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Submission by Physicians for Human Rights to the United Nations Committee on Economic, Social and Cultural Rights on the Russian Federation, Seventh Periodic Report, 78th Session (8 Sep 2025 - 26 Sep 2025)

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This submission by Physicians for Human Rights (PHR) is aimed to inform the preparation by the Committee on Economic, Social and Cultural Rights (CESCR) of its concluding observations following the periodic report submitted by the Russian Federation. The submission addresses the Russian Federation's compliance with Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) in areas under its effective control (occupied territories of Ukraine, including Crimea).

PHR[1] is a human rights organization that documents and seeks accountability for violations of human rights and other international crimes. Founded in 1986, PHR uses its core disciplines of science, medicine, forensics, and public health to conduct research, launch fact-finding investigations, and galvanize thousands of health professionals and allies in the law enforcement and legal sectors to confront humanitarian emergencies and support justice for victims of human rights violations. In 1991, PHR helped to expose the devastating public health threat landmines posed to civilians, particularly children, and galvanized international consensus against their use. Together with six like-minded organizations, PHR helped to form the International Campaign to Ban Landmines. For its contributions to this campaign, which led to the 1997 Mine Ban Treaty, PHR shared in the the 1997 Nobel Peace Prize.

As of April 2025, PHR – together with eyeWitness to Atrocities, Insecurity Insight, the Media Initiative for Human Rights, Truth Hounds, and the Ukrainian Healthcare Center – has documented a total of 2,000 attacks on Ukraine's health care system since the onset of Russia's full-scale invasion of Ukraine in February 2022.[2] PHR and partners have detailed both the devastating effects of attacks on hospitals, ambulances, and health care workers[3] as well as Russia's coercive methods of misusing and weaponizing health care in the occupied

[1] Physicians for Human Rights, https://phr.org.
[2] "Attacks on Health Care in Ukraine," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, Truth Hounds, and Ukrainian Healthcare Center, Data as of April 2025, https://www.attacksonhealthukraine.org/.
[3] "Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, and Ukrainian Healthcare Center, February 2023, https://phr.org/our-work/resources/russias-assault-on-ukraines-health-care-system.

territories,[4] indicating the centrality of health care as a target in the war. More recently, PHR and Truth Hounds have shown the cumulative and reverberating impacts of Russian attacks on energy on health care in Ukraine.[5]

I. Summary

1. Drawing on field data, verified incidents, and case studies from PHR and partners' 2023 report, "*Coercion and Control: Ukraine's Health Care System under Russian Occupation*,"[6] and ongoing monitoring of attacks on health,[7] this submission highlights systematic violations of the right to health in the territories of Ukraine currently or formerly under Russian occupation. These violations include (a) the destruction and militarization of civilian health care infrastructure, (b) the seizure of medical supplies, (c) detention and coercion of health professionals, and (d) discriminatory denial of care based on forced changes of nationality ("passportization").
2. The Russian Federation's ongoing aggression contributed to a shortage of medical personnel, limited supply of medicines, and reduced availability of services in the occupied territories, with potentially worsening standards of care.
3. These practices have resulted in significant barriers to health care, reduced access to essential care, violated medical ethics, and contributed to increased risks of morbidity and mortality, particularly for vulnerable populations.
4. The Russian Federation has failed to meet its obligations under Article 12 of the ICESCR and must be held accountable for the resulting harm to civilian populations.

II. Introduction and Legal Framework

5. The ICESCR (Article 12) guarantees the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This includes obligations to reduce infant mortality; prevent and treat diseases; ensure medical care for all in case of sickness; and guarantee access to health care without discrimination.[8]
6. As a party to the ICESCR, the Russian Federation is bound to uphold the right to health not only within its internationally recognized territory, but also in areas where it exercises effective

[4] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.
[5] "Health Care in the Dark: The Impact of Russian Attacks on Energy in Ukraine," Physicians for Human Rights and Truth Hounds, December 2024, https://phr.org/our-work/resources/health-care-in-the-dark-attacks-on-energy-in-ukraine/.
[6] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.
[7] "Attacks on Health Care in Ukraine," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, Truth Hounds, and Ukrainian Healthcare Center, Data as of April 2025, https://www.attacksonhealthukraine.org/.
[8] See also CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12).

control – including Crimea and other territories of Ukraine under occupation.[9] The extraterritorial application of the ICESCR has been affirmed by the CESCR and other treaty bodies, particularly in situations of occupation, where the occupying power is responsible for the well-being of the civilian population.[10]

