he is too afraid to return to Salmaniya Hospital because he fears being abducted and beaten by security forces at the hospital.¹⁰⁹

Bahraini security forces use tear gas against protesters and in enclosed spaces, violating international law

Security forces in Bahrain have used various types of riot control agents to quell recent protests.¹¹⁰ Though international law prohibits use of riot control agents in closed areas,¹¹¹ PHR investigators have documented recent cases where Bahraini forces have released tear gas and other control agents in enclosed spaces, including homes.¹¹²

For example, riot police fired tear gas and rubber bullets at anti-government demonstrators blocking the highway into the capital's financial district and surrounded the protesters' main camp in the capital on 13 March 2011. Health professionals reported up to 700 persons were injured there in clashes between riot police and demonstrators. Many protestors were taken to

¹⁰⁹ Interview with key informant no. 15, in Sitrah, Bahrain [3 Apr. 2011].

¹¹⁰ Riot control agents, also known as irritants or lachrymators, are defined as chemical compounds that make a person unable to function temporarily by irritating the lungs, throat, eyes, mouth, and skin. Tear gas, a term used to denote any chemical compound that induces incapacitation by irritating the respiratory system, mucous membranes, skin or eyes is among the most commonly-used types of riot control agents. Indiana State Department of Health, *Facts about Riot Control Agents*, <http://www.in.gov/isdh/24339.htm> (last visited 15 Apr. 2011). Numerous organizations have documented Bahraini security forces' use of riot control methods including tear gas and rubber bullets. See e.g., *Bahrain Forces Quash Protests*, Reuters, 25 Mar. 2011, <http://www.independent.co.uk/news/world/middle-east/bahrain-forces-quash-protests-2253207.html>; Christopher Hope, *Coalition criticised for allowing sales of arms used to suppress democracy protests in Libya and Bahrain*, The Telegraph, 5 Apr. 2011, <http://www.telegraph.co.uk/news/worldnews/africaandindianocean/libya/8427138/Coalition-criticised-for-allowing-sales-of-arms-used-to-suppress-democracy-protests-in-Libya-and-Bahrain.html>; *Bahrain: Investigate deaths linked to crackdown*, The Muslim News, 29 Mar. 2011, <http://muslimnews.co.uk/news/news.php?article=19930>; *Bahrain: Martial Law Does Not Trump Basic Rights*, *supra* note 89.

¹¹¹ As party to the Chemical Weapons Convention, Bahrain "undertakes not to use riot control agents as a method of warfare" Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and Their Destruction ("Chemical Weapons Convention") art. 5, 13 Jan. 1993, available at <http://www.opcw.org/chemical-weapons-convention/> (ratified 28 Apr. 1997). See also, Hu et al. *Tear Gas – Harassing Agent or Toxic Chemical Weapon?*, 262 JAMA (4 Aug. 1989).

¹¹² *The Riot Police Continuously Attack Civilians*, *supra* note 97.

Salmaniya Medical Complex for treatments. Others opted to go to their neighborhood medical centers and yet others without life-threatening trauma, opted not to seek any medical care because of fear of arrest and reprisal.

One 20-year-old resident of Karzakkan offered corroborated testimony that on 13 March 2011 tens of riot police in blue uniforms and white helmets attacked unarmed civilians during a wedding ceremony taking place in his town's Ma'tam (a Shi'a congregation hall). They launched tear gas inside the enclosed building and fired 40mm hard rubber bullets at the wedding party causing guests to flee outside where they met more armed police. Elderly men and women collapsed to the ground. Some of the younger men removed their shirts – a symbolic act of nonviolent resistance in Bahrain. The groom's father tried to speak with the riot police to say that this gathering was just a wedding. The police yelled in broken Arabic to move back, which made clear to the father that they were not from Bahrain.

The PHR team also met with a dozen other residents of Karzakkan, a Shi'a village, which experienced nightly harassment by security forces. Residents in over 300 homes in South Karzakkan describe nightly raids that last sometimes until 4:00 a.m. They described how their homes are sprayed with rubber bullets, sound bombs, and CS gas.¹¹³ Many elderly residents are suffering from exposure to CS gas, including tearing, burning eyes, throat irritation, chest tightness, and shortness of breath. Similarly, many other Shi'a villages continue to experience nightly raids, including the village of Sitra, some six kilometers south of Manama. PHR investigator interviewed residents, examined deployed canisters of CS gas, two types of rubber bullets, shotgun shells as well as fragments of flash bang (or stun) grenades on 4 April 2011.

Security forces in Bahrain used unidentified chemical agents against civilians

Physicians for Human Rights investigated reports that security forces in Bahrain used unidentified chemical agents against its population. A primary care physician reported to PHR investigators that on 13 March 2011 the public medical center where she works treated 26 patients for birdshot wounds and gas inhalation. She said these patients presented with disorientation, shortness of breath, and aphasia; some exhibited spastic convulsions (non-epileptic seizures). Although patients' pupils were reactive, atropine¹¹⁴ was administered, along with steroids and oxygen, which improved these symptoms.¹¹⁵

Also on 13 March, a licensed nurse volunteered to provide nursing care to wounded protestors at Salmaniya Hospital. While in the emergency department at 10:30 AM, she reported that she saw physicians treat five patients for gas inhalation within 30 minutes of one another. These patients exhibited acute respiratory distress with shortness of breath, sensations of choking,

113 CS gas (chlorobenzylidene malononitrile) is a common tear gas agent and a significant explosion hazard. When combined with other agents, it can be easily dispersed. Symptoms of CS gas exposure include tearing, erythema, headache, skin vesication, blepharospasm, burning eyes, throat irritation, chest tightness, and coughing. Heavy exposure to CS gas can result in acute lung damage, causing death. See CAMEO Chemicals, Office of Response and Restoration, National Oceanic and Atmospheric Administration, *Chemical Datasheet: O-Chlorobenzylidene Malononitrile*, <http://cameochemicals.noaa.gov/chemical/19984>; Karagama YG, Newbegin CJR, and Newton JR, *Short-term and long-term physical effects of exposure to CS spray*, 96 J R Soc Med, 172-174 (2003). The letters CS stand for the initials of B.B. Corson and R.W. Stoughton, two American chemists who discovered the properties of the chemical in 1928. Oxford English Dictionary (2nd Ed. 1989, online version Mar. 2011). Insufficient toxicological data exist to disprove serious long-term reproductive, pulmonary, and carcinogenic effects of tear gas exposure. *Tear Gas – Harassing Agent or Toxic Chemical Weapon?*, *supra* note 111.

114 Atropine is a resuscitative drug which is commonly used in the treatment of bradycardia (an extremely low heart rate), asystole and pulseless electrical activity (PEA) in cardiac arrest. Although not an actual antidote for organophosphate poisoning, because Atropine blocks action of acetylcholine at muscarinic receptors, it serves as a treatment for poisoning by organophosphate insecticides and nerve gases, such as Tabun [GA], Sarin [GB], Soman [GD] and VX (a nerve agent whose scientific name is O-ethyl S-[2-(diisopropylamino)ethyl] methylphosphonothioate).

115 Interview with key informant no. 22, in Manama, Bahrain (4 Apr. 2011).

burning, disorientation, and hysteria. She also observed many patients with first-degree facial burns, especially below the eyes in the zygomatic areas where she applied diluted liquid antacid (Amoxel) and prescribed Volatern¹¹⁶ for pain management. Many patients also had conjunctivitis due to exposure to gas, and she irrigated their eyes with normal saline. In addition, she observed two patients with convulsions, one of whom was in the postictal stage, non-responsive and frothing at the mouth. Both these patients also received atropine.¹¹⁷ The nurse overheard two emergency room physicians discuss whether these patients had inhaled a nerve gas¹¹⁸ or argon gas.¹¹⁹

The use of chemical weapons, including nerve gas, is a serious violation of international law, and these reports must be thoroughly investigated.¹²⁰

Bahraini security forces systematically target, abduct, and detain physicians and other medical staff

Physicians for Human Rights investigated how the Government of Bahrain has systematically targeted physicians and other medical personnel since its crackdown against pro-democracy demonstrators began in February 2011. PHR investigators received corroborated testimonies of armed security forces abducting physicians from their homes in the middle of the night and detaining them incommunicado at unknown interrogation centers. In addition to investigating widespread abductions, PHR gathered evidence concerning a recent incident that involved the beating, abuse, and threatening of six Shi'a physicians while on-call at Salmaniya Hospital (see next section). These incidents are not isolated, but rather represent a systematic and coordinated attack against medical personnel, apparently because these health professionals treated hundreds of injured protesters who had participated in anti-government demonstrations.

