

# Beyond Imagination:

## Seven Years of Conflict in Syria

March 2018



*A Syria Civil Defence member carries a wounded child in eastern Ghouta in February 2018.  
Photo: Abdulmonam Eassa  
/AFP/Getty Images*

# Seven Years of War in Syria

## A Cataclysmic Civilian Toll

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 law. One significant aspect of the Syrian government's strategy to crush its opposition has been the systematic assault 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 the repeated stripping of medical supplies from humanitarian convoys. These modes of attacks on health, taken together, generate a lethal context in which civilians suffer and die not only from the direct consequences of military warfare, but also from the indirect but not less intentional denial of adequate medical care and, over time, from malnutrition and starvation.



*A member of the Syrian Arab Red Crescent talked to a boy in a hospital in besieged eastern Ghouta, where government denial of humanitarian supplies has caused widespread suffering. Doctors there said they saw dozens of malnourished children every day.  
Photo: Abdulmonam Eassa/AFP/Getty Images*

Physicians for Human Rights (PHR) has systematically documented these gruesome assaults since the beginning of the conflict. Through the end of 2017, PHR researchers corroborated 492 attacks on health care facilities and the killing of 847 medical personnel. The data reveals a pattern of targeted attacks on health facilities: 79 hospitals were struck more than once and eight were attacked five times or more, including the

largest hospital in east Aleppo, al-Sakhour Hospital, which Syrian government and allied forces hit with airstrikes at least 11 times.

As the Syrian conflict moves into its eighth year, what was already one of the world's largest humanitarian crises has resulted in even more devastation. As of December 2017, the UN estimated that more than half of Syria's prewar population had been displaced – 6.1 million people internally and 5.5 million registered as refugees in neighboring countries.<sup>1,2</sup> In addition, an estimated 13.1 million people were in need of humanitarian assistance and 2.98 million were in hard-to-reach and besieged areas.<sup>3,4</sup> While the UN stopped tracking deaths in Syria years ago due to a lack of confidence in the data, in February 2016, the Syrian Center for Policy Research estimated the death toll to be 470,000.<sup>5</sup> The past year has only added to that terrible number of lives lost.

"You can hear about it but you will never imagine it," a Syrian doctor in the city of Raqqa told PHR. One of the few medics who continued working in Raqqa after ISIS took control of the city in 2013, he finally decided to leave in August 2017 after an airstrike killed two of his colleagues in their homes. While he was fleeing the city with his daughter, a landmine exploded, injuring the doctor and killing his daughter. "This is beyond imagination," he said. "This is indescribable. There is misery at every level."<sup>6</sup>

Despite multiple international attempts to impose a ceasefire and to advance peace talks mediated by the UN which have focused on reaching a political solution to the conflict, peace seems a distant prospect. The combination of attacks on health facilities and personnel, displacement of millions, illegal siege and blockade of humanitarian aid, and constant threats of injury and death have taken a catastrophic toll on the health and well-being of the Syrian population.

**"This is beyond imagination. This is indescribable. There is misery at every level."**

## 2017: Escalating Attacks on Medical Infrastructure

During 2017, PHR verified 38 individual attacks on medical facilities in Syria. Of these 38 attacks, 34 were perpetrated by Syrian government forces and/or their Russian allies, one by Jaish al-Islam, an opposition coalition based chiefly in eastern Ghouta, and three by unidentified actors. PHR also received reports of attacks on medical infrastructure perpetrated by ISIS and international coalition forces, but was unable to confirm these reports due to the difficulty of gathering information from ISIS-controlled areas.

The majority of attacks verified by PHR were air assaults: 31 were carried out by air-to-surface missiles and three involved barrel bombs, including one case in which suspected Syrian government forces dropped a barrel bomb containing chlorine gas on a surgical hospital in northern rural Hama. Russian forces also used high-capacity missiles, such as bunker buster bombs, to break through hospital fortifications and



caves built to protect medical spaces.<sup>7</sup> In addition, PHR documented two mortar attacks on health facilities, one raid, and one additional incident using an unknown weapon.

Attacks on medical infrastructure in 2017 often occurred in clusters, during which multiple health facilities in close proximity to each other were bombed repeatedly within a short time period. At the end of September, for example, PHR documented five aerial attacks on four of the main hospitals in Idlib province over the course of seven days. In one of these attacks, the Syrian American Medical Society (SAMS) reported that the hospital was hit by five surface-to-air missiles, severely damaging the facility and taking it completely out of service.