7. In situations of armed conflict and military occupation, international humanitarian law (IHL), specifically the Fourth Geneva Convention, imposes additional and complementary obligations to protect the right to health. The occupying power is obligated to ensure the functioning of health services and the availability of medical supplies to civilian populations and protect health personnel and infrastructure.[11] Occupation law[12] also requires the preservation of existing legal and institutional structures (the "status quo ante") in the occupied territory unless absolutely necessary for security reasons.[13]
8. The information cited below is based on accounts of witnesses who left occupied territory and on reported incidents. Cited incidents should be understood as example rather than a representation of a complete count of all incidents across Russian-occupied territories of Ukraine. It remains exceedingly difficult for independent observers, humanitarian actors, and Ukrainian national institutions to access these areas. This lack of access, along with the created atmosphere of fear in the occupied territories, has severely constrained monitoring and verification efforts, resulting in significant underreporting of incidents and limiting the ability to accurately assess and respond to health conditions on the ground. The real scale of health care system breakdowns, human rights abuses, and unmet medical needs is likely far greater than what current data reflect.

III. Violations of the Right to Health in the Occupied Territories of Ukraine

A. Shortage of Health Care Workers, Medicines, and Services

9. In the territories currently or formerly under Russian occupation, access to health care has been severely disrupted.
   - As of the end of 2023, 364 health care facilities were registered in the occupied territories. Approximately 60 percent of these facilities (or 221 facilities) were disconnected from Ukraine's national health care system.[14] Ukrainian authorities have been unable to maintain

[9] Ukraine v. Russia (re Crimea) (dec.) [GC] - 20958/14 and 38334/18, European Court of Human Rights, Decision 16.12.2020 [GC], https://hudoc.echr.coe.int/eng?i=002-13090; Ukraine and the Netherlands v. Russia (dec.) [GC] - 43800/14, 8019/16 and 28525/20, European Court of Human Rights, Decision 30.11.2022 [GC], https://hudoc.echr.coe.int/eng?i=002-13989.
[10] CESCR Concluding Observations regarding Israel's Initial Report, 4 December 1998, E.C.12/1/Add.27, at para 8; Concluding Observations on the additional information submitted by Israel, 31 August 2001, E/C.12/1/Add.69, at para 12; Concluding Observations on the second periodic report of Israel, 23 May 2003, E/C.12/1/Add. 90, at paras 31, 35, 40 and 41.
[11] Geneva Convention IV, Arts. 55-56; Geneva Convention IV, Art. 18; Additional protocol I, Art. 12.
[12] Provisions regulating occupation are contained in The Hague Regulations of 1907, the Fourth Geneva Convention of 1949, and Additional Protocol I of 1977, all of which have been ratified by both Russia and Ukraine, as well as customary international law.
[13] Geneva Convention IV, Section III; Mikhail Orkin and Tristan Ferraro "IHL and occupied territory," *Humanitarian Law & Policy*, July 26, 2022, https://blogs.icrc.org/law-and-policy/2022/07/26/armed-conflict-ukraine-ihl-occupied-territory/.
[14] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.

oversight or deliver consistent services due to occupation-related disruptions leading to the cancellation of the budgetary support program to those hospitals through the National Health Service in 2024.

- According to the World Health Organization, indicative/anecdotal data from the occupied territories shows that the humanitarian conditions of an estimated one million people are devastating, with civilians experiencing the acute effects of the war without the scale of support required to meet their needs.[15]
- Health care workers are under pressure to cooperate with the occupying authorities or have been forcibly displaced, resulting in significant staffing gaps. One doctor from the Kharkiv region said: *"[t]he FSB [Russia's Federal Security Services] came to us on April 3 in the evening. They gathered all the medical staff … and said, 'Don't even think about going anywhere, you have to live here, you have to work here. We need to establish communication with the local population, so we will not let the doctors leave the city.'"*[16] Another doctor from Kherson stated: *"On July 1, 2022, representatives of the Federal Security Service of Russia came to the Regional Clinical Hospital; they detained the director of medical affairs and the head of the hospital's personnel department. In order to contain the doctors' discontent, the Federal Security Service took some of the Ukrainian doctors away for 'a conversation' or summoned them to the occupied Department of Health [to limit the spread of rebellion]. … It was dangerous for Ukrainian doctors to work under occupation, especially in small villages, as they could become victims of abductions. First, there are fewer witnesses to abductions in towns and villages; second, it is easier to pressure and force cooperation. The reason for the abduction could be the refusal to take Russian salaries or social assistance, or the compulsion to travel for retraining, which had been announced in June 2022. … The new occupation authorities demanded access to the electronic database of patients, 'e-Health,' from Ukrainian doctors; they asked which of my patients receive insulin and how much it costs. The database stores confidential information, accessible only to medical personnel. In addition to home addresses and phone numbers, it stores passport data and contact information. Special population groups are also indicated, including veterans of [Ukraine's] Anti-Terrorist Operation. I was worried, because the week before, I had received a patient from the occupied city of Mykolaiv oblast; he was a former member of the Anti-Terrorist Operation suffering from diabetes. The Russians found out about his illness, arrested him, and waited for him to die slowly without insulin. The man somehow managed to escape. I gave him the contacts of acquaintances who [later] sheltered him."*[17] Health care workers report poor work conditions alongside doctors brought in from the Russian Federation: *"They [Russian doctors] said that we had*