116 Generic, *Diclofenac*, belongs to a class of drugs called non-steroidal anti-inflammatory drugs that are used for the treatment of mild to moderate pain, fever, and inflammation. See MedicineNet.com, *Nonsteroidal Antiinflammatory Drugs (NSAIDs)*, http://www.medicinenet.com/nonsteroidal_antiinflammatory_drugs/article.htm and MedicineNet.com, *Fever*, http://www.medicinenet.com/aches_pain_fever/article.htm (last visited 20 Apr. 2011).

117 Interview with key informant no. 25, in Manama, Bahrain (5 Apr. 2011).

118 Of all chemical agents, nerve agents (organophosphates) are the most toxic. Types of nerve gases include Tabun, Soman, Sarin, and VX. Nerve gases are liquids until dispersed from a shell or bomb in the form of vapor or liquid droplets. Symptoms of exposure to nerve gas include mucus in the lungs, vomiting, airway constriction, intense sweating, defecation, and eventual paralysis leading to respiratory failure. One milligram of nerve gas can kill a person within a few minutes of exposure. Harry Salem & Sidney A Katz, Ed., *Inhalation Toxicology* 530 (2006). *Nerve gas*, Encyclopedia Britannica (2011), <http://www.britannica.com/EBchecked/topic/409608/nerve-gas>.

119 Argon is a naturally occurring noble gas. When compressed, argon is a high-pressure, odorless and colorless gas that causes rapid suffocation after inhalation by displacing oxygen. Effects of argon gas inhalation are symptomatic of the oxygen deficiency that argon gas induces. These symptoms include headaches, nausea, dizziness, ringing in the ears, drowsiness, unconsciousness, vomiting, sensory depression, and potentially death. Symptoms of exposure to low oxygen levels include increased pulse and breathing rate and loss of muscle coordination at 12-16% oxygen; tiredness, emotional upset, and difficulty breathing at 10-14% oxygen; nausea, vomiting, and unconsciousness at 6-10% oxygen; convulsions, respiratory failure, and death below 6% oxygen. Air Liquide, *Material Safety Data Sheet* 2 (2004).

120 As party to the Chemical Weapons Convention, Bahrain "undertakes never under any circumstances: To develop, produce, otherwise acquire, stockpile or retain chemical weapons, or transfer, directly or indirectly, chemical weapons to anyone; To use chemical weapons; To engage in any military preparations to use chemical weapons; To assist, encourage or induce, in any way, anyone to engage in any activity prohibited to a State Party under this Convention." Chemical Weapons Convention, *supra* note 111, at art. 1(a-d).

Armed security forces inside Salmaniya Hospital target and beat physicians based on their Shi'a identity and professional status

As noted previously, Physicians for Human Rights investigated the 3 April 2011 beating of six Shi'a physicians by armed security forces. PHR investigators received three corroborating testimonies of this grave incident.

Four on-call physicians were resting in the men's staff lounge at Salmaniya Hospital on the night of 2 April. At around 1:00 a.m. the next morning, four police officers entered the room, three wearing blue uniforms (including one special forces officer) and one wearing white. They told the one Indian doctor there to leave and interrogated the remaining three physicians – all Shi'a Muslim.

Pictures of Bahrain's King Hamad and Crown Prince Salman hung on the wall of the lounge, but the third photograph of Prime Minister Khalifa was missing. The armed police accused the physicians of removing the photo. The physicians explained that the photo had not been on the wall earlier that day and denied removing it. Then the four armed security forces began bludgeoning the three doctors, cursing at them, and accusing them of being "traitor doctors." They searched the doctors' mobile phones, wrote down their names and government-issued identification numbers.

After trashing the room, the security forces left and told the three doctors to clean up the room. They said that they would come back to make sure the Prime Minister's photo was back on the wall. The doctors cleaned the room, but had no idea where to find another picture at 1:30 in the morning. Ten minutes later when the police returned along with two BDF soldiers, a Sunni physician was passing in the hallway. The armed men told the Sunni doctor to stand beside them. The armed men called the Sunni physician a noble doctor unlike the three Shi'a physicians. The police then gave one of the Shi'a doctors a stack of photos of Prime Minister Khalifa and forced him to put them on every door.

Three more Shi'a physicians walked by at this time, and the security forces grabbed them and put them together with their colleagues. For the next hour the five security forces, under command of the special forces officer, verbally and physically abused the six Shi'a physicians in the staff room of Salmaniya Hospital. If any of the Shi'a doctors even looked at the Sunni physicians, the security forces threatened they would kill them and throw them in jail for attempted murder. They also threatened the physicians by saying they would come to their homes and attack them and their families if they missed one day of work – even for the death of a father – they would come to his home and attack him and his family. The Bahraini Defense Forces (BDF) and police left the physicians at around 3:00 a.m.

One of the physicians soon thereafter suffered a severe panic attack, shivered uncontrollably, and did not speak for two hours. The physicians could hear the security forces pounding on other doors, searching rooms, and interrogating other hospital staff. At 5:30 a.m., the physicians left the staff lounge and informed the hospital administration of these incidents. They remain afraid for their lives and families' security.

Bahraini Defense Forces and Salmaniya Hospital administrators systematically abduct and detain physicians

Bahraini Defense Forces seized control of Salmaniya Hospital on 15 March 2011 – the same day that the government imposed a state of emergency across the country. Since the militarization of Salmaniya Hospital on that day, BDF forces and senior hospital staff, including Abdulhay al-Awadi, Ameen al-Saati, and Noora al-Kubaisi, have systematically targeted, abducted, detained, and interrogated at least 35 physicians and hospital staff – many of whom represent the country's leading medical specialists (see **Appendix A** for a list of known missing medical personnel). In addition, PHR has received continued reports that government authorities have ceased payment of salaries to these and other medical personnel. The following narratives demonstrate a systematic approach that government forces have employed to target physicians.

Orthopedic surgeon abducted while operating in Salmaniya Hospital

Armed security forces abducted Dr. Ali El-Ekri from the operating room while he was performing surgery at Salmaniya Medical Center on 17 March 2011 at approximately 2:30 p.m. Family members called and visited many police departments, including Adliya detention facility, to establish his whereabouts, but to no avail. Dr. al-Ekri's family finally received a 30-second phone call from him stating only that he was okay. Dr. al-Ekri reportedly called for the resignation of the Minister of Health after the Ministry of Health did not allow Bahraini physicians to send ambulances to a demonstration to treat the injured.

Security forces abduct oral maxillofacial surgeon and terrorize wife and children

Bahraini security forces abducted Dr. Ghassan Dhaif in front of his wife and children while at the airport; they were all trying to leave the country on 19 March 2011. Security forces also took his wife and three children to the investigation office where they left the children there alone. They then took the wife back to the family's home and ransacked it, broke furnishings, and stole money and other possessions.

Bahraini forces then took Dr. Dhaif's wife, also a physician, back to the investigation office where they interrogated her and treated her inhumanely. Yelling obscenities, security forces threatened to torture her by putting a lit cigarette into her eye. After the four family members were released that day, the three children told her that the security forces had tortured a young woman in front of them.

Dr. Ghassan Dhaif reportedly did not participate in any demonstrations, but did treat injured patients following the government forces' attack on Pearl Roundabout on 16 March. Neither the family nor their lawyer has received any word from him since his abduction.

