A Syrian man carries a wounded child at a makeshift clinic following reported air strikes by forces loyal to President Bashar al-Assad in the rebel-held area of Douma, north east of the capital of Damascus.

Photo: Abd Doumany / AFP / Getty Images
About Physicians for Human Rights

For more than 25 years, Physicians for Human Rights (PHR) has used medicine and science to document and call attention to mass atrocities and severe human rights violations.

PHR is a global organization that was founded 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, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

Acknowledgments

This report was written by Elise Baker, investigations program assistant, and Widney Brown, director of programs. Erin Gallagher, director of investigations, Adrienne L. Fricke, Syria advisor, DeDe Dunevant, director of communications, and Donna McKay, executive director, reviewed this report. Eliza B. Young, publications coordinator, edited and prepared this report for publication.

The findings and analysis contained in this report are drawn from research by Physicians for Human Rights, originally produced in “Anatomy of a Crisis: A Map of Attacks on Health Care in Syria.” For additional information, please visit www.phr.org/syria-map.
Introduction

There was a sense of hope when Syrians took to the streets in 2011 amid the waves of protests that swept across the Middle East and North Africa following the self-immolation of Mohamed Bouazizi, a Tunisian man who was protesting a repressive government, corruption, and lack of economic opportunity. No one imagined that four years later the world would be standing by as Syrians endure a protracted civil war that has spilled across its borders and led to the largest displacement of people since World War II. The consequences of the international community’s failure to protect Syrians from systematic and repeated violations of both human rights and humanitarian law have been devastating. Yet, one in particular stands out: the erosion of the long-established principle that neither militaries nor armed groups can target medical workers and the health care system for attacks.

Since 2011, the Syrian government has systematically violated this principle and is using attacks on medical workers and facilities as a weapon of war. It began when the government interfered with and compromised health care services by arresting injured protesters in emergency rooms, but quickly escalated into bombing hospitals in opposition-held areas and detaining, torturing, and executing doctors who were adhering to medical ethics by treating the wounded regardless of their political beliefs. The doctors who have risked their lives to remain in Syria and treat the injured have been decimated by Bashar al-Assad’s forces, which consider it a crime punishable by death to provide medical treatment to “the other side.”

As we approach the fifth year of the conflict, at least 610 medical personnel have been killed, and there have been 233 deliberate or indiscriminate attacks on 183 medical facilities. Physicians for Human Rights has documented these killings and attacks through its interactive online map, which is updated monthly. The Syrian government is responsible for 88 percent of the recorded hospital attacks and 97 percent of medical personnel killings, with 139 deaths directly attributed to torture or execution. These numbers are conservative given difficulties in reporting during a war. But one thing is certain, these attacks are deliberate and have a cascading effect on the health of Syrians. Four years and hundreds of attacks later, a single bombing on a hospital today can have catastrophic consequences. With dwindling numbers of medical facilities and providers, an attack could demolish the only hospital and kill the only doctor serving an entire neighborhood. For every additional doctor killed or hospital destroyed, there are hundreds – even thousands – of Syrians who have nowhere to turn for health care.

Syrian doctors have shown bravery and resilience in the face of this generation’s worst humanitarian disaster. Over the past four years, they have not only provided medical care in desperate conditions, but have also witnessed colleagues, friends, family members, and thousands of civilians die from unlawful attacks and lack of care due to the country’s decimated health care system. Attacks on health in Syria have intensified with each year of the conflict, yet doctors have continued risking everything to save lives.
Year One
Doctors Deliberately Targeted and Killed

On March 22, 2011, government forces entered Daraa National Hospital, cleared it of non-essential staff, and positioned snipers on the roof. The snipers remained for two years, firing at the sick and wounded to ensure that only government supporters could enter the hospital. On April 8, a nurse trying to rescue an injured person was shot and killed by government forces in Daraa city. This was just the beginning of the government’s deliberate attacks on medical personnel and facilities as a weapon of war.

During the first year of conflict, government forces launched eight attacks on medical facilities and killed 75 medical personnel. The majority of the attacks and deaths took place in central and southern Syria – Daraa, Hama, and Homs governorates – and were carried out with hand-held weapons and mortar fire. The majority of medical personnel died as a result of shooting, while others were executed, killed by shelling and bombings, or tortured to death.

