

Attacks on Hospitals in the Russia-Ukraine War during the First Phase of the Invasion (February 24-April 7, 2022)



Contents

p.3	About the Ukrainian Healthcare Center (UHC)	
p.4	Acknowledgments	
p.5	Executive Summary	
p.7	Background	
p.12	Methodology and definitions	
14	Types of attacks on health facilities	
17	Other ways to disrupt healthcare delivery	
p.18	Patterns of attacks on healthcare facilities in Ukraine	
18	Massive scale and systemic nature of attacks	
22	Targeted attacks	
22	Mariupol Child and Women's Health Hospital (Donetsk oblast)	
25	Trostyanets City Hospital (Sumy oblast)	
28	Makariv Primary Care Clinic (Kyiv oblast)	
31	Indiscriminate attacks	
31	Chernihiv Regional Cardiac Center (Chernihiv oblast)	
33	Adonis Medical Center (Makariv, Kyiv oblast)	
36	Sievierodonetsk City Multiprofile Hospital (Luhansk oblast)	
38	Izyum Central City Hospital (Kharkiv oblast)	
41	Abuse of the temporarily occupied facilities	
41	Kyiv Regional Mental Health Center in Vorzel (Kyiv oblast)	
44	Cluster munition attacks	
44	Chernihiv Regional Children's Hospital (Chernihiv oblast)	
46	Kyinka village (Chernihiv oblast)	
p.47	Conclusions and Recommendations	
D.TI	Jonation and Noodining action	

About the Ukrainian Healthcare Center (UHC)

Ukrainian Healthcare Center (UHC) is a health policy think tank based in Kyiv, Ukraine. It provides consultancy, policy advice, analytics, and educational services in health system policy and governance, health economics and financing, and health systems transformation. Members of the UHC core team took part in designing and implementation of major health system reforms in Ukraine during 2016–2019.

After the 2022 Russian invasion, UHC started to record and document attacks on healthcare in Ukraine. Ukrainian Healthcare Center is a member of the "Ukraine. 5 am" coalition that documents war crimes and crimes against humanity committed during armed Russian aggression against Ukraine.

This report is prepared by the following UHC team members: Diana Rusnak, Pavlo Kovtoniuk, Natalia Riabtseva, Volodymyr Lotushko, Mariia Lypovchenko, Tetiana Korzhenivska, and Mariia Kravchenko.



Acknowledgments

This report was supported by the Agency for Legislative Initiatives within the program "Public Health" of the International Renaissance Foundation.

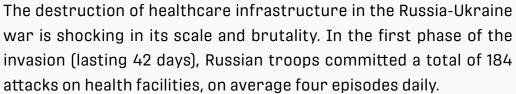
The authors are deeply grateful to our colleagues at the Physicians for Human Rights (PHR), especially Christian De Vos, Director of Research and Investigations, for the invaluable assistance and insightful comments on the report.

We are also grateful to Insecurity Insight, TRIAL International, eyeWitness to atrocities, Clooney Justice Foundation (The Docket), Open Society Justice Initiative, Yale School of Public Health (Humanitarian Research Lab), Atlantic Council's Strategic Litigation Project, and Len Rubenstein, Professor of the Practice of Johns Hopkins Bloomberg School of Public Health, who provided expertise that greatly assisted the report.

The authors would like to thank the Ministry of Health of Ukraine and the National Health Service of Ukraine for assisting with data collection and providing contacts of medical representatives of the attacked facilities.

The authors are also immensely grateful to Serhiy Solomenko, the director of the Makariv Primary Care Clinic, Bogdan Berezhnyi, the medical director of the Izyum Central City Hospital, Tetiana Ponomarenko, the director of the Regional Mental Health Center in Vorzel, Mykola Liutkevych, the head of the trauma department at the Chernihiv Regional Children's Hospital, Anatoliy Plakhtyria, the director of the Trostyanets City Hospital, and Svitlana Vorona, the nurse from the Kyinka village for their support in gathering evidence of the attacks.

Executive Summary



Healthcare infrastructure, including medical personnel, have special protection under international humanitarian law (IHL). Hospitals remain operational even amid active military action to ensure the continuous provision of medical aid to civilians. They are considered protected territory in a conflict, and military forces must take additional precautions to avoid putting health facilities at risk.

This report combines an analysis of the evidence gathered by the Ukrainian Healthcare Center's team from open sources, local witnesses, and site visits.

The report displays the main patterns of attacks against health-care facilities in Ukraine. They include targeted assaults, indiscriminate attacks, abuse of facilities during the occupation, and cluster munition use.

In addition, we analyze the massive scale of destruction as constituting an overarching pattern. By doing so, we want to stress that in addition to considering separate hospital attacks individually, it is essential to look at them as a whole to understand the nature of Russian aggression.

Hospital attacks were not a result of occasional mistakes or local execution failures. Our finding is that the massive destruction of healthcare infrastructure was not a unique phenomenon, appalling as it is in itself. Rather, it illustrates the overall strategy Russian forces and political leadership have applied against Ukraine. It is the strategy of deliberate disregard of distinguishing between civilian and military targets. In other words, terror.





This picture of all-pervasive terror is formed by episodes such as mass civilian killings in Bucha and Irpin, missile attacks on a railway station in Kramatorsk, the targeting of malls in Vinnytsia and Kremenchuk, and cluster munitions used against a children's hospital in Chernihiv.

Our documentation of hospital attacks intends to contribute to the legal prosecution of war crimes and crimes against humanity committed by Russian military and political leaders. In addition, we urge international organizations, the World Health Organization (WHO) in particular, to take a more active stance against the mass destruction of healthcare in Ukraine.



Background

Since the beginning of the large-scale Russian invasion on February 24, the world has witnessed unprecedented destruction of Ukrainian civilian livelihoods. The Russian Federation has not only committed the crime of aggression, it has also blatantly violated international law by massively attacking residential areas and public facilities like schools, hospitals, cultural centers, water supply systems, roads, food storages, and others. The damage caused by the Russian troops has been assessed at \$4.5 bn per week.¹ Due to the temporary occupation of the part of the Ukrainian territory, the exact figures are still under clarification.

In the occupied territories, Russian troops resorted to tactics of terror toward the civilian population, including murders, executions, rape, and deprivation of essential services and needs — actions to be qualified as war crimes.



Damaged Trostyanets Central District Hospital in Sumy Region

Photo: Facebook page Trostyanets INFO

¹ Partington, Richard. "Russia's War in Ukraine 'Causing £3.6bn of Building Damage a Week." *The Guardian*, 4 May 2022, www.theguardian.com/world/2022/may/03/russias-war-in-ukraine-causing-36bn-of-building-damage-a-week.

Among those, the attacks on health facilities and personnel particularly stand out for their cruelty, ruthlessness, and inhumanity. Russian attacks on healthcare infrastructure are massive in scale and demonstrate their deliberate and brutal nature.

In the first phase of the invasion, 168 health facilities have been damaged and ruined as a result of 184 attacks, and 20 health professionals have been injured or killed by Russian forces in these attacks.

This is not the first time when the Russian Federation has resorted to the massive destruction of healthcare. It used similar tactics in the war in Chechnya² and especially in its military intervention in the civil war in Syria. According to Physicians for Human Rights, after Russia entered this conflict in 2015, an additional 244 attacks (40 percent of all attacks since 2011) on health facilities were committed either by Russian troops or the Russia-backed Syrian government forces.³

The tactics of aggression led to a radical deterioration of the humanitarian crisis in Syria. The humanitarian toll was immense: 6.5 million people fled the country, with one million that entered the EU, leading to an unprecedented migration crisis.4

Despite the vast documentation and reporting on cases in Syria, almost none of the perpetrators had yet been prosecuted or even seriously condemned or sanctioned.

^{2 &}quot;Endless Brutality. War Crimes in Chechnya. A Report by Physicians for Human Rights", May 2001. https://phr.org/wp-content/uploads/2001/05/chechnya-endless-brutality-report2001.pdf.

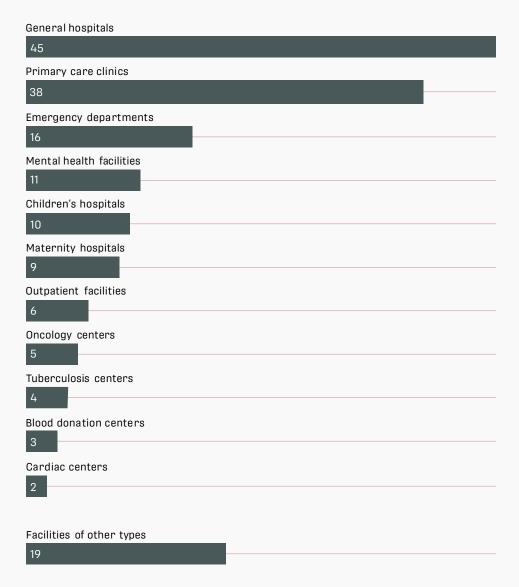
^{3 &}quot;A Map of Attacks on Health Care in Syria." Physicians for Human Rights, accessed 24 June, 2022, https://syriamap.phr.org/#/en/findings.