Attacks occurred most frequently in areas under opposition control. Eastern Ghouta, northern Hama, and southern Idlib were particularly affected, with 31 out of the 38 attacks, or roughly 81 percent, occurring in these regions. PHR also confirmed incidents in Aleppo, Damascus city, Deir Ezzor, and Homs.



*Omar bin Abdaziz hospital in the Maadi district of Aleppo after a barrel bomb attack by government forces. The hospital has been attacked seven times since the start of the conflict.  
Photo: Thaer Mohammed/AFP/Getty Images*

Due to difficulty in accessing independent sources, PHR did not verify any attacks on facilities in Raqqa. However, the Independent International Commission of Inquiry on the Syrian Arab Republic concluded in its February 2018 report that the offensive to release the city from ISIS control involved heavy bombings of civilian areas in which the international coalition failed to take feasible precautions to avoid harm to civilians.<sup>8</sup> This offensive devastated Raqqa's health care system. In September, the city was left with only one semi-operational hospital, which was severely under-equipped after years of humanitarian aid obstructions. Residents who tried to receive care there were often unable to due to the intensity of the airstrikes. Those who tried to flee to seek care elsewhere were at high risk of injury from ISIS landmines and snipers.

PHR also documented the deaths of 51 civilian health professionals in 2017: 31 were killed by airstrikes, 10 by artillery shelling, three by detention and torture, three by explosions, two by sniper fire, one by chemical attack, and one by kidnapping and execution.

The data reveals a pattern of targeted attacks on health facilities: 79 hospitals were struck more than once and eight were attacked five times or more, including the largest hospital in east Aleppo, al-Sakhour Hospital, which Syrian government and allied forces hit with airstrikes at least 11 times.

With the absence of accountability or leadership from the international community, attacks against health care facilities and deliberate obstructions to humanitarian aid persist in Syria with impunity. Ongoing aerial attacks and the Syrian government's tightening of the siege on eastern Ghouta, an opposition-held territory close to Damascus which has been under siege since 2013, have severely restricted access to health care and clean water for 400,000 residents. The approximately 100 remaining doctors face an ever-decreasing supply of medication and equipment, as these items continue to be routinely removed from aid convoys entering the area. SAMS has told PHR that its doctors in eastern Ghouta are reporting the outbreak of communicable diseases, including measles and salmonella.

In addition, the end of 2017 was marked by a devastating, dramatic escalation of attacks on medical infrastructure in so-called de-escalation zones. In the first week of January 2018, PHR verified at least six separate attacks on medical facilities in southern Idlib and northern Hama. In one case, Salam Maternity Hospital – the only specialized maternal health facility in Maarat al-Numan City that serves a population of 500,000 residents – was bombed by Syrian government or Russian forces. One missile hit the back wall of the delivery and labor section of the hospital, killing a newborn and father and forcing staff to remove premature infants from their incubators.

The beginning of 2018 marked a significant increase in reported attacks on medical facilities, at first concentrated in northern Hama and southern Idlib, as part of the Syrian government's effort to take over territory from opposition forces. Between December 26, 2017 and January 6, 2018, PHR received reports of 16 attacks on medical facilities concentrated in this area, eight of which PHR was able to independently verify.

## Gross Violations in the Assault on Eastern Ghouta

In January and February 2018, health providers inside besieged eastern Ghouta increasingly reported indiscriminate and incessant bombing of the area, which the Syrian government purported was done in retaliation for the shelling of Damascus by

opposition forces. PHR received reports of several attacks on medical facilities in eastern Ghouta as well as additional suspected chemical attacks, most likely chlorine, during this period.

All UN member states have a responsibility to halt the egregious war crimes and crimes against humanity that are magnifying civilian suffering in Syria.

