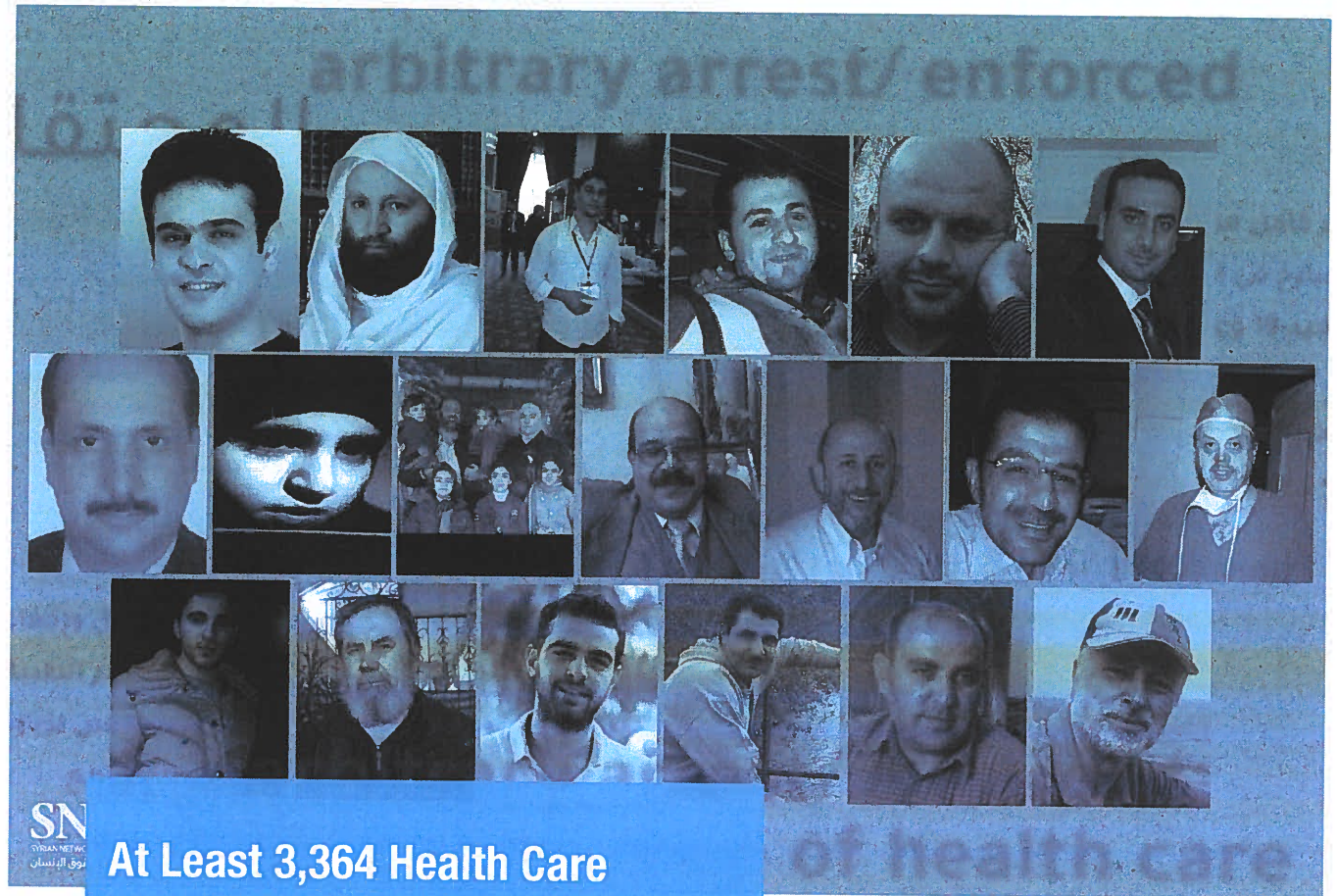


Flygtningenævnets baggrundsmateriale

Bilagsnr.:	1452
Land:	Syrien
Kilde:	Syrian Network for Human Rights
Titel:	At Least 3,364 Health Care Personnel Still Arrested/Forcibly Disappeared, 98% by the Syrian Regime. A Year Has Passed Since the Outbreak of COVID-19 in Syria, with Thousands of Medical Personnel Among the Forcibly Disappeared
Udgivet:	27. februar 2021
Optaget på baggrundsmaterialet:	26. april 2021



At Least 3,364 Health Care Personnel Still Arrested/ Forcibly Disappeared, 98% by the Syrian Regime

A Year Has Passed Since the Outbreak of COVID-19 in Syria, with Thousands of Medical Personnel Among the Forcibly Disappeared

Saturday 27 February 2021

The Syrian Network for Human Rights (SNHR), founded in June 2011, is a non-governmental, independent group that is considered a primary source for the OHCHR on all death toll-related analyses in Syria.

SNHR
SYRIAN NETWORK FOR HUMAN RIGHTS
الشبكة السورية لحقوق الإنسان

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I. Arrest, Disappearance and Torture of Medical Personnel Is A Deliberate Tactic to Increase the Suffering of Society:

The targeting of medical facilities and personnel has been one of the most horrific atrocities practiced during the Syrian conflict. These attacks have not been limited to the indiscriminate or deliberate bombing of medical facilities, and the resulting death and injury of medical personnel, but have also extended to deliberate persecution of health care personnel, who contributed in one way or another to alleviating the suffering of the participants in the popular uprising, as well as to treating the injured protesters and opponents of the Syrian regime.

Over a period of nearly ten years, we at the Syrian Network for Human Rights (SNHR) have documented the most notable violations perpetrated against the medical sector, creating a special database dedicated to the medical facilities targeted, and medical personnel killed, as well as [issuing a large number of monthly and thematic reports](#) in this regard. In many reports, we also addressed the issue of the regular arbitrary arrest or enforced disappearance of medical personnel, including those among the larger population of detainees or forcibly disappeared persons and victims of torture. This report is devoted to focusing in greater detail on these three issues – arbitrary arrest, enforced disappearance, and torture - which form an interconnected triad. Despite this report coming nearly a year after the first appearance of the COVID-19 pandemic in Syria, and [the many subsequent calls for the urgent immediate release of all medical personnel](#) due to Syrian society's desperate need of their expertise, they remain detained or forcibly disappeared.

Under international humanitarian law¹, medical personnel enjoy the immunity of the special protection guaranteed to them in accordance with numerous agreements and the prohibition of any reprisals against medical personnel and against the wounded and sick. Medical personnel also have freedom of movement and the right to travel to and access any location where wounded or sick people requiring their services are present in order to administer help to them. Medical personnel may not be punished or harassed for performing medical duties compatible with medical ethics, while no person engaged in medical activities may be compelled to perform acts contrary to medical and humanitarian ethics, or to provide information about the wounded under their care. The Geneva Conventions of 1949 prevented the targeting of health workers and hospitals, strengthened mechanisms for the protection of medical personnel, facilitated the transfer of the wounded and injured, and enshrined the need to protect them, and to ensure they are not exposed to any acts that cause harm and damage to them.

