

Escalation of Attacks in East Ghouta: Talking Points for Meetings & Conversations with Policy Makers

In 2018, East Ghouta, a besieged area outside of Damascus, has faced an extremely alarming escalation of aerial attacks on civilian and medical infrastructure.

From February 19 - 25, airstrikes carried out by the Government of Syria and its allies, have killed 540 people, **half of whom are women and children**. 3,057 have been injured, approximately half of whom are women and children. These numbers will continue to rise without meaningful action and advocacy on the part of the international community.

In the same time period, there have been at least 25 attacks on health care, crippling the medical infrastructure, and preventing the injured from getting lifesaving care. In 2018, SAMS has lost six medical workers in East Ghouta, with half of those losses occurring just from February 19 - 25.

Since 2013, East Ghouta has faced a crippling siege preventing the entry of critical goods and medical equipment. Residents have no access to food, medication or fuel. This lack of supplies means that medical workers cannot adequately address the injuries that they receive due to the ongoing aerial attacks.

East Ghouta

- Currently, **400,000 people are besieged in East Ghouta, including more than 95,000 children**. Since 2012, civilians have faced ongoing aerial attacks and shelling.
- There are just 107 doctors left in the area - **one doctor for every 3,600 people**.
- From February 19 - 25, airstrikes have killed 540 people, and injured 3,057 people, half of whom are women and children.
- **From January 1 - February 25, the area has experienced 36 attacks on healthcare, with 25 of those occurring just from February 19 - 25th**. Because of this, the injured cannot access the critical care that they need to survive their wounds.
- In 2018, SAMS has lost **six members of its East Ghouta staff in attacks**, including three during the escalation (February 19 - 25) alone.
- **East Ghouta has faced four chemical attacks in 2018, on January 13th, and January 22nd, February 1, and February 25th. The latest occurred during a ceasefire agreed upon only a day prior**. Patients presented at health centers with symptoms consistent with chlorine use, including shortness of breath. The use of chemical weapons is illegal according to international law.
- More than **13,000 children in East Ghouta** are in urgent need of medical care. SAMS-supported physicians have witnessed acute malnutrition cases amongst children, but they do not have access to supplies or micronutrients to treat these cases. **The rate of malnutrition has reached 12%, the highest seen throughout the Syrian conflict**.

- Currently, over 765 cases are in need of medical evacuation. In August 2017 alone, four children died while waiting for evacuation.

This is a critical moment for U.S. leadership on the humanitarian crisis in Syria. We press Members of Congress to take action on the following:

- 1. Call on the Administration to prioritize immediate civilian protection in Idlib and East Ghouta, and a lifting of the siege in East Ghouta and other besieged communities across Syria.**
- 2. Make a floor speech about the need for U.S. leadership to resolve the Syrian humanitarian crisis.**

We call on all Members of Congress to make a floor speech about the humanitarian crisis in Syria, particularly in East Ghouta, and the urgent need for U.S. leadership in prioritizing immediate civilian protection, a lifting of the siege, the entry of humanitarian supplies, and a renewed pursuit for a sustainable political solution to the crisis.

- 3. Prioritize the immediate entry of a humanitarian convoy and urgent medical evacuations.**

The United States must call for an end to the siege in East Ghouta and all besieged communities across Syria, as well as the immediate entry of aid convoy with most needed supplies based on an impartial needs assessment, and a guarantee that government forces will not extract needed supplies. Convoys should include international monitors to assess and document the delivery of aid in order to ensure that the supplies are reaching the assigned areas.

The United States must also prioritize the evacuation of medical cases for most critical patients.