Riot police abduct physician at 4:00 a.m. and blindfold him in front of family

Bahraini riot police and masked men in civilian clothes arrived at the home of Dr. Abdul Khaliq al-Oraibi in approximately 20 vehicles on 1 April 2011 at 4:00 a.m. They stormed both entrance doors and found Dr. al-Oraibi asleep with his wife and three children. The security forces handcuffed him and dragged him out of bed. Without allowing him to change clothes, put on shoes, or say goodbye to his family, the riot police blindfolded and abducted the physician. They did not say where or why they were taking him. The family called four police offices (Sitra, Nabeeh Saleh, Central Governorate, and Central Investigation and Criminal Directorate) all of which denied having any information about Dr. Abdul Khaliq. It is believed that government security forces abducted Dr. al-Oraibi because he treated many wounded protesters following the uprisings that began on 14 February.

Ministry of Health hospital administrators disappear young female pediatrician

While working in the Pediatric Department at Salmaniya Medical Complex on 4 April 2011, Dr. al-Sayaad received a call from the pediatric department secretary requiring her to report to the hospital administration office at Salmaniya Medical Complex. She immediately reported to the Ministry of Health hospital administration office and has not been seen or heard from since. She is believed to be held at Adliya interrogation center.

Infamous Adliya interrogation center may hold missing female endocrinologist

Dr. al-Aali received a call at home on 4 April 2011 at 8:00 p.m. and was told to report to Adliya Criminal Investigation Directorate (Ministry of Interior) for questioning. Family members drove her to Adliya and dropped her off at 9:30 p.m. Police kept her there overnight, and relatives phoned four times the next day to ask about her well-being and whereabouts. On the third call, an officer named Nabil told the family Dr. al-Aali was not there, but refused to say where she was. Dr. al-Aali subsequently made a brief call home stating she was fine and requested her family to provide her with clothing and personal items. Dr. al-Aali is hypertensive and asthmatic. She has not been heard from since.

The systematic targeting of healthcare providers in Bahrain has instilled such fear among the population that medical professionals no longer wear their emblematic white coats in public. A senior United Nations human rights official rightly commented that “the targeting of medical workers is deeply distressing.”¹²¹ The World Medical Association (WMA) subsequently called on Bahrain authorities to fully and independently investigate these attacks against health professionals and to bring those responsible to justice. “Physicians have an ethical duty to care for their patients, and governments have a duty to ensure that appropriate conditions exist to allow them to do so.”¹²²

Security forces torture patients in hospital and detainees in custody

During its emergency investigation of violations of medical neutrality in Bahrain, Physicians for Human Rights uncovered egregious abuses against patients and detainees including torture, beating, verbal abuse, humiliation, and threats of rape and killing. PHR also investigated suspicious deaths in custody.

Inhumane treatment and torture¹²³ of patients at Salmaniya Hospital

Security forces torture patients on 6th floor to extract bogus confessions

Ali bears the tell-tale wounds of a Bahraini protester: dozens of dark gray spots about half the size of a pencil eraser scattered about the body. While taking part in the 16 March protest at Pearl Roundabout, Ali was shot in the face and head at close range with birdshot, resulting in serious wounds. Without warning Bahraini security forces fired shotguns into the crowd of thousands of unarmed demonstrators. Ali fell unconscious and woke up later that day in Salmaniya Hospital where he was held for five days. On his second day in the hospital, three armed security forces in black combat gear entered ward 23 on the second floor, where he was being held. One leveled his assault rifle at Ali's head and threatened, “Are you proud to have been at Pearl Square? Do you want to become a martyr?” They then handcuffed Ali and the dozen other wounded young men in his ward behind their backs with black plastic wrist ties and began to beat them. Then the security forces threw Ali and the other patients face first into the floor and dragged them out into the hallway, leaving trails of blood on the hallway floor.

An Indian nurse told the armed men, “Don’t hurt them. They are our patients.” One of the Bahraini security forces yelled back, “They are not your patients – they are criminals!” One of the armed men with a Saudi accent hurled insults at the bloodied patients on the floor and cursed, “Grave worshippers! Sons of whores! Sons of Muta!” (derogatory references to Shi’a Muslims). Another armed man in black shouted, “We’re going to hang you. We’re going to kill you!” Ali and the other patients lay on the floor for four hours until they were transferred to ward 62 on the sixth floor.

121 United Nations Office of the High Commissioner for Human Rights, *Broken promises in Bahrain – UN experts question Government’s human rights commitments*, 22 Mar. 2011, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=10881&LangID=E>.

122 World Medical Association, *Attacks on Medical Personnel Causing Increasing Concern*, 17 Mar. 2011, [http://www.wma.net/en/40news/20archives/2011/2011_02/index.html.pdf?print-media-type&footer-right=\[page\]/\[toPage\]](http://www.wma.net/en/40news/20archives/2011/2011_02/index.html.pdf?print-media-type&footer-right=[page]/[toPage]).

123 The U.N. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment defines torture as “any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity,” CAT, *supra* note 16 at art. 1.1.

Later that night, police in blue uniforms and men in civilian dress wearing black masks stormed the ward and beat Ali and the other patients with the butts of their rifles and kicks to the groin, stomach, and flanks. One policeman with a Jordanian accent threatened to rape Ali. Small groups of these armed men took turns beating each patient in the ward hurling insults and curses at them. The patients in ward 62 were subjected to sleep deprivation by constant beating and striking.

Then began the interrogation. Ali reported to Physicians for Human Rights that the armed men took the patients' finger prints and tried to extract confessions from the patients while being filmed on video: "Tell us that you were at the Pearl Roundabout with guns and swords. Tell us that Hassan Mushaima gave you guns and swords and that he told you to attack the police. Tell us that Hassan Mushaima told you that he will take you to Iran for military training."

Five days after he was admitted to Salmaniya Medical Complex, hospital staff discharged Ali. Police immediately arrested him just outside the hospital entrance and took him to a police station where he was beaten further. They released him the same day after Ali offered a false confession provided to him by the police in order to stop the beatings.¹²⁴

Masked security beat and torture blind teenage patient

Seventeen-year-old Sadeq was among thousands of Bahrainis who gathered in the Shi'a town of Sitra following the brutal death of Ahmed Abdulla Farhan by security forces on 15 March 2011. Riot police arrived in Sitra and began beating and shooting civilians. Holding a flower to symbolize non-violence, Sadeq approached the riot police. Without warning, a policeman fired his shotgun directly at Sadeq as he tried to turn and run away. Approximately 40 birdshot pellets penetrated the right posterior side of his head and nape of the neck and blinded him in his right eye.

When Physicians for Human Rights examined Sadeq on 3 April 2011, small dark gray ovals marking the entry points of the birdshot in the epidermis were still visible. He recounted how he was taken by ambulance to Salmaniya Hospital where he experienced even worse horrors. On his second day there, the BDF took over security and administration of the entire hospital. After physicians treated Sadeq in the emergency department, he was transferred to ward 64 on the sixth floor. That night armed security forces in blue uniforms came into his room. They humiliated him by stripping off his clothes and taking photographs. They then pummeled him with their batons and fists. One of the Bahraini police forced his baton into Sadeq's mouth while he lay in bed.

Some of the security forces inside Salmaniya Hospital spoke Arabic with a Saudi accent, wore blue uniforms and solid black ski masks to hide their identity. Other armed forces wore blue uniforms, surgical masks and spoke Arabic with a Bahraini accent. Sadeq told Physicians for Human Rights investigators how different groups of five to seven security forces entered his room, which he shared with three other male patients in their 20's who were wounded during protests, twice each night at around 10:00 p.m. and 3:00 a.m. They took turns beating each of the patients for about 15 minutes per session. When they left the room the first night, they put a large black X on the outside of the door to the room.

