

# Attack on Health Care Workers: A New Complex Cancerous Humanitarian Emergency: High Time to Report and Resect

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**Keywords:** Emergencies, conflict, attack on healthcare, Global Health Security, WHO Surveillance System

Healthcare workers (HCWs) are becoming common soft target these days. Attacks on them are a serious and growing problem all over the world, increasing with intolerance among the public. According to the World Health Organization (WHO), there will be over 1,500 reported attacks on HCWs in 2022 alone, resulting in at least 180 deaths and countless injuries (1). Attacks can take many forms, including physical violence, verbal abuse, and threats or intimidation. The consequences of attacks on HCWs can be devastating. They can lead to physical injury, psychological trauma, and even death. Attacks can also damage health care facilities and disrupt the delivery of essential services, hampering the achievement of universal health coverage—an initiative for the right to health (2). Sensing the range of adversities of attacks on health care, the WHO developed the Surveillance System of Attacks on Healthcare and Health Care at Risk (SSA) in December 2017 to monitor the issue (3). WHO field officers along with their partners gather data in those areas on the ground and contribute incidents directly into the SSA database.

In this issue of the journal, the article titled “Attacks on Health Care Worldwide: 5-year Review” addresses the grave issue of attacks on healthcare services (4). This retrospective study explores and explains the data of the five-year period from January 1, 2018, to November 11, 2022, from the SSA databases. The authors’ aim is to bring attention to this critical problem while calling for new international initiatives to combat it. These alarming data underscore the perilous conditions faced by health services and workers, particularly in conflict zones and during global health crises such as the Coronavirus disease-2019 (COVID-19) pandemic

and Ebola outbreaks. The key findings reveal a staggering number of attacks, not only particularly in conflict war zones such as the occupied Palestinian Territory and Ukraine but also in other countries such as Afghanistan, the Syrian Arab Republic, and Yemen, resulting in numerous injuries and deaths among HCWs and damage to healthcare facilities. Despite existing international regulations such as the Geneva Convention, these attacks persist (5). The figures also reflect that heavy weapons as well as individual weapons are frequently in use. This affects not only combatants but also civilian access to healthcare services. Such attacks are not limited to war zones but also occur in peacetime, exacerbated by pandemics such as COVID-19. We agree that these attacks can lead to secondary health crises, such as migration and the spread of epidemics due to disruptions in healthcare services (6).

Violence against HCWs is actually less reported. Actually, the reported cases we are seeing are just the tip of the iceberg. Media-trial, negative media marketing like highlighting any HCWs small fault, and less strict laws in protection cause lesser reporting of cases. When we see the SSA inclusion countries, we can see that only 24 countries are involved in data generation. Therefore, it might not have captured worldwide data, echoing the fact. Data from large population countries such as China, America, and India are missing.

Our editorial focuses on the humanitarian crisis precipitated by persistent attacks on healthcare services, emphasizing the need for immediate and concerted global action to protect HCWs and maintain the sanctity of medical facilities as neutral zones in conflict areas. We also underscore the broader implications of



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**Received:** 27.11.2023  
**Accepted:** 01.12.2023

**Cite this article as:** Ghatak T, Anand Mani U. Attack on Health Care Workers: A New Complex Cancerous Humanitarian Emergency: High Time to Report and Resect. Eurasian J Emerg Med. 2023;22(4): 209-10.



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these attacks on global health security and the urgent need for more robust reporting and accountability mechanisms. A united international response and strict sanctions against such acts of violence are the need of the hour. We as emergency physicians feel that the emergency department and emergency medicine services are more prone to violence compared to other areas of the hospital and healthcare as we are in fore front. A systematic review of the literature has emphasized that violence against emergency medical personnel is not an isolated occurrence but a widespread issue affecting these critical frontline workers globally (7). In 2017, the academic college of emergency experts academy of family physicians of India alerted all about the issue through their position paper stating the Indian scenario and the way outs (8). The call to action for the international community to respond collectively and enforce serious sanctions is critical. It emphasizes the need for a unified approach to prevent such attacks and to hold accountable those who perpetrate them. Without concerted international efforts, including punitive resective measures, this cancerous situation is unlikely to improve. It is an ethical imperative for the global community to protect healthcare services, which are vital to the well-being and dignity of individuals, especially during conflicts and crises.

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