A Broken System: The Struggle to Provide Care in Syria

Given extreme levels of violence and the government’s direct targeting of their profession, thousands of medical personnel have fled the country in fear for their lives, leaving entire cities without emergency medicine physicians, cardiologists, and other specialists. The personnel who remain use pseudonyms to protect their identities and have built field hospitals run by local councils and aid organizations. Doctors, nurses, medical students, veterinarians, and volunteers without formal training operate these makeshift facilities. Dozens of hospitals have closed due to lack of staff, funding, and supplies, leaving civilians wounded by their government’s aerial bombardments with no options for treatment. Hospitals consistently deal with shortages of gauze, blood bags, syringes, anesthetics, and body bags, as the government systematically obstructs the delivery of medical aid to opposition-controlled areas. Government forces have also consistently harassed and detained those traveling with medicine and materials as modest as gauze, in order to deprive pro-opposition populations of medical supplies. In one case in 2012, a nurse from Rif Dimashq was arrested for providing medicine to the opposition. He was tortured in detention, and his family was notified of his death in August 2014.

Syrians watch as bulldozers clean the debris outside Dar al-Shifa Hospital in Aleppo, northern Syria, after government forces bombed the facility.
Photo: Francisco Leong / AFP / Getty Images
Between August and November 2012, government forces repeatedly attacked Dar al-Shifa Hospital, located in the densely populated al-Shaar neighborhood in Aleppo. After at least three earlier attacks, the hospital finally suspended service following a missile strike on November 21. A 23-year-old medical student working as a paramedic in the hospital died. Despite repeated targeting, Dar al-Shifa’s staff remained stalwart, only leaving when their hospital was decimated. Even then, they did not stop treating patients. Instead, they moved down the street to establish Dar al-Shifa field hospital, which treated anyone in need and was eventually attacked again. This campaign illustrates a trend seen throughout the war: repeated airstrikes on the same facility, designed to intimidate medical workers and patients and cripple health care in opposition-controlled areas.

Attacks on health care more than tripled in the second year, with government forces responsible for 97 percent of the 90 facility attacks and 99 percent of the 199 personnel deaths. Aleppo, Damascus, Deir ez-Zor, and Rif Dimashq governorates were hit hardest. While the weapons used in hospital attacks were similar to the previous year, deaths as a result of shooting decreased and deaths by execution, bombing, and shelling increased.

The summer of 2012 was particularly devastating. PHR documented 28 attacks on medical facilities between July and August – the record high for the conflict. With 26 killings, July also represented the second deadliest month for medical personnel, after May 2014.
Year Three
The Rise of Heavy Weaponry and Non-State Armed Groups

On June 20, 2013, government forces bombed Raqqa National Hospital, located on a large, easily distinguishable compound in the city’s center. The attack injured three medical personnel and destroyed the intensive care unit. On March 11, 2014, government forces again bombed the hospital, destroying the governorate’s only dialysis clinic, leaving its 200 patients without access to this lifesaving treatment.

In the third year of the conflict, attacks by government forces increased in brutality. More than half of the 53 medical facility attacks PHR documented were caused by rockets, missiles, and aerial bombardment. In January 2014, government forces began their barrel bomb campaign. A crude, low-cost weapon made from a cylinder filled with explosives, shrapnel, and oil, a barrel bomb is ignited and dropped from a helicopter or plane. These weapons weigh between 200 and 2,000 pounds and are extremely destructive and imprecise, as they break into thousands of small fragments upon impact. The government carried out two barrel bomb attacks on medical facilities that month, both in pro-opposition, densely populated civilian areas. Government forces launched six additional attacks on facilities in heavily populated areas and nine attacks on isolated medical facilities (providing additional evidence of the intentional nature of the attacks).

During this time, non-state armed groups emerged as perpetrators, responsible for nine attacks on medical facilities. The self-declared Islamic State (IS) and various other opposition groups were responsible for these attacks – three of which were on Tishreen and Harasta military hospitals. While there are allegations that the government uses these military hospitals for torture and detention, they also provide ongoing medical services and are therefore protected under international humanitarian law. In November 2013, PHR documented the first two attacks on hospitals by car bombs, both by non-state armed groups.