^{4 &}quot;Syria Refugee Crisis Explained." The UN Refugee Agency, 8 July 2022, www.unrefugees.org/news/syria-refugee-crisis-explained.

Attacks on health facilities reach far beyond the straightforward ruining of infrastructure. They have immediate and long-term effects on individual and population health. Furthermore, they play a critical role in inducing fear and insecurity in the civilian population.

In Ukraine, general hospitals and primary care centers were the most frequent victims of attacks. The essential community healthcare services were seriously disrupted especially in rural areas and small and medium-sized towns, where those facilities were the only source of medical aid.

Attacks on hospitals by facility type



Due to their nature, health facilities enjoy protected status as "civilian objects" under IHL. They remain operational even during active warfare. They are used as shelters and create a safe place for those who need to struggle not only with the horrors of war but also fight illness and disease.

If health facilities become a target and especially if they become a target because they are health facilities, it has an enormous demoralizing effect. Attacks on healthcare turn into a means of inflicting terror on a civilian population.

Since the beginning of the invasion of Ukraine, the scale of Russia's aggression and its humanitarian consequences are unprecedented compared to the earlier atrocities.

6.9 million Ukrainians have fled their country. Another seven million fled their homes and have been internally displaced.⁵ One in three Ukrainians were forced to leave their homes looking for security, making it the largest migration wave since World War II.

Impunity for Russian war crimes perpetuates ongoing atrocity crimes in Ukraine. However, the reaction of the international humanitarian organizations has been weak and irresolute.

The World Health Organization (WHO) never convened an emergency meeting on the Russia-Ukraine war. Until the end of March 2022, the WHO refrained from clear-cut statements about Russia's aggression. In its communication on war, it avoided the term itself, instead using euphemisms like "the crisis" or "the tragedy." It also refrained from naming the Russian Federation as an aggressor. In April, the Director General made a contradictory statement, blaming racism for the world's greater focus on Ukraine.6

The WHO Surveillance system for attacks on health care (SSA) has been used to record the episodes of hospital assaults. However, the WHO reported only about the total number of attacks, never disclosing details (even in the aggregated or anonymous form) or trying to link those attacks to likely perpetrators.

In April 2022, the rhetoric of WHO officials began to change as calls for the Russian Federation to end the war became regular. On May 10, the WHO's European region countries passed a resolution condemning Russia's aggression and calling for the Regional Director to withdraw the WHO European Office for the Prevention and Control of Noncommunicable Diseases from Moscow.⁷

However, this shift did not evolve into serious sanctions at the regular World Health Assembly later in May. In its Resolution on May 238, the Assembly confined its reaction only to generic statements. It did not decide to apply the relevant articles of the WHO Constitution to the Russian Federation.

^{5 &}quot;Internally Displaced Persons (IDP)." UNHCR Ukraine, www.unhcr.org/ua/en/internally-displaced-persons. Accessed 4 July 2022.

^{6 &}quot;WHO Chief Blames Racism for Greater Focus on Ukraine than Ethiopia." *The Guardian*, 14 Apr. 2022, www.theguardian.com/world/2022/apr/13/who-chief-tedros-ukraine-ethiopia-tigray.

^{7 &}quot;Special Session of the Regional Committee for Europe: Virtual Session, 10–11 May 2022: Resolution: WHA75: Health Emergency in Ukraine and Neighbouring Countries, Stemming from the Russian Federation's Aggression." WHO, 9 May 2022, www.who. int/europe/publications/i/item/EUR-RCSS-R1.

^{8 &}quot;Health emergency in Ukraine and refugee receiving and hosting countries, stemming from the Russian Federation's aggression" Seventy-fifth World Health Assembly, A75/A/CONF./6, 23 May 2022, https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_ACONF6-en.pdf.

Russia continues to be a full WHO member state, with its minister of health holding a position in the WHO Executive Board. The Resolution states that only "continued action by the Russian Federation to the detriment of the health situation in Ukraine, at regional and global levels, would necessitate that the Assembly should consider the application of relevant articles of WHO Constitution," de-facto inviting Russia to carry on its aggression.

There is a risk that this impunity may continue.

In this report, we intend to summarize our work on documenting massive attacks on healthcare facilities in Ukraine. We illustrate the extensive, systematic, and deliberate nature of these attacks, pointing out the fact that healthcare system destruction in Ukraine is not a collateral byproduct of war but a means to an end.

We expect that this work will help ensure accountability for the Russian Federation in three ways:

01

it will help in litigation processes within national and international jurisdictions to hold the Russian Federation accountable for a range of international crimes, including war crimes;

02

it will serve as an impetus for international humanitarian organizations and governments to take an active stance in not tolerating health system destruction;

03

it will assist in the elaboration of new mechanisms to ensure that a perpetrator will be prevented, deterred, or detained from attacking healthcare as a means of warfare.

Methodology and definitions

This report covers our records on hospital attacks for the period of 42 days, from February 24, 2022, to April 7, 2022, representing the first phase of the full-scale invasion.

Russian troops attempted to advance in several directions at once, with the primary goal of seizing Kyiv. The Russian military moved toward the capital from the north in Kyiv oblast and northeast and east through Chernihiv and Sumy oblasts. Russian troops also attempted to take the cities of Cherhiniv and Sumy. However, after failing to do so, they by passed Sumy and sieged Chernihiv, prioritizing fast progress toward Kyiv.

Russian forces attempted to seize and encircle the second largest city of Kharkiv, forty kilometers from the Russian border in north-eastern Ukraine.

In the south, Russian forces managed to temporarily occupy Kherson and advanced on Mykolaiv, although they failed to seize it. They also moved along the shore of the Azov sea to establish the landbridge from Crimea to Donetsk oblast and complete the siege of Mariupol.

In the east, Russian forces pushed to reach the administrative borders of Donetsk and Luhansk oblasts, prioritizing the seizure of Mariupol.

Although far from the frontline, other cities and towns throughout the country became targets for devastating missile strikes.

Most of the attacks against healthcare facilities occurred during these initial 42 days due to the invasion's political goals and the character of the military activity.

UHC documented episodes of direct attacks on:

- > healthcare facilities;
- > healthcare personnel;
- > ambulances.

However, this report is concerned with attacks on healthcare facilities.

Our focus was to record that a health facility was a target (deliberate or unintended) of military action rather than to measure the level of damage inflicted to a facility.

Healthcare facilities are defined as core health system institutions staffed with doctors and nurses. Rural feldsher / midwife points, pharmacies, recreational facilities, etc. are not included.

We documented the attacks, which resulted in significant disruption of facility operations and influenced the delivery of healthcare services. Due to this approach, our database contains fewer episodes than other sources, namely the WHO Surveillance system for attacks on health care (SSA) and the Ministry of Health of Ukraine (MOH Ukraine) database.

Some health facilities were attacked more than once. We kept separate records of the facilities / personnel attacked and the number of attacks on them. We counted multiple attacks on the same facility in a total number of attacks.

We collected information from open sources (media outlets, social media, government officials' pages, etc.), witnesses, and site visits. We compared our records with partners' databases. We used the Berkeley protocol on Digital Open Source Investigations developed by the University of California, Berkeley School of Law, with representatives of the United Nations in the documentation process.

We verified every episode and compiled the following information on it:

- > name of a facility;
- > official address and Google Maps location;
- > graphic evidence from open sources and / or witnesses;

Additionally, we added the following information, where available:

- > the reported number of killed and injured healthcare personnel;
- > testimony from witnesses (audio, text);
- > graphic and audio evidence from site visits;
- > satellite images.

To ensure that the reported information does not threaten health facilities with repeated attacks, we disclose only the episodes distanced from current military activity in time and space (hospitals located out of the zone of active military action).

Our list of hospital attacks is not yet complete. We are working on verifying data on impacted healthcare facilities and the healthcare workforce in Ukraine's occupied territories.

We continue verification and gathering additional information on cases already in the database. Their total number, content, and assessment might be subject to change.

Types of attacks on health facilities

This report differentiates between targeted and indiscriminate attacks on health facilities and personnel. Both types, however, can constitute war crimes under international humanitarian law.