¹ International Committee of the Red Cross, International Humanitarian Law, rule 25, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule25
 International Committee of the Red Cross, International Humanitarian Law, rule 26, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule26
 International Committee of the Red Cross, International Humanitarian Law, rule 28, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule28
 International Committee of the Red Cross, International Humanitarian Law, rule 29, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule29

² International Committee of the Red Cross, Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War, <https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/INTRO/380?OpenDocument>

The Rome Statute of the International Criminal Court³ affirmed that: "Intentionally directing attacks against humanitarian personnel, hospitals and places where the sick and wounded are collected, provided they are not military targets, and against medical units using the distinctive emblems of the Geneva Conventions in conformity with international law (is a war crime) in international armed conflicts and armed conflicts not of an international character."



The presence of this huge number of medical personnel outside detention centers would have effectively contributed to alleviating the suffering of Syrian society from the COVID-19 pandemic, but the Syrian regime, the main cause of crushing Syrian society, does not care about inflicting more pain and suffering, and there is no judicial, legislative, or media authority to criticize and hold it accountable, as the security services are the ultimate authority, and the regime will not release the medical personnel. The international community, including the Security Council, and negotiation processes have failed to make any effort to secure their release or even to simply reveal their fate.



Fadel Abdul Ghany

**Director of the Syrian
Network for Human Rights**

II. The Methodology of Documenting Arrest/ Detention and Torture of Health and Medical Care Personnel:

According to the International Committee of the Red Cross' definition of health care personnel⁴, this term refers to: "All people with professional health-care qualifications, e.g. doctors, nurses, paramedics, physiotherapists, pharmacists; people working in hospitals, clinics and first-aid posts; ambulance drivers; personnel working in the community in their professional capacity; staff and volunteers of the International Red Cross and Red Crescent Movement involved in delivering health care; medical personnel of armed forces; medical personnel of armed groups."

According to the facts documented by SNHR in the context of events in Syria, dozens of people have received initial training that enabled them to provide primary health care, including dentists, veterinarians, university medical students, as well as student paramedics and nurses, who were unable to complete their studies due to their involvement in the popular uprising. We have taken into consideration three main factors:

³ International Criminal Court, Rome Statute, Article 8-2 (b-9), 8-2 (e), <https://www.icc-cpi.int/resource-library/documents/rs-eng.pdf>

⁴ International Committee of the Red Cross, Health Care in Danger Report: The Untold Suffering, <https://www.icrc.org/en/document/health-care-danger-what-will-it-take>

- Large areas were subjected to a siege that lasted for years, such as the Eastern Ghouta, Daraya, and the old neighborhoods of Homs.
- A massive number of people were wounded and injured due to the heavy and continuous bombing, which prompted many non-academics to acquire medical training and join the ranks of medical personnel.
- These people, who have contributed to saving lives and to mitigating the severity of the injuries of tens of thousands of Syrian citizens, gained field experience due to the extent of the injuries and cases that they saw or treated, and given all this, we include them in the category of 'medical personnel'.

For nearly ten years, the Syrian Network for Human Rights has been recording various types of violations related to arrest and detention, such as the accompanying torture, enforced disappearances⁵, trials, and other related crimes. This report mainly focuses on data analysis that we have conducted based on the SNHR's database of detainees, forcibly disappeared persons, and torture, with this evidence amassed as a result of the daily monitoring and documentation that we have carried out continuously since 2011 up to the current moment. We also constantly update these records as required, with all the individuals included in them being registered according to name, date, place and conditions of detention, the party responsible for the arrest, enforced disappearance and torture, and their records including any documents provided, along with other details. SNHR's Information Technology department has created dedicated programs within the database on each party to the conflict, providing information on detainees' original governorate, gender, marital and academic status, age group and place of arrest, with all data being entered automatically. The data added to the [SNHR's database](#) is retained securely, and we store several backup copies in different locations.

This report provides the record of arbitrary arrest/ enforced disappearance and torture of health care personnel at the hands of the parties to the conflict and the controlling forces in Syria between March 2011 and February 2021.

On the SNHR's database, we can categorize cases of arrest/ detention according to the governorate in which the incident occurred, and according to the governorate from which the detainee originally came. In this report as in most of our reports, we categorize the record of arrests according to the place where the arrest took place, not according to the governorate from which the detainee originally came. It should also be noted that sometimes we categorize the cases of arrest according to the governorate from which the detainee originally came in order to show the magnitude of loss and violence suffered by the people of that governorate compared to other governorates, in which case we refer to this in the report.

The record of the cases and incidents of arrests documented by the SNHR, which are included in this report, do not include those kidnappings and abductions in which we were unable to identify the responsible party.

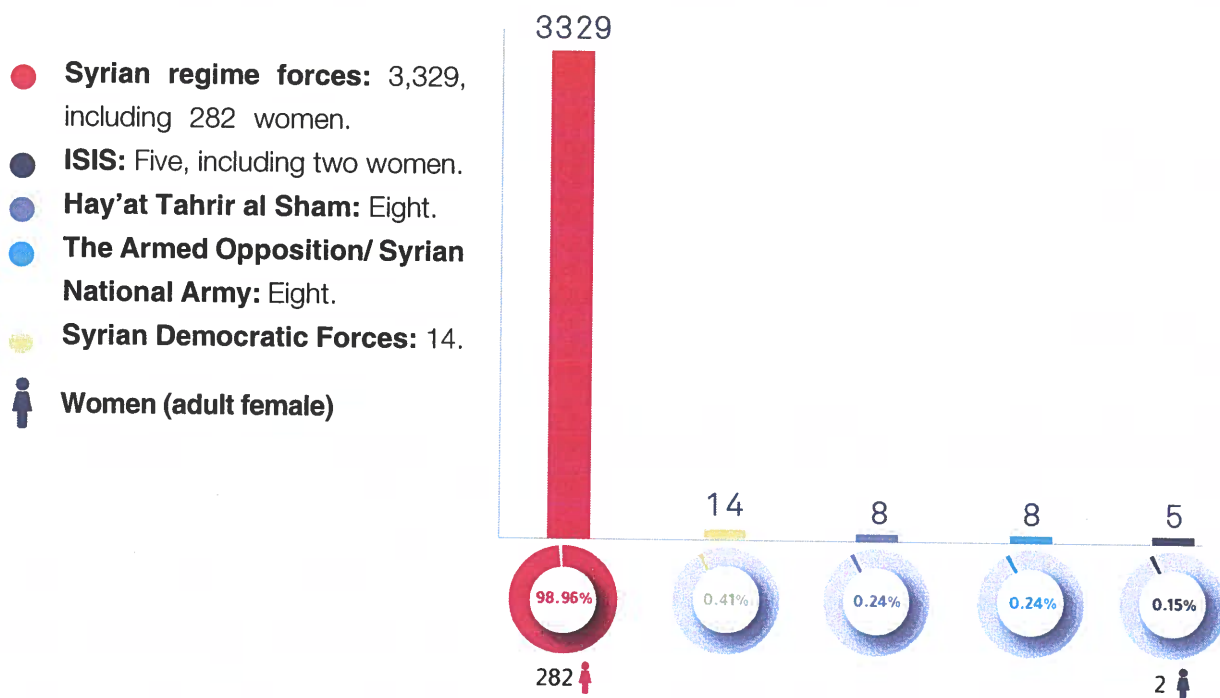
⁵ According to SNHR's methodology, each individual registered as forcibly disappeared must have been detained for at least 20 days without his or her family being able to obtain any information from the relevant authorities about their status or location, with those responsible for the arrest denying any knowledge of the individual's detention or whereabouts, making him or her a forcibly disappeared person.

