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AMNESTY
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SYRIA: VOICES IN CRISIS

A MONTHLY INSIGHT INTO THE HUMAN RIGHTS CRISIS IN SYRIA.



Civilians clean a street from rubble of damaged buildings in Yarmouk, south Damascus, 12 February, 2014. © REUTERS/Mohamad Mohamad

“THERE WAS NO ELECTRICITY TO RUN VENTILATORS, AND NURSES HAD TO PERFORM BACK-TO-BACK SHIFTS OF CPR TO KEEP PATIENTS ALIVE – EVEN DURING SURGERIES”

ABU AL-ABD*, A MEDICAL VOLUNTEER IN BESIEGED YARMOUK IN SOUTHERN DAMASCUS, TELLS AMNESTY INTERNATIONAL ABOUT THE DAILY STRUGGLES TO PROVIDE HEALTH CARE

The once bustling neighbourhood has been under siege by Syrian government and allied forces since December 2012, when warplanes bombed Yarmouk, causing thousands to flee. A handful of medical workers remained to serve the diminished and ever-weakening population, including Abu al-Abd. By March 2014, at least 194 people had died there due to lack of food and inadequate medical care, as documented by Amnesty International in *Squeezing the Life out of Yarmouk: War Crimes against Besieged Civilians*. In blatant contravention of international humanitarian law and UN Security Resolution 2139, the siege continues to be imposed on some 6,000 people who remain.

Security problems, attacks against the hospital and medical staff

Abu al-Abd told Amnesty International that the medical workers faced security challenges not only from government forces but also from others including the Free Syrian Army (FSA), a loose coalition of armed groups opposed to the government of Bashar al-Assad, as well as Jabhat al-Nusra, the Syrian branch of al-Qa’ida and the group that calls itself Islamic State (IS):

“The FSA regularly raided the hospital for supplies, forced doctors to abandon their patients and focus on treating injured FSA fighters. They were reckless and contaminated

sterile operating rooms, putting those in surgery at risk of infection. They assaulted members of the medical staff, shot an ambulance driver and stole an ambulance – which they used to transport weapons and ammunition. When we managed to retrieve [it], it was in a very bad state and needed a lot of repairs. Also, petrol became very expensive which made it difficult to reach patients. The security situation with armed groups, army checkpoints, closed roads, armed group bases and constant bombardment made it almost impossible to carry out work with the ambulance. When it broke down it often took days to find a mechanic willing and able to repair it. There was a real danger of getting an ambulance hijacked, having the paramedics captured and the injured taken to the enemy's territory. One of the ambulances was destroyed by a barrel bomb near the hospital."

"Dr Aladdin Youssef was taken by the regime from the gates of Yarmouk camp, and we haven't heard anything since. A number of nurses were arrested by regime forces when they left the camp to do examinations. They were later killed in custody of regime forces. Other medical workers in Yarmouk were killed by mortar, missile, shrapnel, a sniper [while carrying out their work]...

"Jabhat al-Nusra also abducted medical staff and tortured at least one of them. They raided our medicine supply under the threat of death. Jabhat al-Nusra attempted to close down Palestine Hospital, the main medical facility that was still functioning, because there was mixing between men and women. Some [female] nurses were forbidden to work on the premises because of how they were dressed. A number of staff members were abducted by Jabhat al-Nusra including Wissam al-Ghoul who they tortured for several hours.

Shortage of medical staff and medical supplies

"We didn't have a stock of blood packs, serums, antibiotics and painkillers. We didn't have the capacity to conduct accurate blood tests. It was a guessing game for the most part, even in surgical situations. Often it was nurses, not doctors, who installed a chest tube in a patient, without a chest X-Ray because radiology was closed, without electricity, or video. They simply relied on bedside examination, a stethoscope examination of the chest, and replacing the usual apparatus with a temporary makeshift jar with slits and transparent tubing.

"We put casts on limbs without X-rays, relying solely on physiological clues. There was no electricity to run ventilators and nurses had to perform back-to-back shifts of CPR to keep the patients alive – even during surgeries. Often it would end with us losing the patients, seldom with the patients improving. There was a lack of bandages. There was a lack of specialists.