The principle of distinction as described by the International Committee of the Red Cross (ICRC) claims that parties to a conflict must distinguish between military and civilian objects.⁹

According to Protocol I of the Geneva Conventions of 12 August 1949, the target is considered as military where it significantly contributes to the military operation. However, some military manuals also include such types of targets that "indirectly but effectively support and sustain the enemy's war-fighting capability." For this reason, political, financial, or social infrastructure centers can, under certain conditions, be considered lawful targets.

However, attacking healthcare infrastructure cannot be considered lawful as the goal in doing so is to affect the morale of the civilian population in the first place, not to decrease the military strength of the armed forces.

If the primary purpose of any acts or threats of violence is to instill terror amongst the civilian population, these actions are prohibited.

^{9 &}quot;The law of armed conflict.", *International Committee of the Red Cross*, https://www.icrc.org/en/doc/assets/files/other/law3_final.pdf. Accessed 27 June 2022.

^{10 &}quot;Legitimate Targets of Attacks Under International Humanitarian Law." Harvard Humanitarian Initiative, https://hhi. harvard.edu/publications/legitimate-targets-attacks-under-international-humanitarian-law. Accessed 20 June 2022.

Annotated Supplement to The Commander's Handbook on the Law of Naval Operations (SuDoc D 208.207:73). A.R. Thomas and James C. Duncan (eds.), vol.73, Naval War College, 1999, https://ia601601.us.archive.org/11/items/annotatedsupplem73thom/annotatedsupplem73thom.pdf

According to Protocol, I Article 5 Geneva Conventions of 12 August 1949¹², indiscriminate attacks that are prohibited include:

- a) those which are not directed at a specific military objective;
- b) those which employ a method or means of combat which cannot be directed at a specific military objective; or
- c) those which employ a method or means of combat the effects of which cannot be limited as required by this Protocol; and consequently, in each such case, are of a nature to strike military objectives and civilians or civilian objects without distinction.

As a weapon indiscriminate by design, cluster munitions are prohibited separately by the 2008 Convention on Cluster Munitions.¹³

A particular type of indiscriminate attack is carpet bombing. It is an extensive area bombardment accomplished in a progressive manner to impose harm on every part of a selected area of land. 14 Carpet bombing is usually performed by dropping numerous unguided bombs on the territory to destroy all the objects of military, industrial and social infrastructure and kill combatants and civilians.

This type of attack that is supposed to hurt and kill civilians is also prohibited by Article 51 of Protocol I of the Geneva Conventions.

[&]quot;Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977." *ICRC*, https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/Treaty.xsp?action=open Document&documentId=D9E6B6264D7723C3C12563CD002D6CE4. Accessed 1 July 2022.

¹³ The Convention on Cluster Munitions. "Convention Text." *The Convention on Cluster Munitions*, www.clusterconvention.org/convention-text. Accessed 1 July 2022.

Dickson, Paul. War Slang: American Fighting Words and Phrases Since the Civil War, Second Edition. 2nd ed., Potomac Books Inc., 2003, pp. 139, 209, 303-304. https://books.google.com.ua/books?id=qFgvCgiCpUsC&pg=PA304&redir_esc=y.

To distinguish between targeted and indiscriminate attacks, we used the following indicia: 15

	Indicia of targeted attacks	Indicia of indiscriminate attacks
Type of weapon used	Precision weapons / weapons capable of being used precisely	Indiscriminate weapons such as dumb bombs, cluster munitions, etc.
Method / pattern of attack on the hospital	Repeated shelling that narrows down on one location A series of strikes on the same exact location A "double tap" strike that hits the same location 10-30 minutes after a first strike in order to target first responders Planes, drones, or helicopters circling over an area before an attack for reconnaissance Low-flying or slow-moving planes or helicopters dropping munitions	One-off attack that lacks precision No reconnaissance conducted before the attack Weapon dropped from fast moving and high-flying plane or helicopter
Patterns of attacks nearby	Virtually no other attacks on the area aside from the attack on a medical facility Strikes on multiple medical facilities in the region within a close time period, while other locations were not hit	Widespread bombing across a town or area around the time of the hospital attack, impacting many different locations (and no one location in particular)
Hospital location, size, and markers	The hospital is in an isolated area (with no other buildings around it) or a sparsely populated area (with only a few buildings around it) The hospital is a large or distinct looking complex that is unmistakable, especially from the air The hospital location is known to Russian forces (ex: it is located on Google Maps) The hospital has well-marked medical emblems such as a red cross, visible from the air	The hospital is in a densely-populated area with many other buildings around it The hospital is a small building and / or an unremarkable structurethat may be hard to identify from the air The hospital location is not known to Russian forces (ex: it is a field hospital established during the conflict and is unmarked) The hospital lacks any medical emblems
Military targets nearby	Lack of any military targets nearby (whether fixed targets like a military base or mobile targets like Ukrainian forces)	Presence of military targets nearby or reports of military targets nearby (again, either fixed or mobile)
Number of strikes on a medical facility	Repeated strikes on the same medical facility, when other locations are being spared, may help indicate targeting	Repeated strikes on the same medical facility, when many other structures around it are also being hit repeatedly, could indicate an indiscriminate bombing campaign

Other ways to disrupt healthcare delivery

Attacks on hospitals and healthcare personnel are not the only ways to disrupt healthcare delivery. Russian troops forced Ukrainian medical professionals to provide healthcare for the Russian military, often restricting civilian access to facilities, preventing healthcare personnel from providing care, restricting humanitarian aid to people in need, stealing and damaging medical equipment, and mining hospitals.¹⁶

The Russian military is also continuously disrupting the supply chains of medicines to the occupied areas and destroying the electricity, water, and gas supply in healthcare facilities.



¹⁵ Based on guidance from Elise Baker, Staff Lawyer at the Atlantic Council's Strategic Litigation Project.

^{16 &}quot;Russians Destroy Medical Infrastructure in Occupied Territories — Intelligence." *LB.Ua*, 1 May 2022, https://en.lb.ua/news/2022/05/01/14093_russians_destroy_medical.html

Patterns of attacks on healthcare facilities in Ukraine

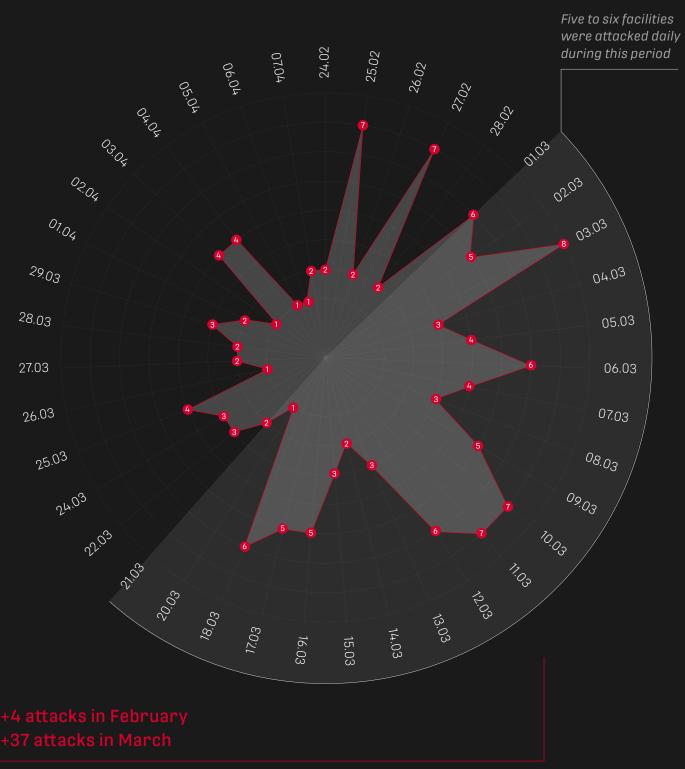
Massive scale and systemic nature of attacks

During the first phase of the invasion, the concentration of attacks on civilian infrastructure, including healthcare facilities, has been startling. Overall, 184 attacks on health infrastructure have been verified by UHC, and 168 facilities were affected by them, including 19 completely destroyed facilities. At least 12 facilities have been attacked more than once.

On average, four healthcare facilities were attacked daily during the invasion. However, within three weeks between March 1 and March 21, assaults were particularly intense: five to six healthcare facilities were attacked daily during this period.