Finally, given the exceptional difficulties and the magnitude of the violations, the cases mentioned in this report represent the bare minimum of violations which we have been able to document, and we confirm that the real figures are far higher.

III. The Record of Arrest/ Detention, Enforced Disappearance and Torture of Health Care Sector Personnel According to the SNHR's Database, and Its Distribution According to Governorates, Parties and Field of Specialty:

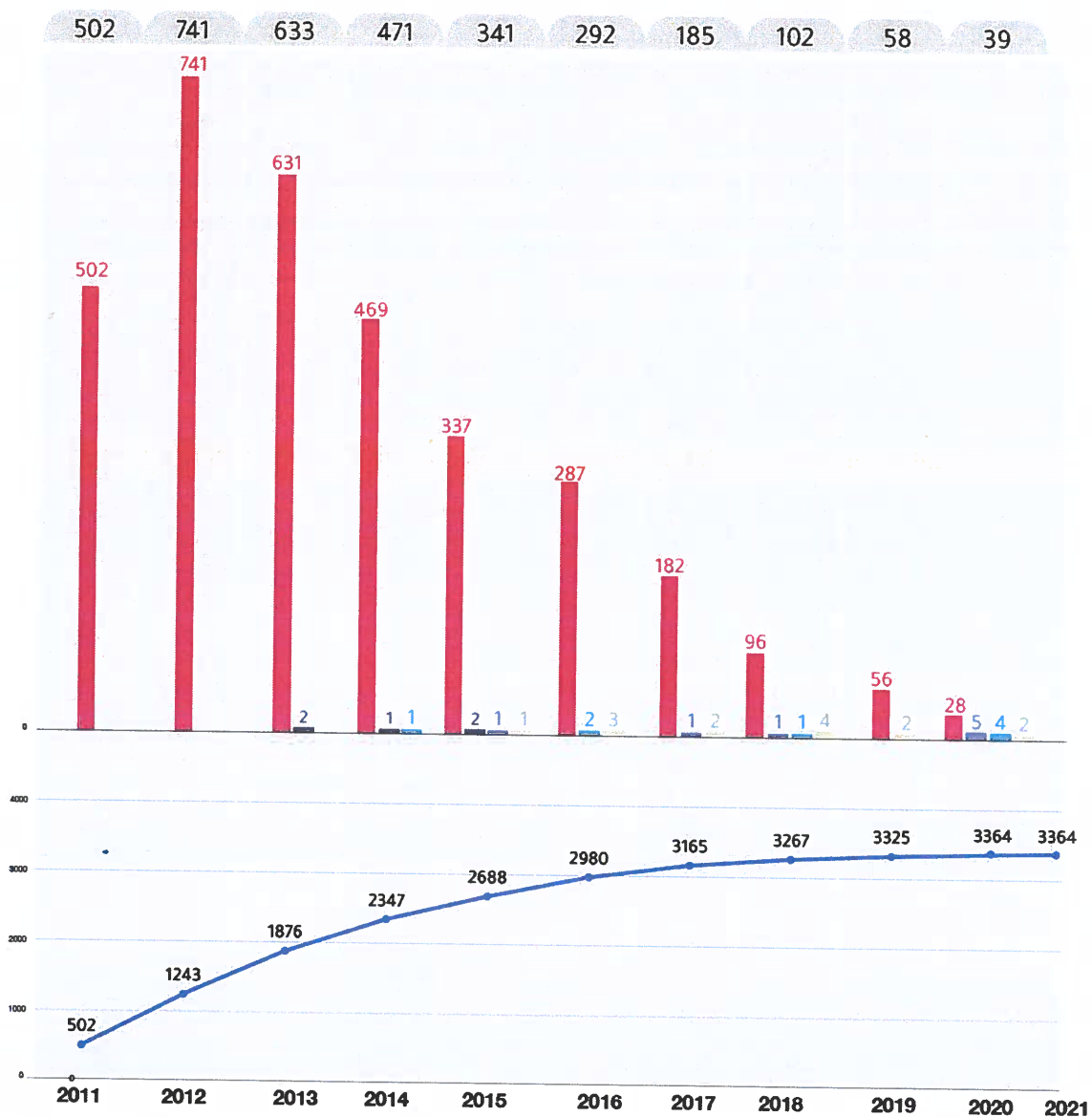
A. Arrest/ detention and enforced disappearance:

The SNHR database indicates that at least 3,364 health care sector personnel are still arrested/ detained or forcibly disappeared in Syria, between March 2011 and February 2021, distributed according to the parties to the conflict and the controlling forces as follows:



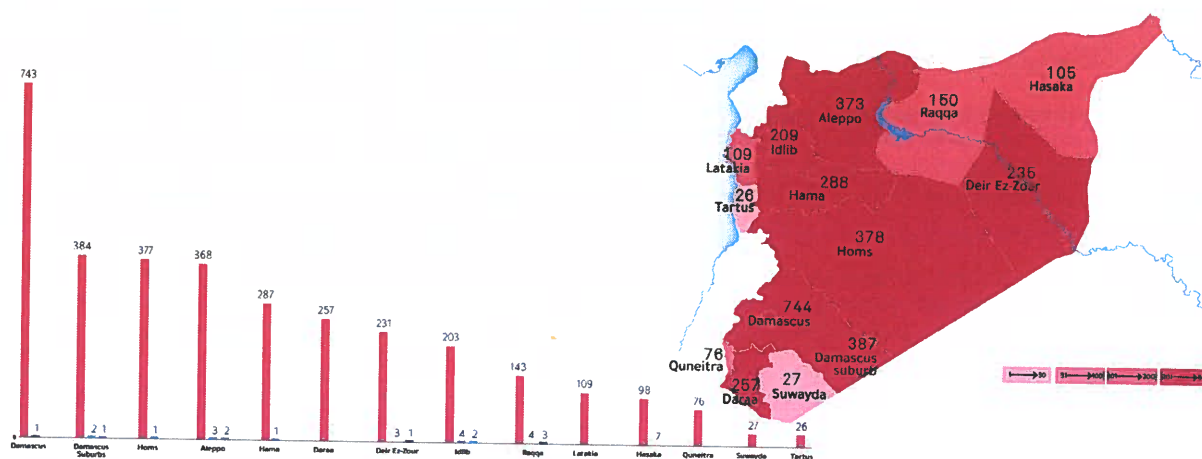
The chart of the record of detainees or forcibly disappeared persons in the health care sector shows that the Syrian regime is responsible for 99% of the arrests and enforced disappearances compared to the other parties to the conflict. This indicates the Syrian regime's intention to persecute, arrest/ detain and disappearing workers in this sector, who participated in providing medical aid services to the injured, in a planned and deliberate manner.