"We were forced to carry out some tasks, including abortions and surgery, without power or proper equipment or sterile instruments. We were additionally suffering from a barrage of shelling, which led to water cuts and caused additional problems.

"A lot of admissions were burn injuries, suffered as a result of people burning plastic as fuel [due to shortages caused by the

siege]. It was dangerous as burning plastic could combust and result in severe degree burns to large portions of the skin and sometimes proved fatal. Treatment for severe cases could take two full months or more and we didn't have enough burn ointments, antibiotics, painkillers, gauze or sterile treatment rooms. We rationed our treatment options until we could seek outside advice and manufacture our own burn treatments and gauze. We admitted around 17 burn victims per month. We also had to treat survivors of torture.

"The hospital was incapable of admitting the large number of patients flooding to it, and even more so when it was being shelled. We were greatly understaffed which impeded our ability to properly carry out treatments and medical procedures such as draining fluids from patients' chests, suturing, treating broken bones, providing cancer patients with medicine and support medicine for their surgeries, transporting blood, removing shrapnel and dealing with the side effects of some medication, such as addiction and dependency, hallucinations and seizures. Often, we were forced to use medicine past its expiry date or medications that were not entirely suitable.

"The Yarmouk population was dealing with issues such as infection, diarrhoea, malnourishment and dehydration, as people were forced to rely on unsuitable sustenance, such as chocolate from a local factory and "Bird's foot" [a plant usually eaten by cows and other livestock]. There was a rise in gastrointestinal conditions and very little we could do. We were helpless to treat psychiatric conditions that were longstanding or just developing. We had to deal with high rates of domestic violence, with most victims being children. Children suffered from neglect, some were abandoned. One newborn baby, barely a day old, was found left among some rubbish but thankfully survived. We attempted to send prematurely born babies with breathing and other problems to nurseries in Damascus but the regime refused. We were forced to manage the care of these newborns, and install tubes and improvise life-support for some. A number of them didn't survive these conditions.

"Despite all these needs we were forced to close down important services – the radiology department, the Intensive Care Unit, the ventilators, the pathology and laboratory analysis departments...

"Many medical professionals would go days without food, and would survive off an improvised IV sometimes for two days at a time. We gathered bodies off the streets, and buried those who had passed away, and provided chlorine tablets to households nearby in order for them to disinfect their water. We laboured to clean up the camp, register births and deaths, and attempted to provide civilians with as much access to medical care as possible, as well as much more.

*His name has been changed to protect his identity.

CASE FOCUS: BASSEL KHARTABIL

SOFTWARE ENGINEER FORCIBLY DISAPPEARED FROM PRISON



Bassel Khartabil ©Private

Bassel Khartabil is a Syrian-Palestinian software engineer and an advocate for freedom of expression. Prior to his arrest, he was working on opensource software to enable information sharing. He was arrested on 15 March 2012, as he left work in the al-Mezzeh district of Damascus.

His wife, Noura Ghazi al-Safadi, told Amnesty International:

“It was two weeks before our wedding was planned to take place. I waited for him to come back, so that we would go together to buy a wedding dress and do the final preparations for our wedding ceremony. But the months passed and all I knew was that Bassel had been detained in a Military Intelligence Branch in Damascus.”

Following his initial detention, Bassel Khartabil was moved to Saydnaya Military Prison north of Damascus, before being brought before a Military Field Court on 9 December 2012, where he was questioned for a few minutes but was not told anything further about his legal status or court proceedings. He was transferred

to ‘Adra Prison on 24 December 2012.

His wife said: “I was finally allowed to visit him with his family... We married at ‘Adra Prison on 7 January 2013. We became known as ‘the bride and groom of the Syrian Revolution’”.

Bassel Khartabil remained at ‘Adra Prison until 3 October 2015, when he was transferred to an unknown location. He managed to inform his family the same day that he had been ordered to pack his belongings but was not told where he would be taken. His family has not received any official information about his fate or whereabouts, though there have been unofficial reports that he may have been tried and sentenced to death by a Military Field Court in the Military Police headquarters in al-Qaboun, Damascus.

Amnesty International calls for Bassel Khartabil’s immediate and unconditional release as he has been detained solely for his peaceful activities promoting freedom of expression.