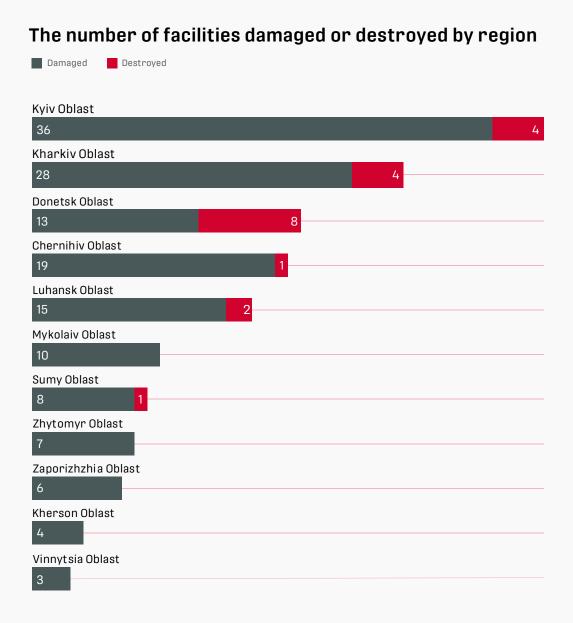


The number of attacks by date



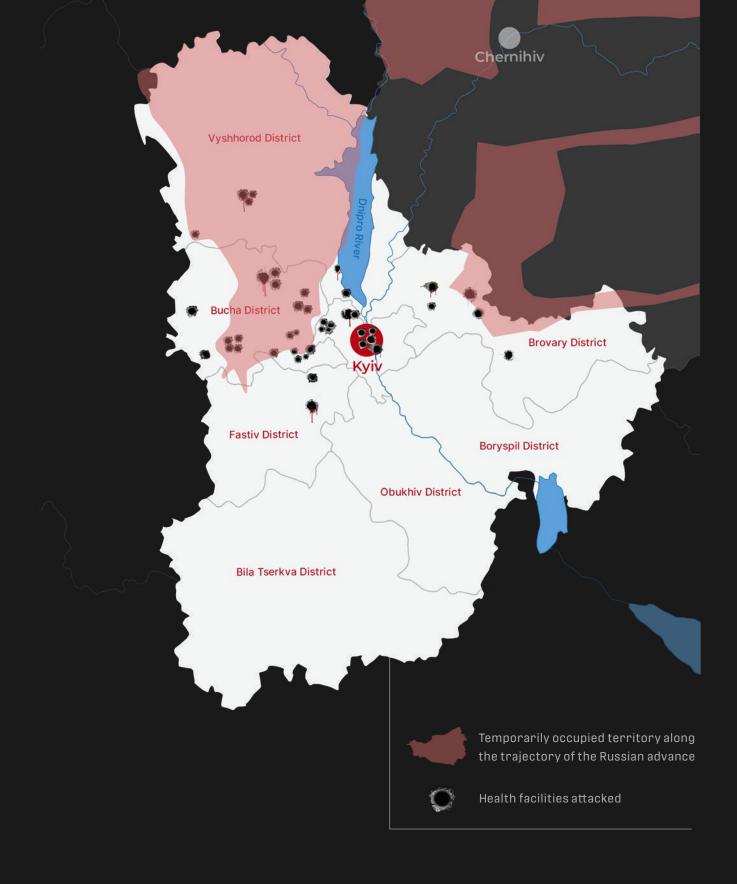
the exact date of attacks is not available

The geography of attacks followed the invasion pattern. Kyiv and Kharkiv oblast suffered most, followed by Chernihiv, Luhansk, Donetsk, Mykolaiv, and Sumy oblasts, all critical sectors of the Ukrainian resistance. Zhytomyr, Vinnytsia, and Zaporizhzhia oblasts still suffered from missiles or other airborne strikes, although they remained at a relative distance from military action.



Attacks on health facilities were not an isolated phenomenon. They were a part of the broader pattern of war crimes and destruction of civilian livelihoods committed by Russian troops.

Of all places, the most significant number of hospital attacks was concentrated in the area northwest of Kyiv, temporarily occupied along the trajectory of the Russian advance to the capital. The towns of Bucha, Borodyanka, Irpin, Vorzel, Hostomel, Makariv, Buzova, Byshiv, and others faced appalling violence against civilians. A disproportionate number of infrastructure was damaged or destroyed, including healthcare facilities.



The immense scale and high intensity of hospital attacks and other civilian destruction leads to the conclusion that inflicting civilian casualties and destroying civilian objects are not acts to be avoided by Russian forces. Rather, Russian troops treated civilian objects as legitimate targets in violation of IHL and customary international law. Their purposeful carelessness in conducting warfare might itself constitute a pattern indicative of a war crime.

Targeted attacks

Mariupol Child and Women's Health Hospital (Donetsk oblast)

Mariupol is the largest Ukrainian city on the Sea of Azov and the main port serving the industries and agriculture of eastern Ukraine. Before the full-scale Russian invasion in 2022, almost 450,000 people had been living there (2017 estimate).

From the first days of the aggression, the city was under siege, and civilian buildings were severely hit. At the beginning of March 2022, there was no electricity, water supply, no mobile communication, or Internet. Despite that, many health facilities continued to deliver care to people. One was the Mariupol Child and Women's Health Hospital, located in the southwest part of the city (in the city center area).

The hospital consisted of several separate buildings located close to each other — a Children's Diagnostic Consultancy Unit, a Maternity Hospital, a Women's Health Building, and other technical and administrative buildings. It was located in a district full of different medical facilities — at least three more in the area, including Mariupol Oncology Center, about 400 meters away.



Wounded pregnant woman being evacuated from maternity hospital after the bombing

Photo: Associated Press

On March 9, 2022, an airstrike ripped through a maternity and children's hospital, causing mass destruction of the area, injuring 17, and killing at least five people. Heavy bombs were dropped from the aircraft. One of them left a large crater in the hospital yard and caused severe damage to surrounding buildings. Military experts agreed that a crater of this size, measuring two stories deep, was caused by an air-dropped munition. It was "undoubtedly an air-dropped munition" and "a big one" weighing at least 1,000 lb (454 kg), according to weapons expert Chris Cobb-Smith.¹⁷



A crater left by a bomb dropped

Photo: Mariupol City Council

^{17 &}quot;Mariupol Hospital Attack: Examining How Russian Forces Hit a Ukraine Maternity and Children's Hospital." *CNN*, 22 Mar. 2022, https://edition.cnn.com/interactive/2022/03/europe/mariupol-maternity-hospital-attack/index.html.

The bombing mainly damaged two buildings — the Children's Diagnostic Consultancy Unit and the Maternity Hospital. The windows were blown out, the facades and roofs of buildings were destroyed, the hospital territory was torn down, and the interior was utterly ruined. Hospital representatives reported that the estimated damage to the buildings and the territory was approximately 90 percent. During the attack, the hospital was operational with medical staff and patients staying inside.

Later on, Russia claimed¹⁸ that the hospital was a justifiable military target because according to Russian officials, it was held by the Azov regiment. Russia also claimed¹⁹ that the hospital was free of staff and patients. Moreover, Russia accused Ukraine of "staging the show" with injured civilians to blame Russian forces.²⁰ No evidence was provided to show that the hospital was non-operational and used by the Ukrainian fighters for military purposes.

^{18 &}quot;Russia Claims without Evidence That the Maternity Hospital It Bombed — Which Killed a Child — Was a Ukrainian Militia Base." *Business Insider*, 11 Mar. 2022, https://www.businessinsider.com/russia-says-mariupol-maternity-hospital-militia-base-no-evidence-2022-3.

^{19 &}quot;Russia Claims without Evidence That the Maternity Hospital It Bombed — Which Killed a Child — Was a Ukrainian Militia Base." *Business Insider*, 11 Mar. 2022, https://www.businessinsider.com/russia-says-mariupol-maternity-hospital-militia-base-no-evidence-2022-3.

^{20 &}quot;LIE: Bombing of Maternity Hospital in Mariupol Staged." *Vox Ukraine*, 17 Mar. 2022, https://voxukraine.org/en/lie-bombing-of-maternity-hospital-in-mariupol-staged/.

Trostyanets City Hospital (Sumy oblast)

Trostyanets, a town close to the Russia-Ukraine border, with almost 20,000 population (2020), was under temporary Russian occupation for almost a month (from March 1, 2022, until March 26, 2022).

Fighting in Trostyanets was heavy. A lot of civilian infrastructure was damaged or destroyed; the city mayor Yuriy Bova confirmed, "Traces of bullets and shrapnel remained on almost every building."²¹ Russian troops set up their headquarters at the railway station and placed artillery stations and checkpoints in the city.

During the period of occupation, the Trostyanets City Hospital was attacked persistently. The hospital is a standalone complex of buildings accompanied by several residential houses in a green area on the city outskirts. A television tower is approximately 650 meters northwest of the healthcare facility. Since 2018, the hospital has been renovated; the inpatient building was reconstructed last fall and became one of the best places to get specialized care in the area.