The record of those arrested/ detained or forcibly disappeared among the health care sector personnel at the hands of the parties to the conflict and the controlling forces has been distributed by year as follows:



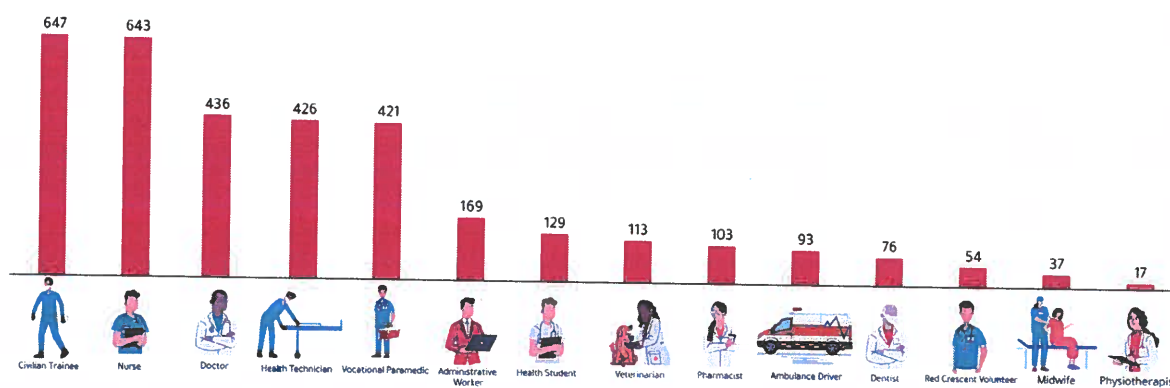
On analyzing the above charts, it becomes clear that 2012 was the worst year in terms of targeting health care personnel for arrest - all the arrests that we recorded were at the hands of Syrian regime forces - followed by 2013, 2011 and 2014; the Syrian regime was also responsible for all the arrests we recorded of health care sector personnel throughout these years, except for four cases that we recorded at the hands of the other parties to the conflict.

The record of those arrested/ detained or forcibly disappeared among health care sector personnel at the hands of to the parties to the conflict and the controlling forces was distributed across the Syrian governorates as follows:



The previous map shows that the highest number of cases of arbitrary arrest/ detention was in Damascus governorate, followed by Damascus Suburbs, Homs, and Aleppo.

The record of those arrested/ detained or forcibly disappeared among the health care sector personnel was distributed according to their field of specialty/ role, as follows:



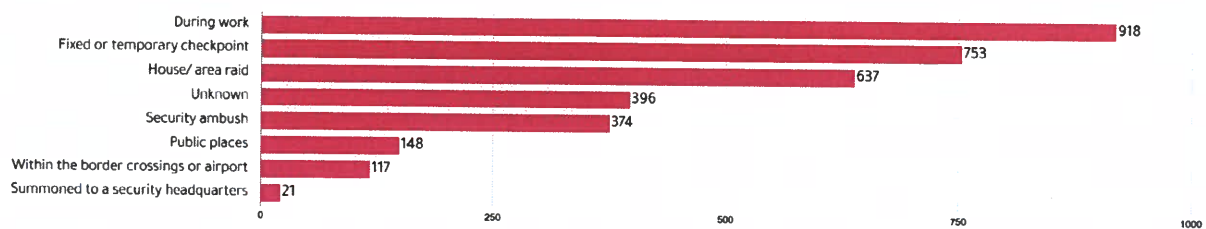
Doctor: 436; Nurse: 643; Health Technician: 426; Vocational Paramedic⁶: 421; Ambulance Driver: 93; Pharmacist: 103; Civilian Trainee⁷: 647; Administrative Worker: 169; Dentist: 76; Veterinarian: 113; Health Student: 129; Red Crescent Volunteer: 54; Physiotherapist: 17; Midwife: 37.

⁶ Vocational Paramedic: whoever studied or graduated from a school or health/ medical institute as a paramedic

⁷ Civilian Trainee: They are the people who have undergone medical courses in first aid and received training from doctors and specialists within the official or unofficial centers

The previous distribution of the record of arrests and enforced disappearances of health care sector personnel according to their field of specialty/ role shows that the highest number of victims of arrests or enforced disappearance according to category was among civilian trainees, nurses, doctors, technicians, then paramedics.

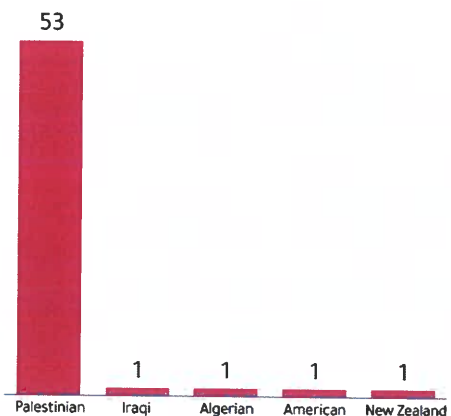
The record of those arrested/ detained or forcibly disappeared among health care sector personnel was distributed according to the nature of the location where the initial arrest took place, as follows:



The previous distribution shows that the highest number of arrests/detentions of health care personnel took place while they were working in medical facilities, constituting about a quarter of the total, followed by those arrested/ detained while passing through checkpoints, then during raids of homes and in areas where they were living or were located.

