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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by World Muslim Congress, a non-governmental organization in general consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[31 January 2021]

* Issued as received, in the language(s) of submission only.



Right to Health and Ailing Healthcare System in Indian Administered Jammu and Kashmir

Healthy citizens are the greatest asset any country can have. – Winston S. Churchill.

The hospitals are considered as the safest place in a conflict zone because it is a respected place but in Indian Administered Kashmir armed forces now deliberately target medical staff and deny healthcare to people of Kashmir. There is clear evidence that access to health care is one of the concerns of war-affected people and failure to protect paramedics has long term consequences in any conflict zone.

Healthcare in Kashmir has received a double blow over the past year and a half. The shutdowns have played a frequent role in society over the last three decades. 2010, 2016 and 2019 witnessed the worst kind of unrest in Indian Administered Jammu and Kashmir. The Medical aid services during the unrest were also affected as there were attacks on ambulances, assault on doctors and paramedical workers and crackdown on voluntary aid workers by the Indian forces.

The Physicians for Human Rights (PHR) December 2016 report revealed that Indian security forces deliberately obstructed access to urgent medical care for protesters, and harassed medical workers attempting to treat protesters, including by preventing doctors from reaching the hospitals where they work. A 2018 audit of healthcare facilities in Jammu and Kashmir found that the health capacity in Kashmir is low, a doctor-patient ratio of one doctor for every 3,866 people, far below the World Health Organization recommended minimum of 1:1000. The Jammu and Kashmir doctors in their letter to international journal have pointed out that people are unable to call an ambulance to take a sick person to hospital. Their vehicles are stopped every few metres by security forces standing at concertina wire barricades to check identity and ask questions. The ambulance drivers faced substantial difficulties including frequent checks and stops enforced by the police and paramilitary personnel. According to reports, in 2016 in Anantnag district 43 ambulances were damaged, followed by 36 in Kupwara, 22 in Kulgam, 20 in Budgam, 19 in Baramulla and 13 in Pulwama, 10 ambulances were damaged in Bandipora. There are around 2,000-3,000 Srinagar-based distributors supplying drugs to all ten districts of the Valley, however, only 500 of the distributors have a wide reach to the population of over 7.2 million. Drug distributors are running out of medical supplies and unable to place orders in the absence of internet and phone services. The worst hit are diabetic, hemophilia and hypertensive drugs.

It is worth mentioning here that the United Nations (UN) Security Council's Resolution 2286 was adopted in 2016, strongly condemning attacks against medical facilities and personnel in conflict situations. International humanitarian law and international human rights law contains a number of provisions that govern and protect health care in times of armed conflict and other situations of violence. The humanitarian law emphasizes access to health care and humanitarian assistance, while human rights law places greater emphasis on health standards.

There is a shortage of critical care ambulances at district, only 900 ambulances deployed across the state, most of them are not even fitted with basic life support equipment, such as oxygen, suction machine, emergency drugs or a trained paramedic, a fact admitted by the state government itself. With communication lines down, residents cannot call ambulances or schedule operations.

The internet blackout is not new to Indian Administered Kashmir but this time the communication clampdown massively set back health services and pushed people of Indian Administered Kashmir into the primitive world during the pandemic. The paramedical staff faced the awful situation as they were unable to consult with colleagues about coronavirus cases. Downloading health documents, including research on the virus, recommendations for prevention and treatment, and watching international news broadcasts is not possible with 2G internet. Inadequate capacity to address COVID-19 cases is evident in Jammu and Kashmir where over thousands of infected cases have been recorded. Emergency cases and

critically ill patients such as those who require regular dialysis or are receiving chemotherapy have been the worst affected.

There is no physical health without mental health and the people of Kashmir suffer from extremely high rates of mental illness. If you are living in Kashmir than it is impossible to avoid the news of detentions, executions, shooting, death of family members, destruction of property, disappearances, loss of limbs and poverty. The psychological damage from war-related violence are widespread in Kashmir. According to a study published by the International Journal of Medical Sciences the prevalence of depression is as high as 55% and the highest rate of depression in the 15 to 25 age group is 66 %. The medical professionals suggest that the Posttraumatic Stress Disorder (PTSD) patient needs a calm and relaxed environment but unfortunately it is difficult to find in Kashmir. The only mental hospital in Kashmir is inundated with a huge number of PTSD patients who do not have sufficient resources to cope with the influx.

India has ratified the International Covenant on Economic, Social and Cultural Rights. Article 12 of the Covenant states that parties to the Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. General Comment 14 of the Committee on Economic, Social and Cultural rights states that, as a part of this right, functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity. Health facilities, goods and services also have to be accessible to everyone without discrimination, and must be affordable to all. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health issued a report on the right to health in conflict situations. The report noted that blockades, long or indeterminate curfews and roadblocks restricted the movement of people and transport, and negatively affected access to and delivery of essential health-care services in conflict-affected areas. The Rapporteur recommended that States should ensure that movement restrictions for people in conflict areas are legitimate and essential, and provide exceptions for access to health facilities, goods and services which can be exercised with minimal delays.

Denial of access to health care resulting in severe mental and physical suffering can also be qualified as a violation of the prohibition of ill-treatment in humanitarian and human rights law. In the worst cases, the injured or sick are left to die from their injuries or illness. This can amount to arbitrary deprivation of life.

The international community must stand up to the precarious health conditions that are signs of a humanitarian catastrophe in Indian Administered Jammu and Kashmir.