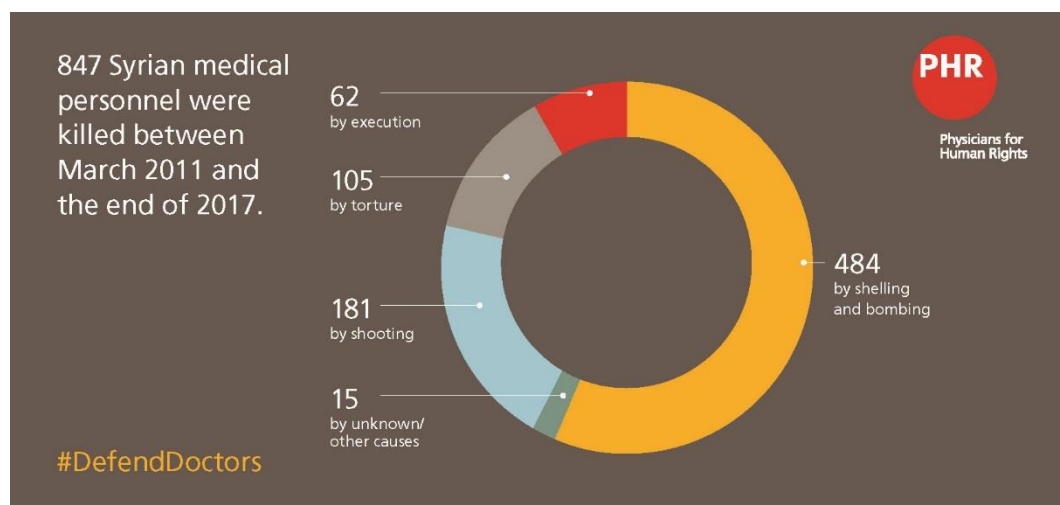
By late February, the humanitarian situation in eastern Ghouta had become so dire that the UN Security Council unanimously demanded an immediate 30-day ceasefire across the country to allow for sustained, unimpeded aid delivery and medical evacuations of the critically sick and wounded. Even this limited measure – calling for an immediate ceasefire, unimpeded humanitarian access, civilian evacuations, and adherence to international humanitarian law – was contested and delayed for days at the Security Council, though it was ultimately adopted as Resolution 2401 by all members at an extraordinary session on February 24, 2018. Until that date, Russia had on 11 previous occasions used its veto power to block Security Council resolutions on Syria, many of which condemned the illegal attacks on civilians and the blocking of humanitarian aid. Some commentators speculate that the price of Russia's vote in favor of resolution 2401 was the insertion of a provision that contains an exception for the ceasefire to allow parties to fight groups designated as terrorists by the Security Council.<sup>9</sup> Nonetheless, the resolution is clear in demanding that all parties comply with their legal obligations under international law, including the protection of civilians. PHR has stated repeatedly that the Syrian government and its allies cannot be permitted to launch indiscriminate attacks on civilian populations and civilian objects under the pretext of countering terrorism.

As of this writing, Security Council Resolution 2401 has been virtually ineffective. Almost a week after its adoption, the UN stated it still did not have the necessary clearance from the Syrian government to enter into eastern Ghouta to deliver aid.<sup>10</sup> The Russian government highlighted the continued shelling of Damascus by opposition groups from inside of eastern Ghouta as the main reason for this delay, and announced a limited five-hour daily ceasefire for eastern Ghouta specifically. This measure was subsequently overturned and, when finally implemented, humanitarian aid convoys reaching eastern Ghouta on March 5 arrived without medical supplies which had been stripped on orders of the Syrian government.<sup>11</sup>



*A girl looks at the rubble of a hospital that was destroyed in a reported government strike in eastern Ghouta in February 2018.  
Photo: Abdulmonam Eassa/AFP/Getty Images*

On March 2, 2018, the UN Human Rights Council in Geneva held an emergency debate on the situation in eastern Ghouta and elsewhere in Syria. While some Council members wondered aloud what the Human Rights Council might possibly achieve where the Security Council's binding resolutions had failed,<sup>12</sup> the Council adopted a resolution at the end of the debate asking the Independent International Commission of Inquiry on Syria to conduct an investigation of the events in eastern Ghouta and to report on it at the Human Rights Council session in June.<sup>13</sup> At the debate, UN High Commissioner for Human Rights Zeid Ra'ad al-Hussein called for a referral of the situation to the International Criminal Court, noting: "What we are seeing, in eastern Ghouta and elsewhere in Syria, are likely war crimes, and potentially crimes against humanity. Civilians are being pounded into submission or death."<sup>14</sup>



*PHR's interactive map showing attacks on health care in Syria can be found at [phr.org/syria-map](http://phr.org/syria-map).*