57 dual national or non-Syrian/foreign health care sector personnel are still arrested/ detained or forcibly disappeared:

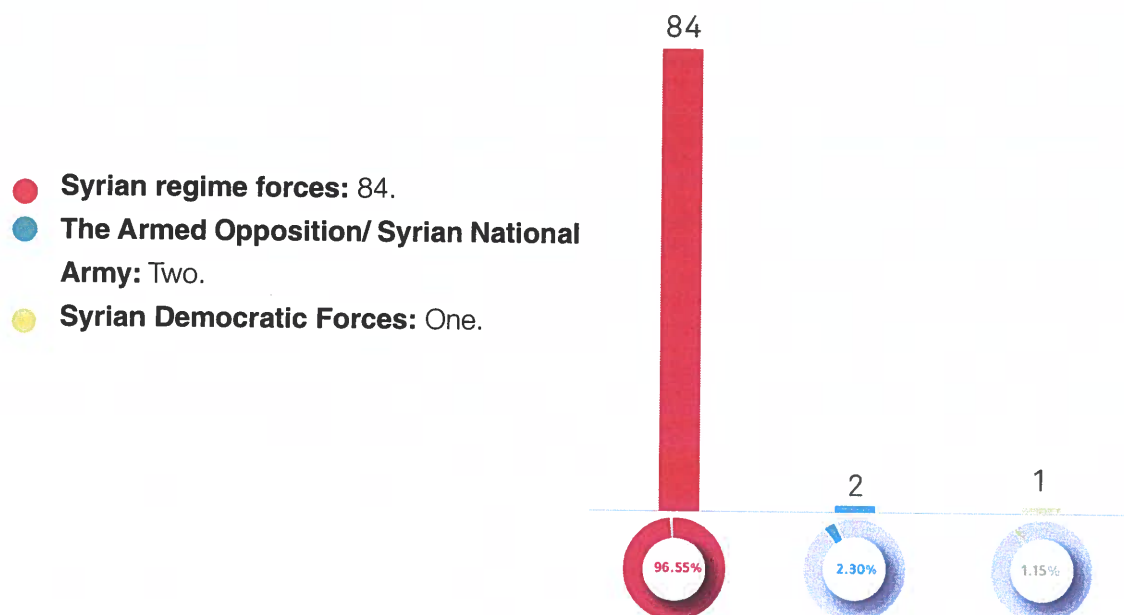
According to the Syrian Network for Human Rights database, at least 57 of the detainees or forcibly disappeared persons working in the health care sector have a nationality other than Syrian or have dual nationalities, the vast majority of these were arrested by Syrian regime forces, and are distributed according to their nationality as follows:



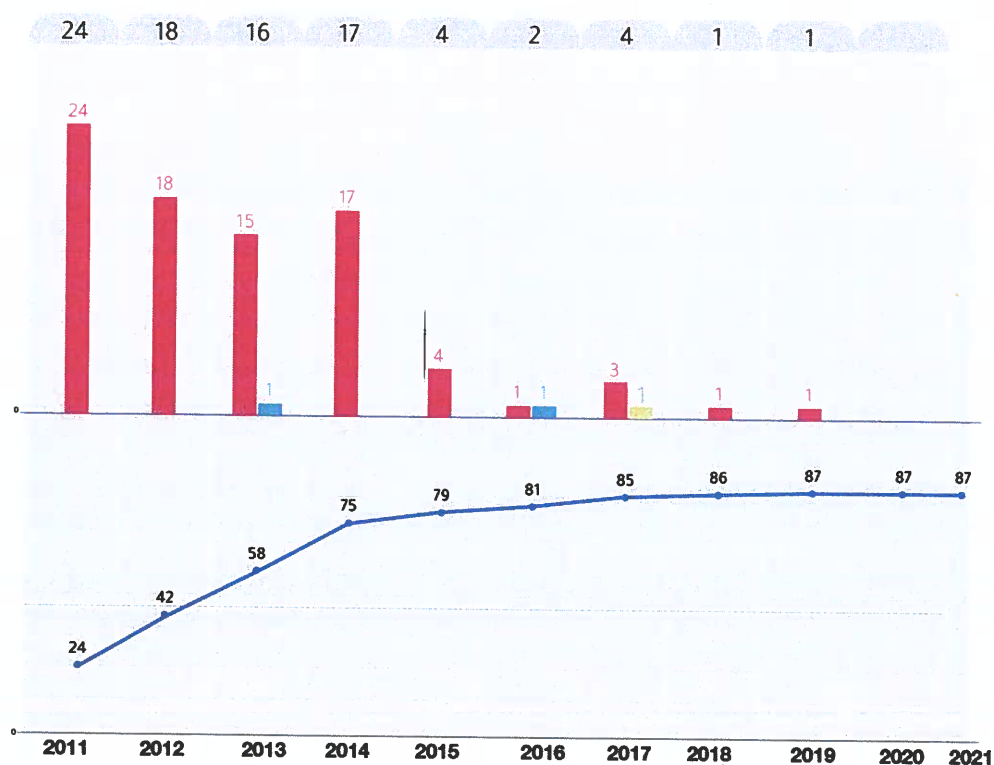
Palestinian: 53; Iraqi: 1; Algerian: 1; American: 1; New Zealand: 1

B. Torture:

The SNHR's database indicates that at least 87 health care sector personnel have been killed due to torture at the hands of the parties to the conflict and the controlling forces in Syria, between March 2011 and February 2021, distributed as follows:

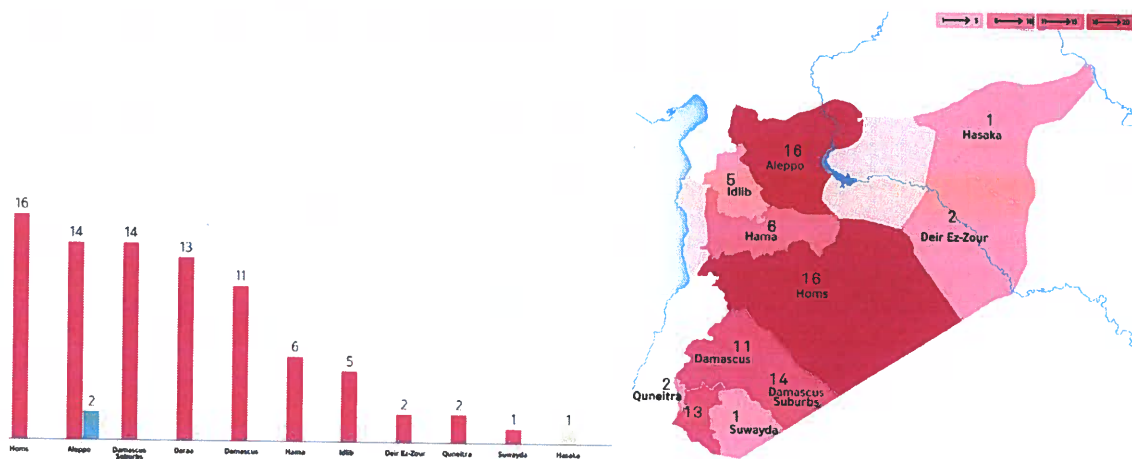


The death toll among health care sector personnel whose deaths due to torture SNHR documented at the hands of the parties to the conflict and the controlling forces has been distributed by year as follows:



