

Syria's Medical Community Under Assault



“The targeting of the medical community in Syria has reached epic proportions. The insidious attacks on medical professionals, facilities, and transport have devastated the country’s public health infrastructure, exacerbating an already overwhelming crisis.”
- Donna McKay, PHR executive director

Introduction

Since the war began in Syria in 2011, hospitals, field clinics, ambulances, and vehicles transporting medicine and medical supplies have been deliberately targeted for destruction. While government forces have been largely responsible, the self-declared Islamic State and various anti-government armed groups have also carried out attacks. Medical personnel have also been arrested, tortured, executed, and disappeared. These crimes against the principle of medical neutrality – which ensures safe access to medical facilities, protects health care workers and their patients, and allows medical workers to provide unbiased care – have compounded the suffering of civilians and hastened the devastation of an already fragile health care system.

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Syrian doctors treat a wounded man in a field hospital in the city of Qusayr.
Photo: Antonio Pampliega/AFP/Getty Images



In eastern, opposition-controlled Aleppo, there are only 11 functioning hospitals to serve 300,000 residents.

Destruction of Medical Services

PHR documented 224 attacks on 175 separate medical facilities between March 2011 and the end of December 2014.¹

Public hospitals have been damaged in 12 of the country's 14 governorates. In December 2014, the World Health Organization (WHO) and the Syrian Ministry of Health reported that of the 113 public hospitals they assessed, only 45 percent were fully functioning, 34 percent were partially functioning, and 21 percent were non-functioning.²

Aleppo Governorate:

- In eastern, opposition-controlled Aleppo, there are 11 functioning hospitals to serve its 300,000 residents.³ These hospitals are staffed by 70 physicians in total, many of whom do not live in Aleppo full time. Accordingly, there are only an estimated 40 physicians present in the city and available to work at any given time.⁴

Damascus Governorate:

- At the time of writing, the Red Crescent-run Palestine Hospital was the only functioning hospital serving the 18,000 people besieged in Yarmouk camp. The other two main hospitals were destroyed by fighter jets and artillery. The Palestine Hospital has been attacked by shelling and rockets on at least two separate occasions.⁵

Before the conflict began, there were 44 dialysis facilities in Aleppo, Idlib, and Homs governorates. Centers operating in opposition-controlled areas lost government support and continue to face financial difficulties. While funding from NGOs and private donors accounts for some of the losses, many funders lack basic knowledge about dialysis facility operation, leading to situations in which there is an abundance of machines but lack of water treatment systems and disposables, rendering these facilities non-functional.⁶

In January, the self-declared Islamic State (IS), also known as ISIS and ISIL, closed the Raqqa office of the Syrian Arab Red Crescent (SARC), along with offices of several other small local charities, and appropriated its warehouse and equipment. The UN Office for the Coordination of Humanitarian Affairs (UNOCHA) reported that local IS members tried to intervene in defense of the humanitarian organizations, but the higher-level security branches of IS overruled them, insisting on closing the offices for their alleged links to the Syrian government.⁷



Remains of an opposition field hospital in Qusayr in Syria's central Homs province.
Photo: AFP/Getty Images

599 medical personnel have been killed since the beginning of the conflict.

Loss of Medical Personnel

As of December 31, 2014, 599 medical personnel had been killed since the conflict began, including 195 doctors, 117 nurses, 114 medics, and 56 pharmacists, among others. In 2014, a medical worker was killed every other day on average.⁸

Little to no mental health services are available, as most mental health professionals have left the country.⁹ Since Ibn Khaldun mental hospital in Aleppo was destroyed in December 2012, only two hospitals and one referral center remain to provide specialized mental health services to an increasing population of Syrians seeking those services. The WHO is currently renovating four psychiatric health facilities in Damascus and Aleppo in order to provide mental health services to an additional 11,000 patients.¹⁰

In Raqqa – the stronghold of IS – no obstetrics, gynecological, or pediatric services are reportedly available for the 1.6 million people living there.¹¹ Medical personnel continue to flee IS-controlled areas due to restrictions on professional activities; female doctors are only allowed to treat female patients, and they must wear a niqab, even though the veil obstructs their vision and makes their work difficult or impossible.¹² To address the lack of medical personnel, IS announced in early January that it would open a medical school with a three-year training program.¹³ IS only requires that applicants complete 80 percent of their high school education.¹⁴

Targeting of Humanitarian Aid Workers

As of December 2014, at least 69 humanitarian workers (17 UN staff, 40 SARC staff and volunteers, seven Palestine Red Crescent Society staff and volunteers, and five international NGO staff) had been killed during the conflict. An additional 31 UN staff members had been detained or were missing.¹⁵

In late December, UNOCHA reported that three civilian volunteers supporting aid distribution inside besieged Yarmouk camp had been killed by armed groups.¹⁶ An escalation in violence in and around the camp has prevented the UN Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) from successfully completing a distribution of life-saving humanitarian aid for the 18,000 besieged civilians since December 6, 2014. As of February 2014, UNRWA continues to monitor the security situation daily and request that authorities facilitate the distribution of aid.¹⁷



A doctor carries a wounded boy at a hospital in Aleppo, who was injured when a shell, released by regime forces, hit his house.