## 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. All UN member states have a responsibility to halt the egregious war crimes and crimes against humanity that are magnifying civilian suffering in Syria by ensuring:

- An immediate end to attacks on unlawful targets, including civilians and protected objects such as functioning hospitals, clinics, and ambulances;
- An immediate end to sieges of civilian populations;
- 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;
- 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;
- Authorization of UN observers to monitor and sit on cross-line humanitarian convoys to deter forces at checkpoints from tampering with or removing aid, and public reporting of all attempts to obstruct aid deliveries;
- Support for credible justice initiatives to ensure that perpetrators of war crimes and crimes against humanity, including attacks on civilian health, are held accountable;
- Support for UN Security Council reform that restricts use of the veto in situations designated by the UN Secretary-General as war crimes, crimes against humanity, and genocide.



## Endnotes

- 1 UNHCR, December 7, 2017, Syria Emergency, <http://www.unhcr.org/en-us/syria-emergency.html> (accessed February 12, 2018).
- 2 UNHCR, February 8, 2018, Syria Regional Response: Inter-agency Information Sharing Portal, [http://data.unhcr.org/syrianrefugees/regional.php#\\_ga=2.75857047.3434193.1518457130-1336745432.1518198631](http://data.unhcr.org/syrianrefugees/regional.php#_ga=2.75857047.3434193.1518457130-1336745432.1518198631) (accessed February 12, 2018).
- 3 OCHA, November 2017, Humanitarian Needs Overview: Syrian Arab Republic, <https://hno-syria.org/#severity-of-needs> (accessed February 12, 2018).
- 4 UNHCR, December 7, 2017, Syria Emergency, <http://www.unhcr.org/en-us/syria-emergency.html>, (accessed February 12, 2018).
- 5 Syrian Centre for Policy Research (SCPR), February 11, 2016, “Confronting fragmentation! Impact of Syrian crisis report,” <http://scpr-syria.org/publications/policy-reports/confronting-fragmentation/> (accessed February 12, 2018).
- 6 Physicians for Human Rights, September 12, 2017, “Raqqqa Offensive Has Destroyed City’s Health Care System,” <https://medium.com/@PHR/raqqqa-offensive-has-destroyed-citys-health-care-system-16a1e6b7f561>, accessed March 12, 2018.
- 7 Syrian American Medical Society (SAMS), May 2017, “Saving Lives Underground: the Case for Underground Hospitals in Syria,” <https://foundation.sams-usa.net/wp-content/uploads/2017/05/Saving-Lives-Underground-report.pdf> (accessed February 12, 2018).
- 8 Independent International Commission of Inquiry on the Syrian Arab Republic, “Report of the Independent International Commission of Inquiry on the Syrian Arab Republic,” February 1, 2018 A/HRC/37/72, para. 39.
- 9 Dr. Azeem Ibrahim, “Why The Syrian Ceasefire Was Doomed To Fail,” Al Arabiya news, March 1, 2018, <http://english.alarabiya.net/en/views/news/middle-east/2018/03/01/Why-the-Syrian-ceasefire-was-doomed-to-fail.html>.
- 10 Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock: Briefing to the Security Council on Syria, February 28, 2018.
- 11 Angus McDowall, Stephanie Nebehay, “Aid reaches Ghouta but retreats after shelling; Syria presses assault,” Reuters, March 5, 2018, <https://www.reuters.com/article/us-mideast-crisis-syria/aid-reaches-ghouta-but-retreats-after-shelling-syria-presses-assault-idUSKBN1GH1HN>.
- 12 “Urgent Debate on the situation in Eastern Ghouta in the Syrian Arab Republic Intervention by Ukraine,” 37th session of the UN Human Rights Council, March 2, 2018.
- 13 Human Rights Council, “The Deteriorating Human Rights Situation in Eastern Ghouta,” UN Doc A/HRC/37/L.1, March 2, 2018, para. 7.
- 14 Statement by UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein at the Urgent Debate on the Situation in Eastern Ghouta, March 2, 2018, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22746&LangID=E>.



**Physicians for  
Human Rights**

[phr.org](http://phr.org)

For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. A Nobel Peace Prize co-laureate, PHR uses its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

Through evidence,  
change is possible.



Nobel Peace Prize  
Co-laureate