Sadeq was fortunate not be arrested after being discharged from the hospital on 19 March 2011. When leaving the hospital with his mother and two sisters, he told the security forces that he had an eye disease and was receiving follow-up care. He lied because he believed that if he had told them he had been wounded during the protest, they would have immediately detained him. According to his physician, Sadeq needs urgent post-operative care, but he is afraid to return to the hospital.

Bahraini authorities systematically abduct, detain, and torture civilian protesters

Analysis of testimonies from 47 key informants during PHR's investigation in Bahrain is consistent with a systematic and coordinated campaign to abduct, detain, and torture civilians who

¹²⁴ Interview with key informant no. 36, in Manama, Bahrain (6 Apr. 2011).

participated in pro-democracy demonstrations in February and March 2011. Government forces employed several methods to track down protesters. Security forces

1. set up road blocks around the small island country, focusing on Shi'a neighborhoods, to search for young Shi'a males or anyone with visible signs of gunshot wounds;
2. examined medical records to find names of treated patients suffering from smoke inhalation or gunshot wounds;
3. scrutinized photographs of protesters that appeared in the press, television, or on the web;
4. trailed international media and other observers in Bahrain who had spoken with protesters, physicians, or other eyewitnesses;
5. conducted nightly raids in Shi'a neighborhoods to root out suspected protesters; and
6. tortured detained civilians to obtain information on other suspected protesters.

For example, Bashir, a young Shi'a man from Sitra, was physically assaulted and stomped on outside his house by security forces on 15 March 2011 and sustained serious injury to his previously fractured left femur. He went to Sitra Medical Center where he was denied admission and was transferred to Salmaniya Medical Complex. He stayed four nights at the hospital. Upon discharge from the hospital on 19 March 2011, he was picked up by Naim police and later at the police department he was physically assaulted, tortured, and released the next night. Bashir claims that the police used electric shock, cold showers, and repeatedly struck the soles of his feet (plantar surface) with a rubber baton (falanga beating).¹²⁵ According to Bashir, the torture was intermittent over 12 hours. PHR investigators interviewed and examined Bashir on 3 April 2011. One of the PHR investigators, a forensic pathologist with more than 30 years of professional experience, also reviewed multiple photographs and radiographs taken near the time of the initial accident, as well as radiographs taken after the recent assault injury. Examination of Bashir's physical wounds and medical records corroborated his testimony.

On 21 March 2011, immediately after physicians discharged a 24-year-old man from Salmaniya Hospital, police arrested him outside the medical complex. They drove him to Adliya interrogation center where he was brutally beaten with fists and batons. While pummeling his head and face, security forces ridiculed him asking, "How are Hassan Mushaima and Ali Salman going to help you now?" Police demanded a confession that he had participated in the Pearl Roundabout demonstration, that he had attacked police with swords, and that he had received military training in Iran. This torture survivor reported to PHR that he had falsely confessed to these charges so that police would release him. The head officer at the station told him that he had been tortured the least amount of time among all the detainees who had been there. They released him the same day, and PHR investigators interviewed and examined him on 6 April.

The United Nations' top expert on torture demanded an immediate stop to these violations and described as unacceptable "the appalling killing and ill-treatment of protestors, including those in hospitals." He called on the Bahraini government to launch an immediate investigation and prosecution of those responsible, as Bahrain's international legal obligations oblige.¹²⁶

¹²⁵ Foot whipping, known also as falanga (phalanga), falaka (falaqa), and bastinado, is a method of torture in which the soles of one's feet are beaten as a means to disable the victim and reduce the risk of escape. This form of beating leads to swelling of the soft tissue that can lead to necrosis. Segen's Medical Dictionary (2011), available at: <http://medical-dictionary.thefreedictionary.com/Falanga>. See also Jose Quiroga and James Jaranson, *Torture*, in *The Encyclopedia of Psychological Trauma* (Gilbert Reyes, Jon D. Elhai & Julian D. Ford) 654-65 (2008), available at: <http://www.irct.org>.

¹²⁶ *Broken promises in Bahrain – UN experts question Government's human rights commitments*, *supra* note 121.

Inhumane treatment of detainees may have resulted in deaths while in police custody

At least four detainees have died in police custody according to official government reports.¹²⁷

Forensic evidence shows detainee was violently assaulted

On 9 April 2011 Bahrain's Ministry of Interior released news that two detainees died while in custody. According to the police statement 31-year-old Ali Isa Sager was charged with attempting to run over policemen with his car and hitting a protester on 31 March. He allegedly created chaos at the detention center, which prompted security forces to intervene. He sustained various injuries in the process and died later at hospital.¹²⁸ PHR investigator and senior forensic pathologist Nizam Peerwani, MD, examined four postmortem photographs¹²⁹ and video¹³⁰ which depict:

- Multi-focal patchy prominent back contusions and linear abrasions, right lower abdomen X3 and right lower flank X4 contusions.
- Large confluent right dorsal upper extremity and hand contusions with prominent edema (swelling) as well as non-patterned abrasions of the dorsal distal right forearm.
- Contusions of the anterior left and right shoulders and right lateral arm.
- Multiple contusions of the right anterior chest and left anterior chest medial to the nipple.
- Prominent contusion of the right orbit extending over the orbital ridge to the forehead along with contusions of the left orbit and nasal surface (right eye socket and left eye socket and nose).

Conclusion

Physicians for Human Rights opines the decedent was violently assaulted sustaining multiple blows to the face, torso and extremity including:

- multi-focal non-patterned blunt force injuries of torso and face;
- multiple linear contusions and abrasions of abdomen, flank, and back consistent with hard linear object such as cane;
- multi-focal facial trauma; and
- defensive wounds of right upper extremity

Postmortem photographs of a detainee show evidence of torture

Businessman, publisher, and board member of Alwasat newspaper, Karim Fakhrawi (49), was arrested on 4 April 2011 and died in custody on 12 April. The day prior to his arrest, he visited a police station to ask why police had raided and ransacked his home on 2 April. He did not return from the police station. His whereabouts remained unknown until nine days later when his family received the corpse. The medical examiner from the BDF army hospital claimed he died

127 Human Rights Watch, *Bahrain: Investigate New Death in Custody*, 13 Apr. 2011, <http://www.hrw.org/en/news/2011/04/13/bahrain-investigate-new-death-custody>.

128 *Detainee resists security forces, dies of injuries*, Ministry of Interior News, 9 Apr. 2011, http://www.policemc.gov.bh/en/news_details.aspx?type=1&articleId=6680. See also, *Two Bahrainis Die in Custody*, Gulf News, 10 Apr. 2011, <http://gulfnews.com/news/gulf/bahrain/two-bahrainis-die-in-custody-1.789868>.

129 Postmortem photographs can be found at Nabeel Rajab Facebook Album, <http://www.facebook.com/media/set/fbx/?set=a.201486209886067.48748.194515507249804> (last visited 20 Apr. 2011).

130 Video documentation can be found at YouTube, 10 Apr. 2011, http://www.youtube.com/watch?v=bjwfkB_-HmQ&feature=youtube_gdata_player&skipcontrinter=1 (last visited 20 Apr. 2011).

of kidney failure.¹³¹ PHR investigator and senior forensic pathologist examined six postmortem photographs,¹³² which depict:

- Abrasion of the right elbow with a prominent contusion of the right forearm along the ulnar surface, as well as abrasions of the left forearm with handcuff impressions along the wrist.
- Large non-patterned healing contusion of the mid-abdomen with a deep purple and patchy green-yellow discoloration consistent with abdominal blows or stomping. The injury is at least 18 hours old.
- Large confluent contusion covering most of the anterior and lateral aspect of the right and left arms with deep purple discoloration and incorporation of linear superficial abrasions.
- Bilateral per-clavicular contusions.

Discussion

Sudden death due to acute renal failure may occur in the setting of several natural diseases, especially autoimmune kidney disorders including acute nephritic syndromes. But all these are heralded with presenting symptoms of renal failure, which can be medically treated.