Photo: ARIS MESSINIS/AFP/GettyImages

On November 7, 2014, two SARC volunteers were killed by a mortar shell that struck a civilian area in Homs. They were transporting supplies for a joint SARC-UNICEF project that provides children traumatized by the conflict with psychosocial support.¹⁸

On November 13, 2014, a truck with humanitarian aid from the UN and was fired on in Homs city. The driver suffered minor injuries.¹⁹

Access to IS-controlled Raqqa and Deir ez Zor continues to be highly difficult, leaving 600,000 people with minimal access to aid. In December, NGOs were only able to deliver assistance to 8,164 people in Raqqa and 25,289 people in Deir ez Zor. The World Food Program (WFP) last accessed Raqqa in November with a food delivery to 35,000 people. WFP has not accessed Deir ez Zor since May 2014.²⁰

On average, a medical worker was killed every other day in 2014.

Resulting Health Consequences

Syria has one of the largest and fastest evolving displacement crises worldwide. At least 3.8 million have fled the countries and approximately 7.6 million – almost half the Syrian population – are internally displaced.²¹

As of December 2014, the number of people in need of humanitarian assistance had reached 12.2 million, up to 4.8 million of whom are residing in areas that are difficult or impossible for humanitarian actors to reach.²²

Approximately 212,000 people remain in besieged areas, 185,500 of whom are besieged by government forces in eastern Ghouta, Darayya, and Yarmouk. The remaining 26,500 are besieged by opposition forces in Nabul and Zahra. In December, food was delivered to only 1.2 percent of the besieged population (2,544 people), while non-food items reached 1.2 percent (2,540 people) and medicines 0.6 percent (1,280 people).²³

According to the Syria Needs Analysis Project (SNAP), Raqqa has the highest number of people in need of health assistance: 590,000 people are in need of health assistance, while another 37,000 people are in acute and immediate need of health assistance. In Deir ez Zor, over 260,000 people are in need of health assistance. The most commonly reported health issue was not knowing how to access medical services, while several sub-districts reported life-threatening problems.²⁴

Outbreak of Disease

Syria is experiencing outbreaks polio, scabies, tuberculosis, and typhoid, among others, due to drops in vaccination rates (from 90 percent before the war to 52 percent in 2014) and unsanitary conditions. In 2014, the country reported 6,500 cases of typhoid and 4,200 cases of measles – the deadliest disease for children in Syria.²⁵

In late November, SARC reported three cases of myiasis – a parasitic infestation of maggots into human tissue spread by flies in tropical regions – in opposition-controlled Ghouta. The disease, which stems from deteriorating sanitation conditions, had never before been reported in Syria.²⁶

A multi-sectoral needs assessment conducted between August and September 2014 found that skin diseases was the most reported health concern, followed by watery and bloody diarrhea, kidney diseases, fever of unknown origin, and Acute Jaundice Syndrome. These health concerns indicate a direct linkage to the deteriorating water, sanitation, and hygiene conditions.²⁷



An injured Syrian woman rides in the back of a van as it arrives at hospital following an air strike by regime forces in Aleppo.
Photo: TAUSEEF MUSTAFA/AFP/GettyImages

Syria is facing its first polio outbreak since 1999.

Limited Supplies and Medications

Access to medical supplies and equipment continue to be restricted by insecurity and constraints imposed on humanitarian operations by parties to the conflict.

- In December 2014, the WHO received approval from the Syrian ministry of foreign affairs to send aid shipments into opposition-controlled Douma, Madaya, and Moadamiya. On December 11, medical supplies, communicable and chronic disease medicine, and treatment for a myiasis outbreak were delivered to Madaya, though the delivery of desperately-needed injectable medicines and surgical supplies was denied. As of mid-January, the deliveries to Douma and Moadamiya were “pending.”²⁸
- On January 1, 2015, SARC delivered 30,000 polio vaccinations and insulin for 1,000 patients to opposition-controlled Douma, which is besieged by government forces. Other medication, including injectable medicines and surgical supplies for 17,950 treatments, were denied.²⁹
- In December 2015, UNRWA was only able to provide health services to civilians besieged in Yarmouk camp on three days, treating a total of 280 patients.³⁰

The entire governorates of Raqqa and Deir ez-Zor remained inaccessible in December 2014, along with various locations in Aleppo, Daraa, Hama, Homs, Idlib, Queitra, and Rif Dimashq, preventing 600,000 people from receiving food assistance.³¹

Physicians working in opposition-controlled areas often cite fuel as their number one need. Given the lack of electricity, fuel is needed to run generators and keep medical facilities functioning. After the U.S.-led coalition started its bombing campaign in eastern Syria and targeted oil refineries run by IS, the price of oil increased significantly, placing further strain hospitals.³²

In addition, there is a dire need for anesthetics, antibiotics, blood, blood bags, hospital beds, infant vaccines, medical personnel, and radios.³³

- In December 2014, it was estimated that 1,480 women give birth in dire conditions every day, due to the weakening health care system.³⁴
- As fighting increased along the Syrian-Turkish border over the past few months, and medical supplies continued to be lacking, an increasing number of people were forced to seek medical treatment in Turkey. Delays getting through the border and the increased burden on the Turkish health care system presented yet another hurdle for Syrians seeking access to care.³⁵

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"The ongoing conflict inside Syria has made the verification of statistics around the crisis particularly challenging. However, Physicians for Human Rights has cross-referenced information and sources whenever possible in order to provide the most accurate and up-to-date numbers and statistics.



Physicians for Human Rights (PHR) uses medicine and science to document and call attention to mass atrocities and severe human rights violations. PHR was founded in 1986 on the idea that health professionals, with their specialized skills, ethical duties, and credible voices, are uniquely positioned to stop human rights violations. PHR's investigations and expertise are used to advocate for persecuted health workers, the prevention of torture, the investigation of mass atrocities, and holding those who violate human rights accountable.



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