The first report about the hospital attack came on March 18, 2022, from Dmytro Zhyvytskyi, the head of the Sumy regional state administration. According to Mr. Zhyvytskyi, the hospital was under attack, and destruction was severe, but no one was injured or killed.²² The hospital medical director Anna Shvetsova, who has been at the hospital all the time, stated that the shelling went on for more than one day, confirming attacks on March 20, 23, and.²³ There were no casualties reported during those attacks either. Apart from shelling, Russian forces stole the hospital's only ambulance available to go on calls; other vehicles were damaged as a result of numerous attacks. This made the medical personnel unable to deliver care outside the facility.

^{21 &}quot;'The Russians Turned the Whole City into an Entire Wound...' Interview with the Mayor of Trostyanets.", *decentralization*. *gov.ua*, 27 June 2022, https://decentralization.gov.ua/en/news/14726.

Dmytro Zhyvytsky / Sumy regional state administration. *Telegram*, 19 Mar. 2022, 1:36 a.m., https://t.me/Zhyvytskyy/1260. Accessed 24 June 2022.

²³ Shvetsova, Anna. Interview. Conducted by the UHC team, 5 April 2022.

Anna Shvetsova, hospital medical director:24

"The first destruction took place on March.20 The tank purposefully hit the second floor (it hit the assembly hall). No one was injured, because when they (the personnel) saw that a tank and an armored personnel carrier were approaching, they all ran to the bomb shelter. Well, then the machine-gunner ran over the territory, and that was all about it. But March 23 was the most terrible day for us. Horror. It was difficult both in moral and psychological terms. The most terrible thing was when they came here, and people hid. They were smashing down (the equipment), everything was falling thick and fast, children were screaming..."

On March 25, 2022, a video was published that captured Russian tanks were deliberately attacking the facility.²⁵ After the city was liberated, a lot of graphic evidence showed that it was Russian tanks attacking the hospital building.²⁶ This information was confirmed by witnesses the UHC team interviewed during the site visit.²⁷ Later, the State Bureau of Investigation in Ukraine identified Russian servicemen who allegedly fired at the facility from tanks.²⁸



One of the tanks that were allegedly shelling the hospital

Photo: Stas Yurchenko for Gratv

²⁴ Shvetsova, Anna. Interview. Conducted by the UHC team, 5 April 2022.

²⁵ Yuriy Mysiahin. Telegram, 25 Mar. 2022, 1:59 p.m., https://t.me/mysiagin/3848. Accessed 27 June 2022.

^{26 &}quot;Trostyanets. 30 days of hell." YouTube, uploaded by War diary. Sumyshchyna UA, 5 Apr. 2016, https://youtu.be/KanxVInd6Kw.

²⁷ Plakhtyria, Anatoliy. Interview. Conducted by the UHC team, 11 August 2022.

²⁸ State Bureau of Investigation. "The SBI Identified Russian Service Members Who, with Tanks, Were Firing at a Hospital in Trostyanets — State Bureau of Investigation." dbr.gov.ua, 20 May 2022, dbr.gov.ua/en/news/dbr-vstanovilo-vijskovosluzhbovciv-rf-yaki-z-tankiv-rozstrilyuvali-likarnyu-v-trostyanci. Accessed 8 July 2022.

Besides the constant shelling, Russian fighters had been entering the hospital and using firearms while patients and medical personnel were inside.

Anna Shvetsova, hospital medical director:29

"Late on March 24, machine-gunners entered the hospital and started shooting on the first floor. All employees managed to run away to the bomb shelter. And they took the bedridden patients there; thank God, they managed to hide..."

The hospital sustained heavy damage. The inpatient building suffered two direct hits on the fifth floor. Many windows were shattered, and the interior decoration of the buildings was destroyed. The repeated shelling severely damaged or ruined surgical, maternity, neurology, and gynecology units. Ambulances located in the territory of the hospital were shot and damaged by shrapnel from explosions.

A separate three-story infectious diseases department and the outpatient department buildings were seriously damaged as well. The first one was hit directly, with shattered windows, broken doors, and a damaged roof. In the outpatient department, supporting walls were damaged and could have collapsed at any time.

As Russian troops were retreating from Trostyanets, they minestudded many administrative buildings, including the hospital.



Destroyed postpartum ward in the hospital

Photo published by rama.com.ua

Makariv Primary Care Clinic (Kyiv oblast)

Makariv is an urban-type settlement 30 kilometers west of Kyiv with a population of almost 10,000 (2020). In March, Russian troops advanced on Makariv from the North, intending to cut the critical E40 highway connecting Kyiv with the Western part of Ukraine. The town had not been occupied; however, Russian troops held the north-eastern outskirts until April 1, 2022. During that time, the town suffered severe destruction: over 200 buildings were destroyed, and another 600, including three healthcare facilities, were severely damaged.³⁰

Makariv Primary Care Clinic was located in the north-western part of the town in the territory of the Makariv district hospital campus, which included the main hospital building, the administrative building, the emergency care station, and several minor buildings. No other facilities except for a few residential buildings were located nearby.

The clinic was attacked on March 28, allegedly with mortar fire. The facility was totally destroyed. The nearby buildings had windows broken and showed traces of artillery shooting and gunfire; however, the damage inflicted to the primary care clinic appeared dispro- portionate. Most of the personnel were evacuated at the moment of the attack, except for several staff members.

Serhiy Solomenko, director of the Makariv Primary Care Clinic:³¹

"Hostilities broke out in Bucha district on February 24. Accordingly, in our Makariv area, the first hostilities took place on February 26... Until we were instructed to get evacuated, the events came thick and fast; there was no evacuation of the population or healthcare facilities; therefore, patients, both civilian and military, came to us to these healthcare facilities to get first aid.

Along with the development of the events, we faced such problems as the absence of any communication, the Internet; in addition to all this, the electricity supply was damaged in most of the community. That is, our employees were in rather difficult conditions.

^{30 &}quot;Invaders Destroyed More than 200 Houses in Makariv – National Police.", *Ukrinform*, 15 Apr. 2022, www.ukrinform.net/rubric-ato/3457958-invaders-destroyed-more-than-200-houses-in-makariv-national-police.html.

Solonenko, Serhiy. Interview. Conducted by the UHC team, 29 March 2022.

We had to accomplish the main task: to preserve the personnel as much as possible. Fortunately, none of the medical personnel were injured. There were some who got injured but fortunately without fatal consequences."

Makariv Primary Care Clinic before and after it was attacked



BAKUMHYŬCЯ
TYT
LEHTP MACOBOT BAKUMHAUT

V Batumajik 08080 2018
ala COUD-19 establicate/Plifty and

BEFORE the attack



AFTER the attack



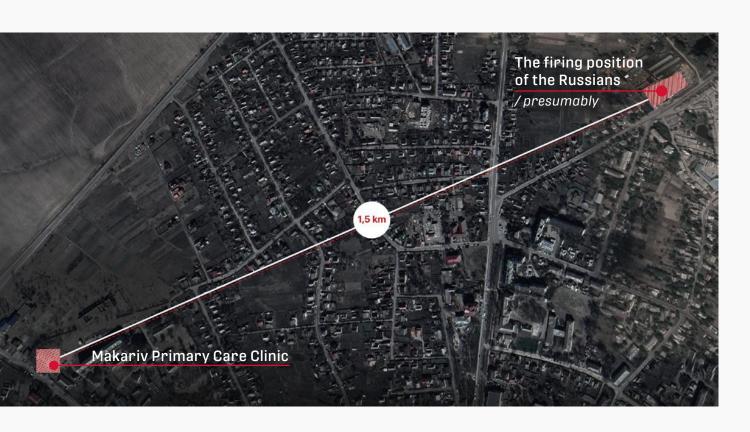
Photo: open sources, UHC

During UHC's site visit, traces of mortar fire were detected: four funnels from mortar strikes near the facility located along one line at a distance of approximately 10m from one another. Another two holes were discovered in the rubble of the building. This pattern suggested that the mortar fire was corrected stepwise until the target was finally hit.

It was possible to define the angle of the attack based on the shell explosion direction and the probable position of the Russian troops who committed the attack. The residents confirmed it was the actual location of the Russian troops' deployment in the town. However, we could not approach the site to inspect it further.

The other military expert that UHC consulted suggested that the weapon used might have been a heavier artillery system, and the facility could have been assaulted in more than one episode.

The character of the destruction in the facility vis-a-vis those of the nearby area suggests that the attack was a standalone, targeted effort.



Funnels from mortar strikes detected during the site visit



Indiscriminate attacks

Chernihiv Regional Cardiac Center (Chernihiv oblast)

On March 3, 2022, a Russian aircraft dropped unguided heavy bombs on the residential apartment buildings in the city center of Chernihiv; Chernihiv Regional Cardiac Center was affected during the attack.