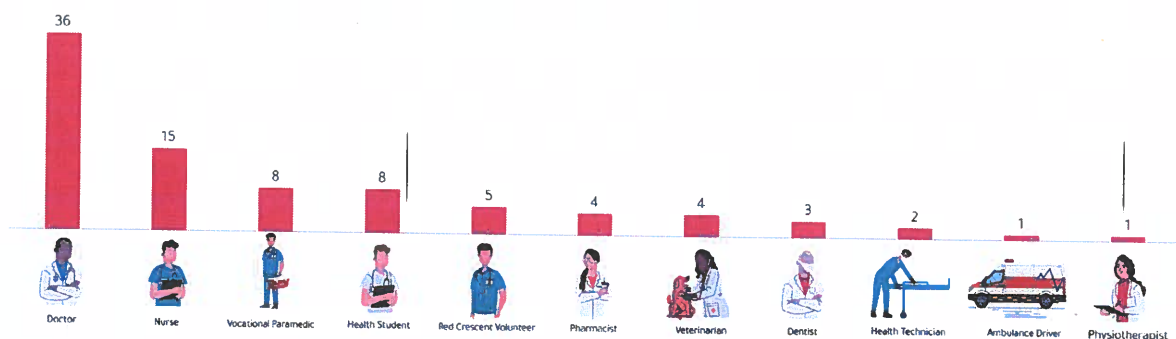
On analyzing these charts, it is notable that the Syrian regime is responsible for 96% of the death toll due to torture among health care sector personnel, compared to the other parties to the conflict. 2011 was the worst year in terms of the death toll due to torture among health care sector personnel, again showing the Syrian regime's deliberate killing and torture of medical personnel who participated in treating the injured at the peak of the peaceful popular uprising, followed by 2012 then 2014.

The death toll among health care sector personnel who were killed due to torture at the hands of the parties to the conflict and the controlling forces was distributed across the Syrian governorates as follows:



The previous map shows that the highest death toll due to torture was in the governorates of Homs and Aleppo, followed by Damascus Suburbs, Daraa then Damascus.

The death toll of health care sector personnel whose deaths due to torture SNHR documented was distributed according to their field of specialty/ role, as follows:



The previous distribution shows that the highest death toll among victims killed due to torture in the category of health care sector personnel is for doctors, then nurses, health students, paramedics, and Red Crescent volunteers.

C. At least 14 health care personnel were registered at the civil registry departments as dead, or were identified through Caesar photographs leaked from Syrian regime forces' detention centers:

The Syrian Network for Human Rights team has documented at least nine health care personnel forcibly disappeared in the Syrian regime's detention centers, who have been registered as dead at the civil registry departments in various Syrian governorates between the beginning of 2018 and February 2021. Meanwhile, between March 2015 and February 2021, we recorded at least five health care sector personnel who were identified by their families through [the photos leaked](#) by the former officer who defected from the Syrian regime's military police, known as 'Caesar'⁸, with these photos of the victims' bodies taken in the Syrian regime's detention centers.

IV. An Entire Year of Blatant Negligence in Dealing with COVID-19, with No Thought of Releasing Any of the Medical Personnel:

It has been nearly a year since the [COVID-19 pandemic](#) hit Syria, with the repeated targeting of medical facilities and personnel over ten years exhausting the health sector's ability to deal with this pandemic; we discussed this issue in detail in [an extensive report](#) issued on September 17, 2020. The Syrian regime and its allies bear the primary responsibility for the vast majority of these violations, but these crimes did not stop at the bombing of medical facilities and the killing of medical personnel as in the past, rather, the violations and the chilling indifference to citizens' wellbeing extended to include the following phenomena:

- The Syrian regime's government has taken no real and serious measures to limit the overcrowding of citizens forced to queue to obtain basic materials such as bread and gas, and to obtain their monthly salary, in a flagrant violation of the most fundamental precautionary measures instituted worldwide to prevent the disease.
- The Syrian regime has held many overcrowded events and festivals to show support and cheer for the Assad family, forcing a number of the Syrian people and government employees to join in these grotesque spectacles. We at the SNHR estimate that these activities require the expenditure of hundreds of thousands of dollars from the treasury of the Syrian state, whose citizens are enduring endless suffering simply to obtain bread.

⁸ Caesar: It is the pseudonym of the officer who defected from the Military Police in Damascus, who managed to photograph and leak thousands of photos of torture victims in the Syrian regime's detention centers.

- Continuing the detention of 3,329 medical personnel despite its being a year since the COVID-19 pandemic emerged in Syria, with new strains emerging since then, underlining Syrian society's need for their efforts. SNHR has documented the arrest of more citizens by the Syrian regime in this period, meaning additional overcrowding in the already congested detention centers.

V. The Most Notable Cases of Arrest/ Detention, Enforced Disappearance, and Torture of Health Care Sector Personnel by the Syrian Regime:

A. Detainees and Forcibly Disappeared Persons:

Firas Dandash, a pharmacist from Jisr al Shughour city in the west of Idlib governorate, born in 1976, was arrested by Syrian regime forces on Monday, September 26, 2011, in a raid on his workplace in Latakia city, and taken to an undisclosed location.



Muhammad Bashir Arab, a medical laboratory specialist, from Aleppo city, born in 1980, was arrested by Syrian Regime forces on Wednesday, November 2, 2011, in his home city of Aleppo. He was subsequently transferred to al Mujtahed Hospital in Damascus city on Thursday, January 12, 2012, following severe torture in detention. Since then, his fate remains unknown.



Kenan Taylouni, a doctor specializing in general surgery, and a resident at al Mujtahed Hospital in Damascus, born in 1982, from Damascus city, was arrested by Syrian regime forces on Monday, November 14, 2011. After al Midan military court sentenced him to death, his sentence was commuted to 20 years' imprisonment. Kenan was last seen in Seydnaya Military Prison in Damascus Suburbs governorate in 2013. His fate remains unknown.



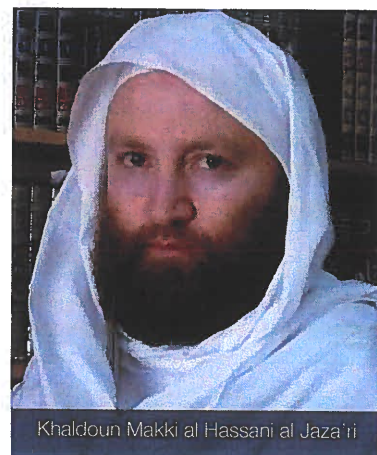
Kenan Taylouni

Ahmad Muhammad Walid Dahhan, a doctor specializing in gynecology, from al Qadam neighborhood in the south of Damascus city, born in 1981, was arrested by gunmen affiliated with the Syrian regime's Palestine Branch on Wednesday, March 7, 2012, in al Salehiya neighborhood of Damascus city, and taken to an undisclosed location.