[15] Ukraine Humanitarian Needs and Response Plan, OCHA, April 2025, https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2025-april-2025-enuk.
[16] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.
[17] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.

destroyed the health care system, that we had few hospitals, few departments. They did not understand what electronic databases were, what confidentiality meant, that not everyone should see the data. … They did not communicate with our staff. Our staff were used only as servants. They cleaned up after the Russians, did laundry, and organized their everyday life. The Russians treated the Ukrainian workers with disdain."[18]

B. Repurposing Health Care Facilities for Military Use

10. Russian forces have systematically repurposed civilian hospitals in occupied Ukraine for military use:
    - Health care facilities were reportedly used as military bases in at least 32 incidents in violation of international humanitarian law, placing civilians at heightened risk of attack and limiting access to care.[19]
    - Functioning civilian hospitals were converted for the exclusive treatment of wounded Russian soldiers; in some cases, civilians were forcibly removed or denied access to care. This limits civilian access to care, particularly in areas with few available options.[20]
    - Examples include:[21]
        - The use of a COVID-19 children's hospital in Zaporizka oblast as a military base;
        - The occupation of the Hostomel Primary Care Center in March 2022, where civilians were trapped in the basement while military operations were conducted from the facility; and
        - Conversion of maternity hospitals into facilities for Wagner Group personnel.
11. These actions violate IHL prohibitions on using medical facilities for military purposes and directly undermine the right to health protected by ICESCR Article 12.

C. Seizure of Medical Supplies and Equipment

12. At least 80 documented incidents involved the seizure or looting of essential medical supplies by Russian forces in currently or previously occupied areas:[22]
    - Supplies taken include medication, blood products, diagnostic equipment, surgical tools, and entire ambulances.[23]

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[18] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.
[19] "Attacks on Health Care in Ukraine," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, Truth Hounds, and Ukrainian Healthcare Center, Data as of April 2025, https://www.attacksonhealthukraine.org/.
[20] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.
[21] "Coercion and Control."
[22] "Attacks on Health Care in Ukraine," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, Truth Hounds, and Ukrainian Healthcare Center, Data as of April 2025, https://www.attacksonhealthukraine.org/.
[23] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.

- In Balakliia City Hospital (Kharkiv oblast), nearly all diagnostic and surgical equipment was stolen, including 14 of 15 ambulances.[24]
- In Crimea, blood supplies were reportedly diverted from civilian use to military hospitals, causing shortages in civilian facilities.[25]

13. Such actions constitute violations of international law prohibiting pillage and seizure of civilian property and seriously impair civilians' access to care.

D. Discriminative and Coercive Practices Affecting Access to Health in the Occupied Territories of Ukraine

14. Russian authorities have increasingly conditioned access to health care on acquiring Russian citizenship, forcing nationality change through "passportization":
    - At least 15 incidents show civilians being denied access to care due to lacking Russian passports or insurance.[26]
    - Hospitals set up administrative points to pressure residents into applying for Russian passports, including as a condition for receiving insulin or emergency care.[27]
    - Health care workers are supposed to deny treatment to Ukrainian passport holders or risk dismissal and persecution, leading to dual loyalty situations.[28]
15. These practices violate both the ICESCR's non-discrimination provision (Article 2.2) and IHL provisions.

E. Risks and Repression of Health Care Professionals

16. Health care workers in the occupied territories of Ukraine have been subject to repression:

[24] More detail in "Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, and Ukrainian Healthcare Center, February 2023, https://phr.org/our-work/resources/russias-assault-on-ukraines-health-care-system.
[25] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.
[26] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation. Likely, these numbers do not reflect the reality as the laws of the Russian Federation on "passportization" in the occupied territories have evolved since last monitored and now impose deportation on those who have not received a Russian passport. See: Kseniya Kvitka, "Get a Passport or Leave: Russia's Ultimatum to Ukrainians," Human Rights Watch, March 20, 2025, https://www.hrw.org/news/2025/03/25/get-passport-or-leave-russias-ultimatum-ukrainians.
[27] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.
[28] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.

- At least 68 health care workers were detained, arrested, captured or taken from their homes in 22 incidents since the start of the full-scale invasion.[29] Many were held without legal basis and subjected to abuse.[30]
- Health care workers have been: [31]
  - Coerced into undergoing Russian retraining;
  - Ordered to hand over confidential patient data; and
  - Threatened, detained, or tortured (e.g. suffocation, beatings during interrogation, etc.).