Unnatural or traumatic causes of acute renal failure include severe burns, dehydration, hemorrhage and widespread soft tissue injury. One very significant cause of acute renal failure with high mortality is myoglobinuria, which is primarily due to rhabdomyolysis or muscle destruction. When excreted into the urine, myoglobin, a monomer containing a heme molecule similar to hemoglobin, can precipitate, causing tubular obstruction and acute kidney injury. A clinician caring for a patient with crush injuries or other causes of muscle destruction must recognize the presence and severity of myoglobinuria and initiate aggressive hydration to prevent acute kidney injury and renal dialysis if necessary. With proper medical care, death can be averted.

Conclusion

Karim Fakhrawi died in custody with extensive soft tissue injury. An autopsy was not performed and therefore internal injuries cannot be evaluated, especially renal trauma or closed head injury, which may be the direct cause of death. Even in the absence of an autopsy, the extent and severity of soft tissue injury would have resulted in severe myoglobinuria with renal shutdown and death. With advanced medical services available in the Kingdom of Bahrain, death in custody from renal failure resulting from severe blunt force trauma is unacceptable.

Reported sickle cell death in custody was probably brought on by physical trauma

Hassan Jassin Mohammed Makki, a 39-year-old Bahraini Shi'a Muslim, was picked up by security forces at 2:00 a.m. from his home in Karzakann. Makki, who had a documented history of Sickle cell anemia (heterozygous), died in police custody reportedly on 3 April 2011, and his body was returned to the family the same day. According to eye witnesses, the decedent was apprehended and detained for approximately one week. His death occurred in custody and was attributed to sickle cell anemia. Postmortem photographs, which were made available to PHR investigators and taken during Islamic funerary proceedings, depict multiple cutaneous injuries including:

131 *Bahrain opposition: 4th supporter dies in custody*, Associated Press, 13 Apr. 2011, http://hosted2.ap.org/APDEFAULT/Article_2011-04-13-ML-Bahrain/id-p9079a82cf8c1406bb96e541cac299200.

132 Nabeel Rajab Facebook Album, *supra* note 129.

- Circular superficial abrasions of the posterior head along with patchy scalp contusion mostly around the occipital region.
- Non-patterned contusions along the right flank along with an oval-shaped large healing contusion with purple-yellow discoloration (at least 18 hours old).
- Large non-patterned healing contusion of the left posterior arm with green-yellow discoloration (at least 18 hours old).
- Focal superficial abrasions of the right elbow and dorsal forearm.
- Ecchymosis of the left upper eyelid along with edema.
- Focal abrasion of the 2nd toe of the right foot.
- Two large patterned rectangular contusions of the left medial ankle with small linear healing cut.

With sickle cell anemia, deaths due to acute sickle crisis frequently occur and are attributed to acute chest syndromes including myocardial infarction, and strokes. These catastrophic events occur secondary to vascular occlusion in the setting of acute sickle cell crisis often with vascular hemolysis. Some patients also die because of acute renal failure. Peripheral vascular occlusions are also known to occur with ischemic necrosis of the digits as well as toes, unilaterally or bilaterally, imparting a black necrotic appearance.

The onset of sickle cell crisis is heralded with acute excruciating pain, which would alert care providers to institute prompt medical care including rehydration, oxygenation, and pain management. Sickle cell crisis is frequently triggered by cold exposure, dehydration, trauma and other events. Patients with heterozygous sickle cell anemia have a low potential of developing sickle cell crisis in the absence of dehydration, cold exposure or physical trauma. Failure to render medical care constitutes extreme negligence and wanton disregard for human life.¹³³

PHR investigators visited the family of Makki on 4 April 2011, reviewed multiple photographs as noted above, as well as a copy of death report filed by Public Health Directorate of the Kingdom of Bahrain, and conclude that Hassan Jassin Mohammed Makki most probably died as a result of negligent care while in police custody.

Bahraini authorities claim another death in custody was due to sickle cell anemia

Another man, 40-year-old cyber activist Zakariya Rasid al-Ashiri, was arrested on 2 April 2011 on charges of distributing false news, died while in police custody on 9 April.¹³⁴ The Ministry of Interior alleges that he died due to sickle cell anemia.¹³⁵ This is the second case of death allegedly due to sickle cell anemia in detention centers by Bahraini authorities.

Suspicious death probably due to sudden cardiac death

PHR investigators performed external examination of the remains of Sayed Hameed Sayed Mahfood on 6 April 2011. Family members had last seen him alive at around 8:00 PM the previous night when he had left home in his car to do an errand. His body was discovered 13 hours later at 9:30 AM behind a gas station some 30 meters from his car. PHR could not confirm

¹³³ Article 6 of the Code of Conduct for Law Enforcement Officials ensures healthcare for all detainees in official custody. Code of Conduct for Law Enforcement Officials, *supra* note 92 at art. 6.

¹³⁴ *List of people killed in Bahrain since 14th February 2011 - Extrajudicial Killing*, Bahrain Center for Human Rights, <http://bahrainrights.hopto.org/en/node/3864> (last visited 20 Apr. 2011).

¹³⁵ *Detainee dies of sickle cell anaemia complications*, Ministry of Interior News, 9 Apr. 2011, http://www.policemc.gov.bh/en/news_details.aspx?type=1&articleId=6681. See also *Two Bahrainis Die in Custody*, *supra* note 128. Postmortem photographs can be found at: <https://www.facebook.com/photo.php?fbid=10150209851088072&set=pu.203200448071&theater> (last visited 20 Apr. 2011).

whether he had been found in a plastic bag as reported.¹³⁶ Circumstances of his death were suspicious and there was much speculation regarding his death. A PHR forensic pathologist estimated that the 60-year-old decedent had been dead for approximately 8-12 hours. His face, lips and digits were very cyanotic (deficient in blood oxygen). The body was in moderate rigor with dependent posterior slightly blanchable lividity. Careful inspection failed to reveal cutaneous injuries, defensive wounds, facial or oral trauma, fractures of ribs, or head trauma. Family members objected to the performance of an autopsy. PHR investigators concluded that Sayed Hamad Ibrahim most probably died of a sudden cardiac death.

Bahraini authorities' militarization of hospitals and clinics obstruct medical care

Physicians for Human Rights investigated other serious violations of medical neutrality in Bahrain, including the militarization of hospitals and medical centers, attacks and destruction of both private and public medical facilities, the use of medical transport for military purposes, the destruction of medical records, and the obstruction of medical care and treatment.

Security forces attacked public and private medical facilities

PHR investigators received multiple reports that Bahraini security forces attacked with gunfire one private hospital and at least five public medical centers in the towns of Ali, Al Budayyi, Karzakkan, Naim, and Sitra.

After the private International Hospital of Bahrain started admitting wounded protesters on 16 March 2011, hospital staff reported that security forces attacked the facility firing shotguns and tear gas, shattering glass doors, and injuring staff and civilian bystanders. International media reported that "marks from buckshot pellets were clearly visible around the entrance, and scuff marks from rubber bullets were also apparent on window frames where the glass was shattered. Staff presented 15 tear gas canisters they said had been fired at the hospital."¹³⁷

A 22-year-old engineering student provided an eyewitness account of the 15 March attack on the medical center in Sitra. At 4:00 p.m. riot police and other security forces wearing yellow reflective vests entered from the south side and from their vehicles fired multiple rounds of birdshot, rubber bullets, and tear gas at the public medical center. Dozens of patients and family members fled in all directions. Sporadic attacks continued for four hours.¹³⁸

Government security forces stole ambulances and posed as medics

Government security forces systematically targeted ambulances during the weeks following the February protests because they carried wounded protesters from the rural towns and smaller medical centers to the main Salmaniya Hospital. PHR investigators received corroborating eyewitness testimonies from three health professionals and three patients that government security forces stole at least six ambulances and used them for military purposes. Further, police forcibly removed ambulance medics from the vehicles, made them remove their uniforms at gunpoint, and then posed as medics, reportedly to get closer to injured protesters to detain them.