In the third year, 171 medical personnel were killed, all but two by government forces, who increasingly killed personnel through aerial bombardment or torture. In one such case, Dr. Osama Baroudi, a prominent gastroenterologist and founder of the Union of Free Syrian Doctors, was detained by security forces in his Damascus clinic in February 2012. He was tortured and died in custody in late July 2013.

A doctor looks at the register of dead people, stained with blood, in a hospital in the eastern sector of the city of Aleppo.
Photo: Miguel Medina / AFP / Getty Images
Year Four
The Onslaught of Barrel Bombs

On April 18, 2014, government forces dropped a barrel bomb filled with chlorine gas near Wisam Hospital in Kafr Zita. Patients and medical staff evacuated the hospital to escape the toxic fumes, and medical service stopped temporarily. On June 23, government forces again barrel bombed the hospital from helicopters, this time destroying it. A newborn, a three-month-old child, and a nurse were killed, and several medical personnel were injured.

According to data collected by PHR between March 15, 2014 and February 28, 2015, 162 medical personnel were killed and there were 82 attacks on medical facilities. Of the 70 facility attacks committed by government forces, rockets and missiles were used 50 percent of the time and barrel bombs 40 percent. Government forces used barrel bombs at least 12 times to attack medical facilities in eastern Aleppo city between April and July 2014. Throughout the whole conflict, government forces have used barrel bombs in at least 32 attacks on 24 medical facilities. They have not used barrel bombs near frontlines or pro-government populations (for fear of hitting and decimating their own supporters); instead, they use rockets and missiles, which can target specific locations.

Many medical personnel have lost their lives in “double tap” strikes, whereby government forces attack a location, wait for first responders to arrive, and attack the location again.

Government forces were responsible for 93 percent of the 162 medical personnel killed in the last year. While the number of deaths caused by shooting has decreased, deaths as a result of shelling and bombing have increased significantly. Throughout the war, Aleppo governorate reported the highest percentage of deaths caused by shelling and bombing.

More than 64 percent of medical personnel killed in the past year were targeted for their lifesaving work or killed in the line of duty—the highest proportion seen during the war. Many medical personnel have lost their lives in “double tap” strikes, whereby government forces attack a location, wait for first responders to arrive, and attack the location again. On October 2, 2014, a doctor and ambulance worker responded to a barrel bomb attack in the al-Haydariya neighborhood of Aleppo city. While the two were treating those injured in the attack, government forces barrel bombed the area again, killing them both.

Cause of Medical Personnel Deaths over Time by Percentage

<table>
<thead>
<tr>
<th>Year</th>
<th>Shooting</th>
<th>Shelling and Bombing</th>
<th>Execution</th>
<th>Torture</th>
<th>Unknown and Other</th>
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<tr>
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<td>80</td>
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<td>60</td>
<td>40</td>
<td>20</td>
<td>10</td>
<td>10</td>
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<td>Year Three</td>
<td>40</td>
<td>30</td>
<td>20</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Year Four</td>
<td>30</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
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</tbody>
</table>
The Syrian government has targeted health care and increasingly used it as a weapon of war to destroy its opponents by preventing care, killing thousands of civilians along the way. Medical personnel and facilities have been attacked for putting the needs of patients first and providing care to all sides of the conflict. Non-state armed groups noted the international community’s indifference to these repeated violations of international law and emulated government tactics. PHR has seen these same tactics spread around the world: parties to the conflicts in Ukraine, Gaza, and the Central African Republic have attacked medical personnel and facilities in dozens, if not hundreds, of attacks throughout 2014.

The symbols of the Red Cross and Red Crescent have been turned from a shield of protection into crosshairs on the backs of those who knowingly risk their lives to save others. The international community must act strongly and collectively to reclaim the norm establishing the protected status of medical personnel and facilities. It is already too late for so many Syrians – medical personnel who were targeted and civilians who had nowhere to turn for lifesaving treatment – but concerted action could reverse this trend before it becomes the new normal in conflict.

It is not clear how much longer the under-staffed, overwhelmed, and fractured health care system in Syria can survive. However, another year of barrel bombs and executed doctors will cause exponential devastation for the millions of Syrians caught in the crossfire, dying from war wounds and treatable diseases.

The full report can be found at: phr.org/syria-doctors