At 12:16 pm, an aircraft dropped at least eight unguided bombs on Viacheslava Chornovola Street, according to verified dashcam footage. The bombing killed forty-seven civilians (38 men and nine women); another 18 people were injured.³² The representative of the nearby Chernihiv Regional Children's Hospital reported that they admitted at least 37 adult heavily injured patients during the hour starting from 12:53.

According to witnesses, the FAB-500 "dumb" bombs were used. No military targets in the area were confirmed by witnesses and international investigative organizations.

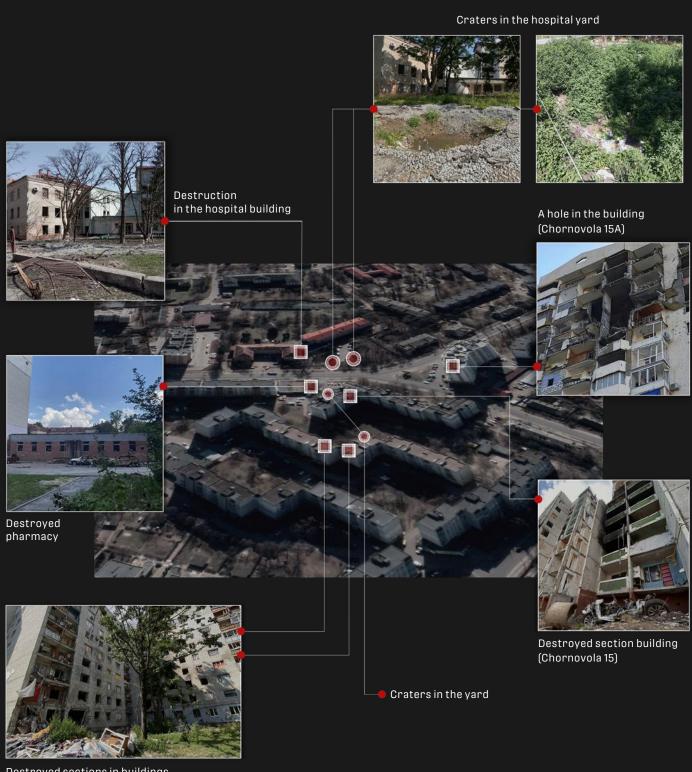
The attack damaged four apartment buildings, a pharmacy, and the Cardiac center. During the site visit, the UHC team identified four distinct bomb craters, one more potential crater (buried under the rubble), and two direct hit areas in buildings.

Two deep holes were located in the Cardiac center yard. The facade around them was heavily damaged; the windows of the inpatient building and the U-shaped building of the hospital were blown out by the explosion wave. The hospital was not operational at the moment of the March 3 attack.

In addition, we identified the remains of the fire on the second floor of the junction section of the hospital and considerable damage to the roof of the U-shaped building. UHC could not identify their source; however, they are present in the March 3 witness footage. The satellite imagery showed that the damage appeared after February 28.

The March 3 attack is highly likely to be a war crime and should be investigated by the International Criminal Court.

^{32 &}quot;Ukraine: Russian Air-Dropped Bombs Hit Residential Area." *Human Rights Watch*, 10 Mar. 2022, www.hrw.org/news/2022/03/10/ukraine-russian-air-dropped-bombs-hit-residential-area.



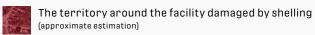
Destroyed sections in buildings (Ivana Bohuna 44 and 46)

Adonis Medical Center (Makariv, Kyiv oblast)

The Adonis Medical Center is another health facility in Makariv that was totally destroyed. The facility was situated close to the city center, surrounded by residential buildings, shops, and the City Council of Makariv. The hospital was not far from the bridge over the Zdvyzh River (around 200 m north). The bridge had an essential role in supply and reinforcements connecting Makariv to the E40 highway leading directly to the western part of Kyiv. Therefore, it was defended by Ukrainian forces and presumably could be a target for Russian troops approaching from the north.







The exact type of weapons that destroyed the facility is unknown. News reports of March 12, 2022, suggested a series of airstrikes; the medical facility was among the damaged buildings.³³ The deputy from Kyiv Oblast Council claimed the hospital was shelled by the "Hurricane" multiple rocket launcher.³⁴ The scale of the destruction was significant, with only several hospital building walls remaining. The territory around it was devastated: damaged residential buildings and craters from shells were covering the ground. The area to the north of the facility suffered the most.

The pattern of the attack(s) on the Adonis hospital and the surrounding area suggests that they were damaged in a series of broad indiscriminate attacks perpetrated from the north, where Russian forces were located.

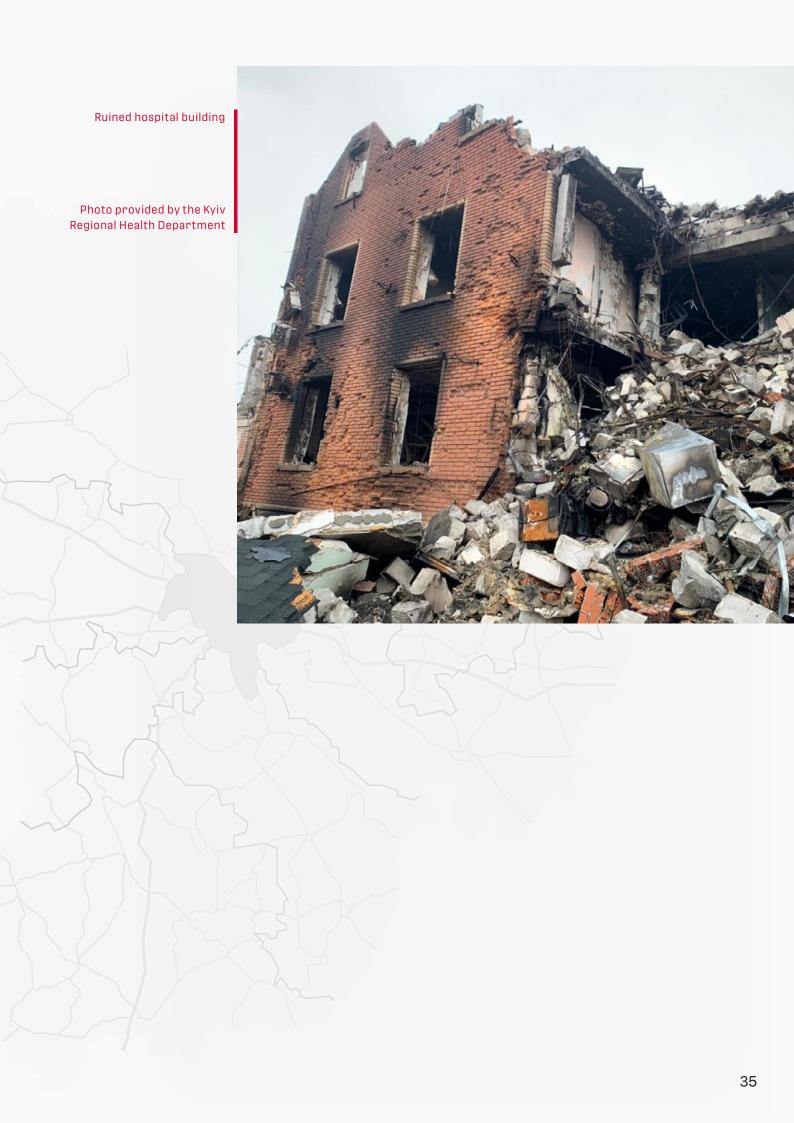


The Adonis hospital on March 12, 2022

Photo published by Yaroslav Dobryansky

[&]quot;Significant Destruction Seen in Makariv, a Ukrainian Village 30 Miles West of Kyiv." CNN, 12 Mar. 2022, https://edition.cnn.com/europe/live-news/ukraine-russia-putin-news-03-12-22/h_2ee0ca37b6577f631528c18edcf80e6d.

³⁴ Yaroslav Dobryansky. *Facebook*, 12 Mar. 2022, 7:31 p.m., https://www.facebook.com/permalink.php?story_fbid=pf bid02grHtRyQmwNPXSMwxVrVyFxf99bGECBzgVuHd2TLkPoxw6dNcKbqe2cQ9zMEuXpCSl&id=100004674252510. Accessed 27 June 2022.



Sievierodonetsk City Multiprofile Hospital (Luhansk oblast)

Sievierodonetsk is an administrative center of the Luhansk oblast (since the occupation of Luhansk in 2014) with a population of 102,000 (2021 estimate). It is an industrial city with several factories and one of the largest chemical production facilities in Ukraine and Europe.

As the large-scale invasion began, Sievierodonetsk was heavily attacked by Russian forces, resulting in extensive damage to the city, including civilian areas.³⁵ The shelling significantly damaged or destroyed the majority of health facilities; Sievierodonetsk City Multiprofile Hospital suffered the most. The hospital was attacked at least five times in the initial two months of the full-scale invasion. However, the facility remained operational and delivered care to the civilian population.