136 Clifford Krauss, *Bahrain's Rulers Tighten Their Grip on Battered Opposition*, New York Times, 7 Apr. 2011, <http://query.nytimes.com/gst/fullpage.html?res=9C0CE1DB1539F934A35757C0A9679D8B63&ref=cliffordkrauss>.

137 Robin Wigglesworth and Simeon Kerr, *Washington urges Bahrain to end crackdown*, Financial Times, 19 Mar. 2011, <http://www.ft.com/cms/s/0/8089a7c8-521a-11e0-8a31-00144feab49a.html#axzz1Jtsx1XAL>.

138 Interview with key informant no. 43, in Sitrah, Bahrain (7 Apr. 2011).

Mohammed, a third-year medical student, volunteers at Salmaniya Hospital. He observed injured drivers and paramedics who were assaulted at Pearl Roundabout and who were admitted to the hospital for treatment on 16 March 2011.¹³⁹

The International Committee of the Red Cross (ICRC) responded: "It is totally unacceptable to attack those providing medical care and to obstruct the safe passage of ambulances. All those taking part in the violence must safeguard medical personnel, medical facilities and any vehicle used as an ambulance. Health personnel ... must also be respected and allowed to carry out their life-saving work in safety."¹⁴⁰

Bahraini police set up roadblocks for dragnet

Following pro-democracy demonstrations that began in February 2011, Bahraini security forces set up dozens of roadblocks and checkpoints throughout the small island country. The Government in effect set up an efficient dragnet for all who participated in the various protests and demonstrations over the past two months. Individuals had to give their names and identity cards to authorities. Anyone with a Shi'a name or from a Shi'a neighborhood was suspect and risked immediate detention, interrogation, and torture. As these roadblocks targeted the Shi'a majority, there has been a deleterious impact on health and healthcare delivery for this population. Not only have the sick and wounded avoided going to medical centers for treatment, but so have the medical professionals avoided going to work.

PHR investigators visited two of the 23 medical centers outside the capital in Bahrain (locations withheld due to possible repercussions to staff). At one clinic, administrative staff led the PHR team through a private back entrance to ensure no one saw them speak with the chief medical officer there. Standing in an empty X-ray room, this primary care physician reported widespread fear among her staff of 19 healthcare providers who used to see a total of 200 patients per day. Most staff fear coming to work for two reasons. First, staff who drive to work must pass one or more police roadblocks. As most staff are Shi'a, they fear being arrested because they are physicians and nurses, a population that the security forces are targeting. Second, these same security forces make routine stops at the medical centers to search for wounded protesters and inspect medical records. Health professionals whom Physicians for Human Rights interviewed fear going to work because many have witnessed the brutality of these armed government forces against their patients and medical colleagues.

Consequently, medical center administrators reduced the hours that these public health centers are open to the public since physicians and nurses were afraid to go to work fearing possible abduction. Moreover, police road blocks throughout the city impeded access to getting to work, and at these road blocks, health professionals were being targeted by the police.

Heavy tanks and military guard hospital entrance and masked gunmen patrol patient wards

PHR investigators interviewed seven physicians and nurses who work at Salmaniya Hospital who all provided corroborated testimony of the continued presence of armed security forces throughout the hospital. An ophthalmologist described the presence of armed and masked security forces not only at the gates of the medical complex, but also on most hospital floors. The security forces are present during patient examinations and also in the operating room during surgery. The security forces are always in uniform with masks and with shoulder weapons.

¹³⁹ Interview with key informant no. 35, in Manama, Bahrain (6 Apr. 2011).

¹⁴⁰ International Committee of the Red Cross, *Middle East and North Africa: coping with medical emergencies*, 1 Apr. 2011, <http://www.icrc.org/eng/resources/documents/interview/2011/middle-east-north-africa-interview-2011-04-01.htm>.

One eyewitness staff at Salmaniya Hospital reported that an armed military official with a black mask put the end of his assault rifle to a patient's head while he was being X-rayed. Another staff reported that hospital administrators destroyed medical records, including digital radiographs (X-rays), from 16 March 2011 – the day that an estimated 700 wounded protesters were treated at Salmaniya Hospital.

The United Nations High Commissioner for Human Rights called this conduct shocking and illegal, and that police and armed forces must immediately leave healthcare facilities in Bahrain.¹⁴¹

Widespread fear prevents patients from seeking urgent medical treatment

Physicians for Human Rights interviewed ten patients who had been wounded by gunshot and needed follow-up medical care. All reported that they were too afraid to seek medical care at Salmaniya Hospital for fear of detention and mistreatment by security forces there.

Hashem, a 12-year-old boy from Sitra, sustained shrapnel injury while demonstrating. He did not seek medical help for fear of arrest. PHR investigators reviewed photographs taken near the time of injury and also interviewed and examined the victim on 3 April 2011.

A young father named Jameel told the PHR medical team that on 1 April 2011, Bahraini riot police attacked unarmed civilians protesting in the town of Nuwaidrat. Asked why he joined the demonstration, he responded, "We are discriminated against because we are Shi'a. We want freedom. All we want is to be able to breathe." He and five others fled by car and were pursued by three police vehicles until they reached a dead end road. Jumping out of the car, Jameel began to run, but suddenly felt pain in the right dorsum of his foot and lower leg. He kept running until he found shelter in a stranger's home.

PHR investigators examined him two days after the shooting and confirmed the presence of more than a dozen small pellets still lodged in the subcutaneous tissue of his right lower leg. Asked why Jameel had not sought necessary medical care, he replied, "The minute the troops in Salmaniya Hospital see me, they will arrest me and put me in jail because I have birdshot gun wounds. They'll know I've participated in a protest."

Bahraini authorities forbid Physicians for Human Rights to visit hospital

On 8 April 2011, Physicians for Human Rights visited Salmaniya Hospital, Bahrain's main referral hospital and the site of ongoing systematic targeting, beating, and abduction of physicians, nurses, and their patients. Refusing to give official permission to PHR investigators to visit the hospital after repeated attempts, a spokesperson for the Ministry of Health, who only gave the name Abdulazziz, encouraged the team to show up at the hospital on their own as "you are free to travel anywhere in the Kingdom. You are welcome to visit the hospital, speak with physicians, and even take photographs. We have nothing to hide." After speaking with the Ministry of Health official, the team arrived at the hospital – a sprawling complex surrounded by a tall cement wall covered with concertina wire. Armed military in green fatigues and riot police in blue uniforms man each of the six main entrances.

There were two check points before reaching the main entrance inside the complex. At one side gate, four masked men carrying assault rifles allowed the taxi and Physicians for Human Rights' team to enter. After 20 meters, the team saw a large-caliber tank gun and an armed soldier standing up in the turret holding an assault rifle. Lined up directly in front of the main emergency entrance were 16 police vehicles and 20 fully armed Bahraini riot policemen in blue

¹⁴¹ UNOHCHR, *UN human rights chief alarmed by military takeover of hospitals in Bahrain* (17 Mar. 2011), <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=10855&LangID=E>.

uniforms as well as other non-Bahraini armed forces. After some confusion, they waved the PHR team inside the emergency entrance.

Inside the hospital, and reportedly on every floor, were armed security forces, riot police, and special forces – all of whom wore black ski masks to hide their faces. When the Physicians for Human Rights team asked one why he was wearing the black mask, he tersely replied, “Those are my orders.” After being repeatedly questioned by various security forces as to the team’s purpose for being there, an armed military in green fatigues sequestered the PHR team in a room outside the emergency entrance.

After the same police officer demanded to know the full name of the PHR interpreter, she responded, “I will not give you my name because I am only here as an interpreter.” The masked police officer threatened: “If you don’t give us your name, you will have to deal with the consequences.”

In front of the PHR team, the masked police officer made several calls, one to Mr. Ahmed al-Shemmasi, a Ministry of Health hospital administrator, who apparently told the police officer to remove the team from the hospital. At 4:00 p.m., the PHR investigators were escorted out of the hospital by armed security forces. The team left the country that evening.