17. These actions violate IHL protections for medical personnel and ICESCR Article 12 through denying conditions for treatment.

F. Disproportionate Impact on Vulnerable Groups

18. The coercive nature of "passportization" policies, repurposing of civilian health care facilities, and attacks on health care workers disproportionately affect:
    - Children, who have been denied medication or urgent care due to their parents' citizenship status. There are also reports of forced "passportization" of orphaned children, with specialized health care facilities reportedly facilitating the change of nationality without parental consent.[32]
    - People with chronic diseases, particularly HIV, tuberculosis, and diabetes, due to lack of medication and restrictions on medication dissemination programs, as well as insufficient access to care and shortage of medical personnel.
    - Elderly people and persons with disabilities, who are less able to travel to distant facilities or navigate bureaucratic obstacles.
    - Health care workers, many of whom have been forced to choose between collaboration with Russian Federation directives or displacement.
19. These effects are in violation of ICESCR Articles 2(2), 3, and 10(3).

G. Impact on Mortality and Public Health Outcomes

[29] "Attacks on Health Care in Ukraine," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, Truth Hounds, and Ukrainian Healthcare Center, Data as of August 2024, https://www.attacksonhealthukraine.org/. This is most likely an undercount. Organizations that work with relatives of captive medics report hundreds of captive health care workers. See: Ed Holt, "Ukrainian medic prisoners of war speak out," The Lancet 402, no. 10405 (September 9, 2023), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01885-8/fulltext; "Military Medics of Ukraine," Military Medics of Ukraine, accessed November 14, 2023, https://military-medics-ua.org/en/home-en/.

[30] "Attacks on Health Care in Ukraine," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, Physicians for Human Rights, Truth Hounds, and Ukrainian Healthcare Center, Data as of April 2025, https://www.attacksonhealthukraine.org/.

[31] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.

[32] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.

20. The full extent of the health crisis in occupied territories remains unknown due to the Russian Federation's denial of humanitarian access and lack of transparency. However, available evidence indicates:
    - Elevated risks of mortality due to denial of care, shortages of medicines, and interrupted treatment for chronic diseases.
    - Reduced maternal and pediatric care due to shortages of medical personnel and repurposing of maternity and children's hospitals.
    - Absence of health surveillance, particularly regarding vulnerable and marginalized populations.
    - Worsening standards of care due to changes in clinical standards and recommendations as well as efforts by the Russian Federation to impose its own legal, administrative, and health care system in violation of international law – particularly through forced "passportization" and coercion of medical staff.[33]

IV. Conclusions and Recommendations

21. The Russian Federation has systematically violated its obligations under Article 12 of the ICESCR in Ukrainian territories under its effective control.
22. The Russian Federation has systematically used the health care system in the occupied territories of Ukraine as an apparent means of enforcing control over the civilian population, including by limiting and conditioning access to health care through a range of coercive practices. This is part of the Russian Federation's broader strategy of assault on Ukraine's health care system and other civilian systems.
23. Furthermore, serious violations of international law – such as the repurposing of civilian hospitals for military use, denial of care based on nationality and citizenship, and abuse of medical personnel – may amount to war crimes and potentially crimes against humanity under international criminal law. These acts also represent grave breaches of IHL and the right to health under international human rights law, which continues to apply during armed conflict and occupation.[34]
24. Under ICESCR Article 23, we urge the Committee to recommend that the Russian Federation:
    - Restore civilian use of health care facilities and end their use for military purposes.
    - Cease conditioning access to health care on acquisition of Russian citizenship or health insurance.
    - Release all detained health care workers and ensure protection of medical professionals from threats and coercion.

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[33] "Coercion and Control: Ukraine's Health Care System under Russian Occupation," eyeWitness to Atrocities, Insecurity Insight, Media Initiative for Human Rights, and Physicians for Human Rights, December 2023, https://phr.org/our-work/resources/coercion-and-control-ukraines-health-care-system-under-russian-occupation.

[34] International human rights law serves to "support, strengthen, and clarify analogous principles of international humanitarian law": ICRC Customary Law Study, Vol. 1, p. xxxvii., https://www.icrc.org/sites/default/files/external/doc/en/assets/files/other/customary-international-humanitarian-law-i-icrc-eng.pdf. This reinforces the complementary nature of these legal frameworks in protecting civilians and health systems during conflict.

- Refrain from seizing medical equipment and supplies and return confiscated property.
- Guarantee equal, non-discriminatory access to care for all residents in occupied territories, including vulnerable groups.
- Provide disaggregated health data, including mortality and service availability by region, gender, and ethnicity.
- Allow independent humanitarian access to assess and support health service delivery in occupied areas.
- Comply fully with the ICESCR and IHL obligations to protect civilians, including health care workers, under effective control.