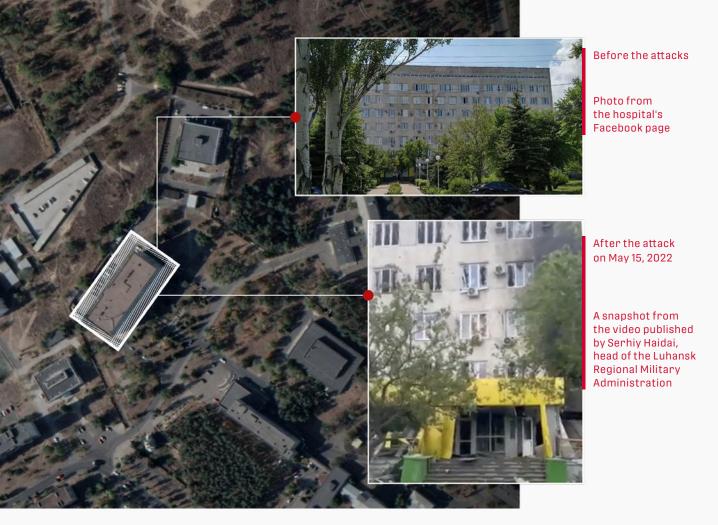
The hospital is a complex of buildings with a distinct appearance. Close to the main building, there is an administrative building, a children's department, an infectious diseases department, a city morgue, and a family planning office.

The first report about the attack came on March 6. That day Russian forces fired at an ambulance on the call with medical personnel from the facility. The driver and a nurse were killed. On the following day, the facility was shelled with large-caliber mortars. After that, four attacks occurred on March 9, 12, and 21 (twice). The potential weapons used were mortars and artillery; however, there is no verified information on it.

On April 27, Serhiy Haidai, head of the Luhansk Regional Military Administration, confirmed another attack that killed one patient. He said that this hospital remained the only operational health facility in the city and the second in the entire Luhansk oblast.³⁶

³⁵ At the time of the release of this report, the city was almost fully destroyed and occupied by the Russian troops (since June 25).

The Luhansk Regional Military Administration / Haidai Serhiy. *Telegram*, 27 Apr. 2022, 3:03 p.m., https://t.me/luhanskaVTSA/2057. Accessed 29 June 2022.



The main building of the Sievierodonetsk City Multiprofile Hospital

All hospital buildings were impacted by shelling, and many unexploded munitions were left in the facility's territory. The attacks on March 7 and 12 heavily damaged the main inpatient building. Many windows were blown out, and a direct strike destroyed the 4th floor. Two attacks on March 21 severely damaged infectious diseases and children's departments located in separate buildings. The fire broke out after the shelling in the children's department. There were no casualties reported as a result of those attacks.

Numerous repeated strikes on the hospital and nearby buildings suggest an indiscriminate bombing campaign. However, targeted assaults could potentially occur given the hospital's distinctly visible location and the high frequency of attacks.

Izyum Central City Hospital (Kharkiv oblast)

Izyum is about 120 kilometers southeast of Kharkiv, with a population of 45,000 as of 2021. Russian troops massively attacked the city from the beginning of March 2022; the first assault was reported on February 28. By early April, the control of the town was split between Russian and Ukrainian forces, and heavy fighting continued. Since the beginning of April, Izyum has been entirely occupied.

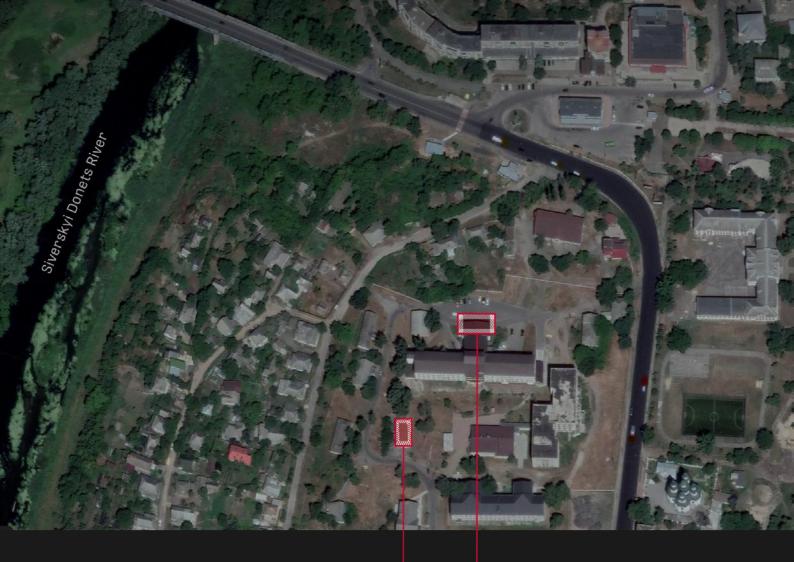
Central City Hospital is located in a residential area with several medical facilities, a church, a medical college, and residential buildings.

On March 3, the city was bombed from the air. Eight civilians, including two children, were killed in this attack. It also caused significant damage to the central city hospital. While not a direct attack on the facility, the blast blew out most windows of the hospital's buildings.

On March 6, the facility was attacked as a result of the large-scale carpet-bombing campaign. Local government officials claimed that Russian forces attacked the city using missiles, artillery, and mortars; there were also attacks from the air. The shelling was brutal and chaotic and led to the massive destruction of civilian infrastructure. Later, Deputy Mayor Volodymyr Matsokin confirmed that "Almost 80 percent of residential buildings in the city of Izyum have been destroyed."³⁷

As a result of the bombings, all the hospital premises were damaged. The admission department was destroyed; the department of anesthesiology and intensive care unit were also heavily damaged. The elevator fell into the basement, and ceilings and walls on some floors collapsed.

^{37 &}quot;Izyum City Government: Izyum 80% Destroyed." *Ukrainska Pravda*, 3 Apr. 2022, https://www.pravda.com.ua/eng/news/2022/04/3/7336793/.



A technical building near the facility marked with a red cross



Photo provided by Bogdan Berezhnyi, hospital medical director

The admission department destruction



Photo: Deputy Mayor of Izyum, Volodymyr Matsokin

Deputy Mayor Volodymyr Matsokin on Facebook:38

"I thought the gates of hell had closed, but it turned out we were only in the first circle. This [in the video] is the admission area of our central city hospital. Maybe [the Russian troops thought that it was] another secret NATO base. Patients tried to crawl from under the rubble as best as they could."

The hospital team had also marked the hospital with a big red cross that could be seen from the air. The cross was placed on the technical pavilion close to the main hospital's building.



Abuse of the temporarily occupied facilities

Kyiv Regional Mental Health Center in Vorzel (Kyiv oblast)

Vorzel is an urban-type settlement located 30 kilometers northwest of Kyiv with 6,500 residents (2020). The Russian military occupied the town in the first days of the full-scale invasion. Vorzel was under temporary occupation for 35 days. As Russian forces approached, they shelled the town, damaging civilian infrastructure. After capturing the city, Russian troops occupied many residential and other buildings for personal use. One of them was the Regional Mental Care Center.

The facility is located outside the official town border in an isolated area surrounded by forest. The center is not far from the E373 road that leads to Bucha and further to the northwestern part of Kyiv. It is 2 km from the Hostomel airfield, one of the sites of a massive paratrooper attack in the first days of the invasion.

This hospital suffered from indiscriminate shelling. Numerous blasts from the explosions nearby damaged the center's buildings. The windows have all been blown out, and the doors and walls have been smashed. Russian tanks tore off the yard and crashed fences.

As the Russian troops were retreating from Vorzel, they planted it with mines.³⁹ The premises' interior was severely damaged as well, leaving traces of gunfire on walls and doors; they looted the medical equipment, drugs, and medical devices. Most of the facility's rooms were vandalized. The Russians damaged all of the nine service cars parked on the territory of the facility, two of them being ambulances used to carry patients.

^{39 &}quot;Eight hectares of sorrow: what happened to Vorzel's psychiatric hospital during russian occupation." *Rubryka*, 18 May 2022, https://rubryka.com/en/article/vorzel-psyhlikarnya/.





Facility rooms after the Russian forces left

Photos provided by Tetiana Ponomarenko, director of the Regional Mental Health Center

Tetiana Ponomarenko,director of the Regional Mental Health Center:⁴⁰

"The Kyiv Regional Mental Health Center is located in the village of Vorzel, of Bucha district, next to the Gostomel Airport. On February 24, 2022, the healthcare facility came under heavy fire from Russian occupiers. On February 25, 2022, the patients were evacuated because the windows in the clinical buildings were broken by the blast wave; there was no possibility to cook food as the light, water, and heat supply disappeared. The facility got occupied on February 28, 2022; the occupiers settled in car garages and put their military equipment in the surrounding territory.