That the Bahraini government goes to such lengths to conceal what is happening behind closed doors at Salmaniya Hospital and further that it obstructed Physicians for Human Rights’ investigation is only further evidence that its security forces are committing grave human rights violations.

Conclusion and Policy Calls

Implications for Bahrain:

Long-simmering tensions within Bahrain between the Shi’a majority, which is ruled by a Sunni royal family and Sunni elites who dominate the public, military and business sectors, erupted in public protests only four months after the 23 October 2010 elections. This outcry clearly highlights that the Shi’a majority does not consider itself a full and equal partner in the political process. The violent suppression of the protests and the vicious attacks on the medical staff which PHR was able to document in this report indicate that future human rights violations can only be avoided if Bahrain embarks on a credible political process which engages all groups in the country. Such a political process that re-establishes Bahrain’s credibility within the international community has to be based on full accountability for human rights violations. As Bahrain seeks to emerge from this period of violence into a phase of accountability, all individuals in the country must respect norms of medical neutrality.

Policy Calls for Bahrain:

1. Immediately cease and desist all attacks on medical personnel and facilities, the wanton destruction of medical equipment, as well as any intimidation, arrests, or harassment of patients.
2. Immediately stop the arbitrary arrests, disappearances, and detentions of civilians.
3. End the use of tear gas and other chemical agents, bird shot, rubber bullets, and high velocity weapons against civilians.
4. Allow unobstructed access to medical care for all individuals, including those injured in political protests.

5. Investigate deaths in police custody and hold perpetrators of any abuses accountable.
6. Invite the relevant Special Rapporteurs of the United Nations Human Rights Council to fully investigate any human rights violations and work with the office of the U.N. High Commissioner for Human Rights to develop mechanisms that will fully protect internationally guaranteed human rights in Bahrain and establish accountability for human rights violations.
7. Provide reparation for victims of torture, arbitrary arrest, and detention.

Implications for the United States:

Bahrain is a close ally of the United States with strategic importance for the entire region. Bahrain has hosted the US Naval headquarters for the Gulf for over 60 years and has contributed small forces as a coalition partner of the United States in Afghanistan and in Iraq.¹⁴² The United States has provided small amounts of security assistance, and has declared Bahrain a “major non-Nato ally.”¹⁴³ The United States also signed a Free Trade Agreement (FTA) with Bahrain, which went into effect in January 2006 (P.L. 109-169). While the United States has undoubtedly significant influence with the Al-Khalifa regime, the US Administration’s early attempts to mitigate the situation in Bahrain clearly failed when Bahrain’s government invited security assistance from other Gulf Cooperation Council (GCC) neighbors, most notably Saudi Arabia, after the March violence to suppress the protest. By doing so, Bahrain has also widened the implications of the unrest to the entire region.

Policy Calls for the United States:

1. Immediately suspend any non-humanitarian foreign assistance and arms sales as well as Excess Defense Articles (EDAs) to Bahrain, until such time as Bahrain invites a full and independent investigation by the United Nations human rights mechanisms and special procedures into the violence, torture, disappearances, and egregious violations of medical neutrality in the country.
2. Increase support for Bahraini civil society through the Middle East Partnership Initiative (MEPI) program, an initiative of the State Department aimed at supporting participatory government in the region.
3. Impose export restrictions to Bahrain according to Sec. 6(n) of the Export Administration Act (EAA) through Executive Order based on the International Emergency Economic Powers Act (IEEPA) authority to prevent the export of any articles to Bahrain which raise human rights concerns, including but not limited to tear gas, bird shot, and rubber bullets.
4. The United States Congress should hold hearings into the ongoing and severe violations of medical neutrality in the MENA region as authoritarian governments crack down on the protests sweeping the region.
5. The Obama Administration should lead an international effort to appointment a Special Rapporteur on Violations of Medical Neutrality through the United Nations Human Rights Council, or, at a minimum, expand the portfolio of the UN Special Rapporteur on the Right to Health to also include violations of medical neutrality.
6. Senior US Embassy and other State Department officials, as well as visiting Members of Congress and Officers of the Department of Defense should visit Salmaniya Hospital and meet with representatives of the medical community in Bahrain.

¹⁴² *Bahrain: Reform, Security, and U.S. Policy*, *supra* note 48.

¹⁴³ The President has the authority to designate major non-NATO allies of the United States for purposes of the Foreign Assistance Act of 1961 (22 U.S.C. 2151 et seq) and the Arms Export Control Act (22 U.S.C. 2751 et seq.). Designation of Major non-NATO Allies, 22 U.S.C. 2321k(b) (2006). Determination No. 2002-10, Mar. 14, 2002, 67 F.R. 13247.—Bahrain.

7. The State Department should include a section dedicated to violations of medical neutrality for the MENA region in its annual human rights country reports, given the prevalence of these violations in the region.

Implications for the International Community:

Bahrain is a state party to nearly every major international human rights instrument, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the Convention of the Rights of the Child.¹⁴⁴ While Bahrain has allowed a visit by the Working Group on Arbitrary Detention in 2001,¹⁴⁵ and a visit by the Special Rapporteur on Trafficking in Persons in 2006,¹⁴⁶ no other individuals or groups under the Human Rights Council's Special Procedures mandate have conducted an official visit to Bahrain.

Policy Calls for the International Community:

1. The Working Group on Arbitrary Detention and the Working Group on Enforced or Involuntary Disappearances should formally and immediately request a visit to Bahrain to investigate the ongoing disappearances and arrests in the wake of the protests.
2. The Special Rapporteurs on torture and on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health should immediately and formally request a visit to Bahrain.
3. The United Nations Human Rights Council should create the position of Special Rapporteur on Medical Neutrality or, at a minimum, to expand the mandate of the Special Rapporteur on the right of the highest attainable standard of physical and mental health to include medical neutrality.

¹⁴⁴ Rule of Law in Armed Conflicts Project, *supra* note 4.

¹⁴⁵ See Report of the Working Group on Arbitrary Detention, Civil & Political Rights, Including the Question of Torture and Detention: Visit to Bahrain, U.N. Doc. EC/N.4/2002/77/Add.2 [5 Mar. 2002].

¹⁴⁶ See Report of the Special Rapporteur on trafficking in persons, especially women and children, U.N. Doc. A/HRC/4/23/Add.2 [25 Apr. 2007].

Appendix A:

A list of known missing or detained medical professionals in Bahrain:

(Current at 27 April, 2011. For further information see <http://bahrainfreethedocs.org/the-missing>)

- ~~Mohammed Abbas~~, ambulance driver, Salmaniya Medical Complex **RELEASED**
- **Abeer Abdulaziz**, nurse, Isa City Medical Center
- **Samia Abdulkareem**, nurse
- **Ali Said Abdullah**, assistant paramedic
- **Dr. Sadiq Abdulla**, transplant surgeon
- **Yaser Abdulla**, paramedic
- **Dheya Abu Idris**, nurse
- ~~Dr. Sadiq Al-Aali~~, Al-A'ali Medical Center **RELEASED**
- ~~Dr. Jalila Al-Aali~~, endocrinologist **RELEASED**
- **Maytham Al-Amir**, nurse
- **Dr. Nabeel Al-Asheeri**, pediatrics surgeon
- **Dr. Fareeda Al-Dalal**, Al-A'ali Medical Center
- **Dr. Eman Al-Eraidh**, Al-A'ali Medical Center
- **Zahra Sayed Al-Hashem**, nurse
- **Hassan Ali Al-Saffi**, Assistant Paramedic
- **Ameen Al-Aswad**, paramedic, Salmaniya Medical Complex
- **Hani Al-Aswad**, ambulance driver, Salmaniya Medical Complex
- **Ibrahim Al-Demistani**, nurse
- **Dr. Khulood Al-Derazi**, Chairman, obstetrics & gynecology department
- **Dr. Ali Al-Ekri**, pediatric orthopedic surgeon
- **Dr. Radhi Al-Ekri**, **RELEASED** after two days of arrest
- **Dr. Laila Ashour**, Isa City Medical Center
- **Khatoon S. Hashem Al-Ghani**, dental assistant
- **Dr. Hannan Al-Hawaj**, Isa City Medical Center
- **Hassan Salman Al-Maatouq**, nurse
- **Fadil Al-Mosawai**, head of nursing, Isa City Medical Center
- **Adnan Mohammed Al-Mosawy**, ambulance driver,
- **Dr. Abdulkhaleq Al-Oraibi**, rheumatologist
- **Nawal Khalil Al-Owainati**, Deputy Director of Nursing Services
- **Roula Al-Saffar**, Head of Nursing, Salmaniya Medical Complex
- **Dr. Saeed Al-Samahiji**, ophthalmologist
- **Ghadeer Jassim Al-Sammak**, employee, Salmaniya Medical Complex
- **Dr. Zahra Al-Sammak**, anesthesia consultant
- **Dr. Kulood Yaqob Al-Sayyad**, senior pediatric resident
- **Dr. Nehad Al-Shirawi**, ICU consultant (specialist)
- **Sayed Marhoon Al-Wedaie**, Director of Paramedics and Ambulances
- **Abdulrasool Ali**, nurse, Isa City Medical Center