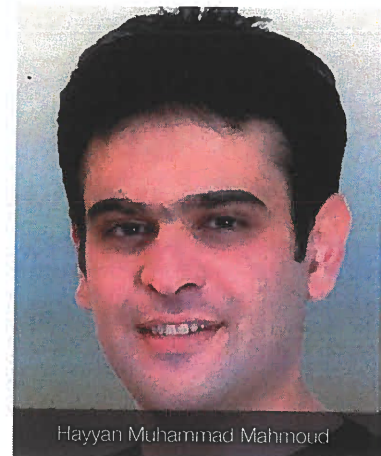
Ahmad Muhammad Walid Dahhan

Khaldoun Makki al Hassani al Jaza'ri, a dentist and Maliki Faqih (jurist), born in Damascus city in 1970, is an expert licensed to issue fatwas on the doctrine of Imam Malik, as well as being a reciter of the ten Qur'anic readings, and an expert on genealogy, especially the lineages of Ahl al Bayt. Khaldoun, who has published numerous Sharia studies and research papers, is from Dummar neighborhood in Damascus city and has Algerian citizenship. Syrian regime forces arrested Khaldoun on Monday, June 4, 2012, while he was on his way from his clinic in al Midan neighborhood to Dummar neighborhood in Damascus city. His fate remains unknown.



Khaldoun Makki al Hassani al Jaza'ri

Hayyan Muhammad Mahmoud, a cardiologist from Salamiya city in Hama governorate suburbs, born in 1986, was arrested by Syrian regime forces on Monday, July 16, 2012, in al Mujtahed Hospital in Damascus city. His fate remains unknown.



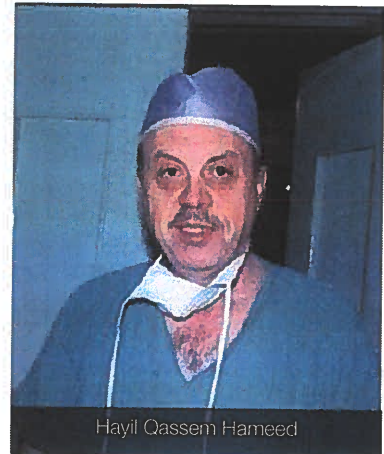
Salem Gerges Marroush, born in 1954, a doctor and specialist in internal diseases, from Homs city, who is married with children, was arrested by Syrian regime forces on Monday, August 6, 2012, at his clinic in Hama city, and taken to one of the regime's detention centers in Damascus city. His fate remains unknown.



Muhammad Ghassab al Mahameed, born in 1969, who holds a Ph.D. in Human Medicine from the University of Damascus, is a specialist in neurosurgery, from al Sahari neighborhood in Daraa city. Muhammad, who is married with six children, was arrested by Syrian regime forces on Sunday, August 12, 2012, in a raid on his house in al Sahari neighborhood. His fate remains unknown.

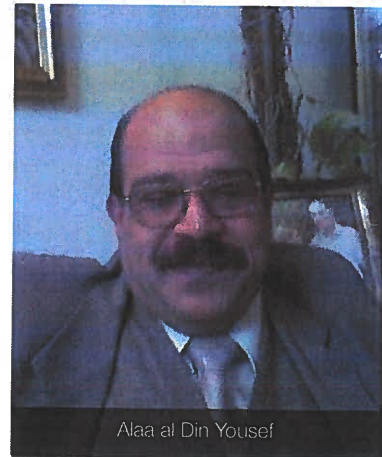


Hayil Qassem Hameed, born in 1948, a Doctor of General Surgery and Professor at the Faculty of Medicine, University of Damascus, worked as the head of the general surgery department at al Assad University Hospital. Dr. Hameed, from al Yarmouk Camp south of Damascus city, was arrested by Syrian regime forces on Monday, August 13, 2012, in his clinic in al Yarmouk Camp. His fate remains unknown.



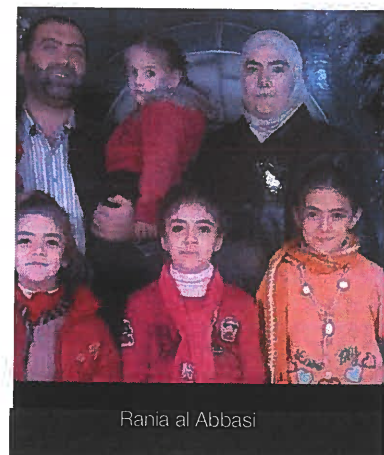
Hayil Qassem Hameed

Alaa al Din Yousef, a doctor specializing in neurological surgery, is from al Yarmouk Palestinian Refugee Camp south of Damascus city. He was aged 60 at the time of his arrest. Syrian regime forces arrested him on Tuesday, December 25, 2012, while he was passing through one of the regime's checkpoints at the northern entrance to al Yarmouk Camp. His fate remains unknown.



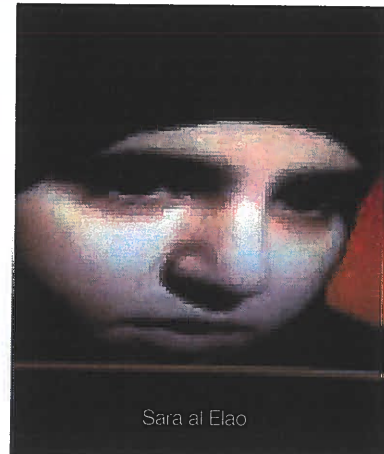
Alaa al Din Yousef

Rania al Abbasi, born in 1970, is a dentist and chess champion from Damascus city, who had won a number of Syrian and Arab chess championships. She was arrested by Syrian regime forces on Monday, March 11, 2013, in the Dummar neighborhood of Damascus along with her husband Abdul Rahman Yasin and their six children (Dima born in 1999, Intisar born in 2001, Najah born in 2003, Alaa born in 2005, Ahmad born in 2005, and Layan, born in 2011, who was an infant at the time of her arrest). Their fate remains unknown to the SNHR, as well as to her family.