All medical premises were vandalized, medical equipment was broken, the hospital car fleet was crashed, and the doors of the facility were shot. After liberation from the occupation, demining of the territory continued for two weeks."



Shot ambulances near the facility

Photo provided by Tetiana Ponomarenko, director of the Regional Mental Health Center

According to the hospital director, the Ukrainian military was never deployed or operated in or around the Center. Numerous cases of looting medical equipment, medicines, furniture, cars, and damaging facility premises were reported by the hospital personnel. This testimony fits into a larger pattern of retreat of the Russian troops from the Kyiv outskirts, accompanied by massive looting, destruction, and civilian killings.

Cluster munition attacks

Chernihiv Regional Children's Hospital (Chernihiv oblast)

On March 17, Russian forces shelled the area in the city center of Chernihiv, where the hospital is located. Cluster munitions were used, launched presumably from the Uragan MLRS. Fourteen civilians were killed and another 21 injured as a result of the attack.⁴¹

According to Mykola Liutkevych, the head of the trauma department at the hospital, the attack came in without an air alert siren in the morning, at about 11.00 a.m.⁴² (9.30 a.m., according to other sources). The previous air alert had just ended, and the majority of patients and staff remained in the shelter; this helped to avoid casualties.

However, injured civilians from the surrounding area were brought to the hospital, and both children and adults were admitted. At least three heavily injured children were admitted immediately after the shelling, according to Mr. Liutkevych.



A place where one of the cluster munition projectiles burst

Photo: UHC

^{41 &}quot;Ukraine: Russian Strikes Killed Scores of Civilians in Chernihiv." *Human Rights Watch*, 10 June 2022, www.hrw.org/news/2022/06/10/ukraine-russian-strikes-killed-scores-civilians-chernihiv.

⁴² Liutkevych, Mykola. Interview. Conducted by the UHC team, 15 July 2022.

More than 200 of the hospital's windows from the first to fifth floors were broken by munition shrapnel. Several parts of the building were also affected, including the oxygen station, which was at a high risk of explosion. The particles were collected by the hospital staff inside and outside the building and removed from patients' bodies. None of the patients inside the hospital were severely injured or killed.



One of the particles collected inside the hospital

Photo provided by Mykola Liutkevych

According to hospital representatives, no military objects were located nearby. The hospital's management made continuous efforts to ensure no military vehicles were parked in the surrounding area at any time.

Kyinka Primary Care Centers (Chernihiv oblast)

Kyinka is a village of 2,500 population located on the southwest outskirts of Chernihiv on the important E95 highway and P69 road connecting Chernihiv and Kyiv. During the siege of Chernihiv, the village was encircled, although never taken by the Russian troops due to the resistance of local defenders.

Kyinka was shelled multiple times during the invasion, starting from February 28, when the first two attacks were committed. Various types of munitions were used against the village, including the frequent use of cluster munitions. Many civilian buildings were damaged across the whole village area, including numerous residential buildings and a water tower.

Kyinka had two primary care facilities. An old primary care point was about to be replaced by a new primary care center built in 2020. Both facilities were damaged during attacks on the village; the remains of cluster munitions were found on both sites, allegedly the 9M27K munitions launched by either BM-27 Uragan or BM-30 Smerch MLRS.



Photo provided by the local nurse Svitlana Vorona

The case from a cluster munition near the new primary care center



Photo: UHC

The nature of the damage suggests that shellings were random and not linked to specific recognizable military targets and involved the frequent use of cluster bombs. As of July 2022, both primary care facilities were not operational.

Conclusions and Recommendations

UHC's findings on hospital attacks in the first phase of the large-scale Russian invasion suggest that they follow a specific pattern rather than represent a number of distinct events. This pattern includes the unprecedented scale and intensity of attacks, their systematic nature, deliberate and repetitive character, and particular brutality.

184 attacks on 168 facilities were concentrated within the first phase of the invasion. The largest share was committed in the three-week period in March 2022.

The attacks were also concentrated geographically. They followed the lines of the Russian advance, with the largest number of assaults committed on the key directions, especially the one toward Kyiv.

Most attacks demonstrated an apparent disregard for discriminating between military and civilian targets. On top of these indiscriminate assaults, there were numerous cases of targeted attacks.

Both indiscriminate and targeted attacks were particularly brutal in character. The obliteration of civilian infrastructure appeared careless on purpose, aiming at inflicting as much damage as possible. Numerous episodes of looting and intentional destruction of equipment accompanied the aggression.

Soon after the invasion began, medical facilities ceased to serve as shelters for civilians. Aware that hospitals could be directly targeted, their management often decided to evacuate patients and staff where possible.

Destruction of medical facilities has been a distinct strategy of Russian warfare to destabilize Ukraine's healthcare system, but it is not an isolated phenomenon. It forms part of broader, extensive attacks on civilian infrastructure, including residential buildings, schools, water and electricity systems, food stocks, etc. This resulted not only in physical destruction but also in an atmosphere of wider persistent insecurity amongst the civilian population.

The nature of this destruction suggests that Russian troops have systematically failed to differentiate between military and civilian objects, either deliberately or negligently. Russia's tactics have involved a deliberate mixing of civilian and military targets, possibly to reinforce the achievement of military goals by creating unbearable conditions for and applying psychological terror against the civilian population. That is, to use humanitarian catastrophe as a means of warfare.

Recommendations to the International Criminal Court, the Prosecutor General of Ukraine, and the Independent International Commission of Inquiry on Ukraine

Attacks on healthcare facilities constitute a significant portion of international crimes committed by the Russian Federation in Ukraine, including war crimes and crimes against humanity. There is a substantial body of evidence to hold the perpetrators accountable. Prosecution of these crimes should be prioritized at the international and national level.

Healthcare facilities and personnel have special protection under the IHL, and the scale of attacks on them in Ukraine is unprecedented. The International Criminal Court (ICC) and the Prosecutor General's Office (PGO) should seek to build stand-alone cases dedicated to attacks on healthcare facilities.

Investigating bodies should consider building a case on the systematic pattern of terror against civilian population involving massive attacks on healthcare facilities.

Recommendations to the Government of Ukraine

The Government should advocate for designating the Russian Federation as the state sponsor of terrorism by the US government.

The Government should affirmatively raise systematic attacks on healthcare in its pleadings before the International Court of Justice (under the Genocide Convention), as part of reparations that should be ordered for damage caused by Russian actions.

Recommendations to the World Health Organization and its Member States

Expand the use of Surveillance System for Attacks on Health Care to collect and report detailed data on hospital attacks, their patterns, and potential perpetrators. To achieve this goal, provide support to and establish close collaboration with local NGOs and government agencies.

Support prosecution of the hospital attacks by sharing the Surveillance System for Attacks on Health Care data with relevant institutions and NGOs.

Take a firm stance of zero tolerance towards attacking healthcare infrastructure, and especially using it as a means of warfare.

Take all necessary measures to avoid impunity for perpetrators responsible for destroying healthcare infrastructure. Expand the mandate of the WHO for more proactive measures in detecting, data collection, reporting, and supporting the investigation of hospital attacks.

Ensure swift political and institutional action toward the Russian Federation as an aggressor and suspected perpetrator in the massive attacks on health facilities in Ukraine. This may include but not to be limited to:

Suspending the voting rights of the Russian Federation in the WHO.

Removing the representatives of the Russian Federation from

Removing the representatives of the Russian Federation from executive positions. Dismissing the Russian Minister of Health from the WHO Executive Board. Preventing Russian representatives from holding those positions in the future.

Restricting cooperation and development projects with the Russian Federation to the essential minimum. Removing all WHO offices and representatives from the Russian Federation except for the essential country office staff.

Refraining from holding events in the Russian Federation and inviting its representatives as keynote speakers at events.

Directing the Russian Federation's contributions and development budgets toward humanitarian relief and reconstruction projects in Ukraine.

02

03

04

Ub

Recommendations to the United Nations Security Council and the UN Human Rights Council, and their Member States

- Unequivocally condemn attacks on Ukrainian health facilities and personnel, urging compliance with Geneva Conventions and Security Council Resolution 2286, including rules on medical impartiality.
- Call for the release of detained medical professionals and the humane treatment of all detainees.
 - Convene thematic debates to address the issues of Ukrainian health facilities and personnel.
 - Support mechanisms to gather information on human rights violations and other grave crimes in Ukraine, including those related to healthcare, to be used within international justice and account ability mechanisms.



/c/ Ukrainian Healthcare Center (UHC) Email: uhc.pres@gmail.com Kyiv, 2022

