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Physicians for
Human Rights

256 West 38th Street
9th Floor
New York, NY
10018

+1.646.564.3720
phr.org

Issue Brief: Attacks on Health in Syria

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Since the beginning of the Syrian conflict in March 2011, civilians have been deliberately targeted by all parties to the conflict, in direct violation of international humanitarian norms. One significant aspect of the Syrian government's strategy to squelch its opposition has been the systematic attacks on civilian health, through bombing and shelling of health care facilities, killing of medical personnel, besiegement of civilian populations, and deliberate blocking or limiting of aid delivery to civilians, including stripping of medical supplies from humanitarian convoys. These separate attacks on health compound each other, generating a lethal context in which civilians suffer not only from the direct consequences of military warfare, but also from acute lack of adequate medical care and, over time, from starvation and malnutrition.

Physicians for Human Rights (PHR) has systematically [documented](#) these gruesome assaults since the beginning of the conflict.ⁱ Through the end of 2017, we corroborated **492 attacks on health care facilities and the deaths of 847 medical personnel**. The data evidences a pattern of targeted attacks on health facilities: seventy-nine hospitals were struck more than once and eight were hit five times or more, including the largest hospital in east Aleppo, Al-Sakhour Hospital, which was hit eleven times. Between December 26, 2017 and January 6, 2018, PHR received reports of 16 attacks on medical facilities concentrated in southern Idlib and northern Hama, eight of which PHR has independently verified to date. Additionally, in the beginning of January we received reports of several attacks on medical facilities in eastern Ghouta as well as suspected chemical attacks affecting civilian populations there. Further, a psychiatric hospital was reportedly struck in Afrin in northern Aleppo on January 19, 2018.

According to United Nations figures, over 13 million Syrians require humanitarian assistance, including close to three million in besieged and hard-to-reach areas.ⁱⁱ Yet only a fraction receive the help they need as aid deliveries are consistently manipulated, blocked, or denied. For example, PHR [researchers](#) concluded that interagency convoys provided **humanitarian aid sufficient for only 17 percent of the besieged population**, on average, from April through December 2016, in large part due to restrictions imposed by the Syrian government.ⁱⁱⁱ PHR's [portrait](#) of one particular town under besiegement – Madaya – demonstrated the preventable deaths and suffering among a civilian population reduced to eating grass and deprived of goods essential to survival, even as health care needs increased due to the siege.^{iv} Manipulation of UN humanitarian access has not ceased, ensuring the continued suffering of besieged populations. On February 1, 2018, the UN warned it has not been allowed to deliver aid to besieged populations within Syria since November 28, 2017.^v

A comprehensive U.S. strategy for Syria that prioritizes civilian protection and welfare is critical to securing full respect for the rights of individuals, the provision of basic services, and a legitimate peace process. The administration's recent announcement of U.S. funding for the International, Impartial and Independent Mechanism (IIIM) is an important, albeit modest, step in that direction. Significantly, any reconstruction effort must take into account the deliberate decimation of Syria's health care infrastructure and the acute health care and humanitarian needs of the civilian population. Likewise, any political transition must ensure accountability for the criminal attacks on civilians that continue to this day.

Recommendations

As the fighting in Syria enters its eighth year, the pervasive breaches of fundamental international humanitarian norms that protect the health and well-being of civilian populations in conflict must be



stopped. The U.S. government has an obligation to use its influence, resources, and seat at the UN Security Council to ensure the following:

1. An immediate end to attacks on unlawful targets, including civilians and protected objects such as functioning hospitals, clinics, and ambulances;
2. An immediate end to any restrictions on humanitarian aid, ensuring that all people in need of aid receive it in an immediate, unhindered, and sustained manner;
3. An immediate end to sieges of civilian populations;
4. An increase in authorized funding for humanitarian assistance to ensure the UN Office for the Coordination of Humanitarian Affairs is able to increase direct cross-border delivery of critical supplies;
5. Support for credible justice initiatives to ensure that perpetrators of war crimes and crimes against humanity, including attacks on health, are held accountable.

Congress should call upon the Trump administration to deliver on these crucial elements.

ⁱ Physicians for Human Rights, “Anatomy of a Crisis: A Map of Attacks on Health Care in Syria,” accessed February 5, 2018, <http://www.phr.org/syria-map>.

ⁱⁱ United Nations Office for the Coordination of Humanitarian Affairs, “About the Crisis,” accessed February 5, 2018, <http://www.unocha.org/syrian-arab-republic/syria-country-profile/about-crisis>.

ⁱⁱⁱ Physicians for Human Rights, “Access Denied: UN Aid Deliveries to Syria’s Besieged and Hard-to-Reach Areas,” March 2017, <http://physiciansforhumanrights.org/assets/multimedia/phr-access-denied.pdf>.

^{iv} Physicians for Human Rights and the Syrian American Medical Society, “Madaya: Portrait of a Syrian Town Under Siege,” July 2016, https://s3.amazonaws.com/PHR_Reports/madaya-portraitof-a-syrian-town-under-siege.pdf.

^v UN News Centre, “Humanitarian diplomacy ‘getting nowhere’ in Syria warns UN special adviser,” <http://www.un.org/apps/news/story.asp?NewsID=58521#.WnTUHq6nGUk>.