- **Dr. Mahmoud Asghar**, pediatric surgeon
- **Mohsin Ashoor**, ambulance driver
- **Younis Ashouri**, Director, Muharraq Maternity Hospital
- **Dr. Bassim Dhaif**, orthopedic surgeon
- **Dr. Ghassan Dhaif**, maxillofacial surgeon
- **Dr. Nada Dhaif**, dentist
- **Dr. Nader Diwani**, pediatrician
- **Dr. Abdulshaheed Fadhel**, plastic surgeon
- **Mohammed Ali Fateel**, Assistant Paramedic
- **Dr. Fatima Haji**, rheumatologist
- **Dr. Nabeel Hameed**, neurosurgeon
- **Sayed Salih Hashim**, administration, Isa City Medical Center
- **Ali Hilal**, nurse
- **Dr. Sadiq Jaffar**, pediatric resident, Salmaniya Medical Complex
- **Batool Khadum**, nurse, Isa City Medical Center
- **Dr. Fatima Malalah**, Isa City Medical Center
- **Mahdi Mullah**, nurse
- **Sayed Hussein Qamar**, nurse, Isa City Medical Center
- **Dr. Arif Rajab**, dental surgeon
- **Addul Ameer Abdullah Salman**, assistant paramedic
- **Asma'a Salman**, nurse, Isa City Medical Center
- **Jaafar Ahmed Salamn**, assistant paramedic
- **Dr. Nayera Sarhan**, consultant, family physician
- **Dr. Nabeel Tammam**, Ear Nose Throat surgeon **RELEASED**

13 August 2010: Bahraini government arrests hundreds of opposition activists, mostly from Al-Haq and Al-wafa'a Shi'a Associations, as well as of human rights activists.¹⁴⁷ This campaign of police raids lasts approximately two months.

23 October 2010: Bahraini parliamentary elections took place.¹⁴⁸ Shi'a won 18 out of 40 seats;¹⁴⁹ Shi'a comprise 65-70% of the general population. All were from the Al-Wefaq movement.

17 December 2010: Tunisian unrest against the authoritarian regime of president Bin Ali begins. Twenty-three days later, on 14 January, the president resigns and flees the country.¹⁵⁰ This revolution sparks a wave of uprisings in the Arab world.

26 January 2011: Egyptian youth protest the decades-long rule of President Hosni Mubarak.¹⁵¹ The Bahrainis try to copy their protests on the Egyptian model.

11 February 2011: In response to waves of public protest, Mubarak reluctantly steps down.

14 February 2011: Bahraini Shi'a call for their own "Day of Rage," demanding political and economic reform. One person is killed and dozens are injured in crackdowns by security forces.¹⁵²

15 February 2011: Inspired by Egyptians, Bahraini protesters occupy 'Pearl Square,' the main square in Manama. The location becomes a national symbol for the thousands of protesters who are demanding reform.¹⁵³ The Shi'a AL-Wefaq members of the Bahrain Parliament suspend their participation in the government.¹⁵⁴ Riot police open fire on people attending the funeral service of a protester killed in the first day of the unrest, killing one person and injuring several others.¹⁵⁵

17 February 2011: Using tear gas and rubber bullets, hundreds of riot police attack protesters camped in Pearl Square. Security forces take over the square, killing five and injuring hundreds.¹⁵⁶

147 Cairo Institute for Human Rights Studies, *13 NGOs: Bahrain: As Elections Approach, the Crackdown on the Opposition and Rights Advocates Reaches its Peak*, 8 Sep. 2010, <http://www.vob.org/en/index.php?show=news&action=article&id=569>; Human Rights Watch, *Bahrain: Charge or Release Opposition Activists, Government Opponents Apparently Detained for Criticism of Government*, 17 Aug. 2010, <http://www.hrw.org/en/news/2010/08/17/bahrain-charge-or-release-opposition-activists>.

148 *The Bahrain Revolt*, *supra* note 51 at 3.

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19 February 2011: Bahrain military withdraw from Pearl Square, which is quickly reclaimed by the protesters. The crown prince calls for calm.¹⁵⁷ He is appointed by his father, King Khalifa, to begin negotiations with protesters.¹⁵⁸

21-25 February 2011: In an attempt to appease Shi'a protesters, the King orders the release of a number of Shi'a political prisoners.¹⁵⁹ Then, he dismisses four ministers¹⁶⁰ and forgives 25% of housing loans.¹⁶¹

1 March 2011: Seven opposition groups organize a protest they call "National Unity Rally."¹⁶² Thousands of Bahrainis come out to demonstrate.

3 March 2011: For the first time since the start of the protests in Bahrain, sectarian clashes between Sunni and Shi'a erupt. No one is killed but several are injured.¹⁶³

14 March 2011: Bahraini King called for support from the Arab Sunni Gulf states. Two-thousand troops, most Saudi, are deployed in Bahrain.¹⁶⁴

15 March 2011: The King declares a 3-month state of emergency,¹⁶⁵ giving the commander-in-chief of Bahrain the authority to end the protests.

16 March, 2011: Bahraini forces attack the protesters in Pearl Square and occupy the Salmaniya hospital.¹⁶⁶ These forces prevent the medical treatment of the injured and arrested wounded protesters.¹⁶⁷ Three are killed and hundreds injured.¹⁶⁸ In response, the Bahraini health minister resigns.¹⁶⁹

17 March 2011: The Bahraini government arrest several Shi'a leaders and activists, accusing them of inciting the civil strife.¹⁷⁰

4 April 2011: Two more doctors disappear from the Salmaniya hospital after they are taken by unknown security forces.

9 April 2011: Bahraini forces arrest Abdulhadi Al-Khawaja, a prominent human rights activist, along with his two sons-in-law.¹⁷¹ Two detainees die in custody.¹⁷²

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172 *Two Bahrainis Die in Custody*, *supra* note 128.

11 April 2011: Six doctors are taken away by unknown Bahraini security forces. The Bahrain acting minister issues a statement declaring that 30 doctors, nurses, medical workers have been suspended pending an investigation. The acting minister also accuses a number of doctors and healthcare workers of conspiracy against Bahrain from outside. In the face of the massive government crackdown, major protests end.¹⁷³

12 April 2011: Another person dies in prison, increasing the number of deaths in custody to four.

14 April 2011: Bahrain's minister of justice files a lawsuit to disband two Shi'a opposition groups. One of them is the biggest Shi'a party, Al-Wefaq Association, and the other is the Islamic Action Association.¹⁷⁴

15 April 2011: Bahraini government holds off plan to dissolve the two main Shi'a political parties.¹⁷⁵

18 April 2011: Bahrain's Prime Minister describes the protest against his government as a coup attempt.¹⁷⁶

19 April 2011: Bahrain security forces attack medical centers in Ibn Sina and Al-Razi arresting clinicians and detaining them in unknown locations.¹⁷⁷

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