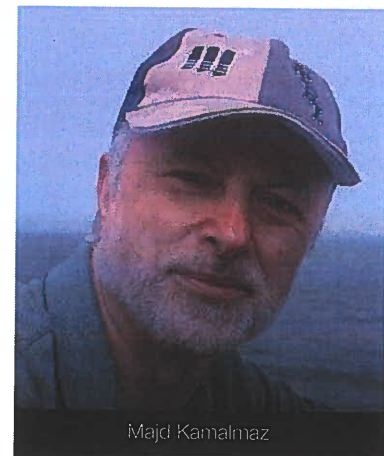
Rania al Abbasi

Sara Khaled al Elao, born in 1994, was a student at the Medical Institute at the University of Damascus, from al Boukamal city in Deir Ez-Zour governorate. She was arrested by Syrian regime forces on Monday, June 10, 2013, at the Damascus University campus, and taken to a regime security branch in the city. On August 11, 2013, Sara appeared on television in a program on the 'Syrian News' Channel making a 'confession' which had clearly been extracted from her under duress by torture. After the 'confession' was broadcast on the TV program, she was transferred to Adra Central Prison, where she remained until Friday, June 10, 2016, when she was taken by a patrol vehicle believed to belong to the Political Security Branch to a location undisclosed to the SNHR, as well as to her family.



Omar Khilan, a forensic doctor, from Barza neighborhood, northeast of Damascus city, was arrested by Syrian regime forces on Saturday, May 5, 2013, while he was passing through one of the regime's checkpoints in Barza neighborhood. His fate remains unknown.

Majd Kamalmaz, a Syrian-American psychotherapist originally from Damascus city, lived in Arlington County, Virginia, USA. Majd, who was 61 years old when he was arrested, had been helping Syrian refugees in Lebanon and providing them with humanitarian assistance and psychological treatment. On Tuesday, February 14, 2017, Majd traveled to Damascus to offer condolences on the death of his father-in-law. The day after his arrival, on Wednesday, February 15, 2017, Syrian regime forces arrested him, while he was passing through one of the regime's checkpoints in Damascus city, and took him to an undisclosed location.



A. Death Due to Torture:

Dhaifullah Abdul Karim al Khaswani, a nurse, came from Sheikh Maskin city in the northern suburbs of Daraa governorate. On Friday, March 15, 2013, he was arrested by Syrian regime forces while passing through one of the regime's checkpoints in Ataman town in the north of Daraa governorate. On Thursday, August, 30, 2018, SNHR received information indicating his death in custody. SNHR's information confirms that he was in good health at the time of his arrest, indicating that he most probably died due to torture in a regime detention center. SNHR confirms that his body hasn't been handed over to his family.



Basel Mustafa Swaid, a volunteer doctor with the Syrian Red Crescent, and head of the Artouz town's Red Crescent medical point, was a Palestinian national living in Jdaidet Artouz town, west of Damascus Suburbs governorate. He was arrested by Syrian regime forces in 2013. Almost since that date, he has been classified as forcibly disappeared, with the Syrian regime denying any knowledge of his detention and preventing anyone, even a lawyer, from visiting him. On Tuesday, July 9, 2013, SNHR received information indicating his death in custody. SNHR's information confirms that he was in good health at the time of his arrest, indicating that he most probably died due to torture in a regime detention center in Damascus city.



Salah al Din al Tabba, a volunteer with the Syrian Red Crescent Damascus branch, from al Shaghour neighborhood in Damascus city, who was aged 21 at the time of his arrest, was arrested by Syrian regime forces on Friday, September 5, 2014, while crossing the Syrian-Lebanese border. Almost since that date, he has been classified as forcibly disappeared, with the Syrian regime denying any knowledge of his detention and preventing anyone, even a lawyer, from visiting him. On Thursday, July 25, 2015, his family was notified that he had been executed by firing squad inside the General Directorate of Military Intelligence in Kafrsousa neighborhood in Damascus city. Syrian regime forces returned his personal ID card to his family without handing over his body.



Salah al Din al Tabba

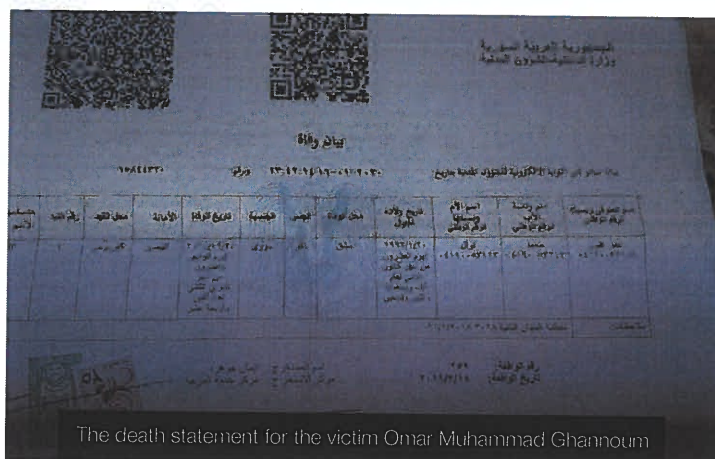
Dr. Osama Omar al Khaled, a 64-year-old general practitioner of Palestinian-Syrian nationality, was a resident of al Shajara town in the western suburbs of Daraa governorate. He was arrested on Friday, August 3, 2018, by Syrian regime forces while he was in Ma'raba IDPs Camp in Hawd al Yarmouk area in the west of Daraa governorate, and taken to the Raid Branch prison in Damascus city. On Monday, November 25, 2019, SNHR received information confirming his death due to medical negligence in Adra Central Prison in Damascus Suburbs governorate after he had been transferred to a hospital in Damascus city.



Osama Omar al Khaled

Omar Muhammad Ghannoum was a university student at the Faculty of Human Medicine at Tishreen University in Latakia city, from al Hamidiya village, which is administratively a part of al Qsair city, west of Homs governorate. Omar, born in 1992, was arrested by Syrian regime forces on Wednesday, May 1, 2013, at Tishreen University. Almost since that date, he has been classified as forcibly disappeared, with the Syrian regime denying any knowledge of his detention and preventing anyone, even a lawyer, from visiting him.

On Friday, January 17, 2020, his family learned that he had been registered at the Civil Registry Department as having died on Monday, November 24, 2014. We at the SNHR consider it probable that he died due to torture in one of the regime's detention centers.



The death statement for the victim Omar Muhammad Ghannoum



Omar Muhammad Ghannoum

Dr. Ibrahim Abdul Qader al Zu'bi, a cardiologist who was a Ph.D. graduate in electrocardiography from the British University of Leicester, came from al Yadoda town in the western suburbs of Daraa governorate. Dr. al-Zu'bi, who was born in 1964, was arrested by members of the Syrian regime's Military Security branch on Monday, June 22, 2020, during a raid on his home in Damascus city's Baghdad Street and taken to the '248' Military Investigation branch in the city. Almost since that date, he has been classified as forcibly disappeared, with the Syrian regime denying any knowledge of his detention and preventing anyone, even a lawyer, from visiting him.

On Thursday, July 30, 2020, Syrian regime forces informed Dr. al-Zu'bi's family that he had died in al Muwasa Hospital in Damascus city. SNHR's information confirms that he was in good health at the time of his arrest, indicating that he most probably died due to torture and lack of healthcare.



Ibrahim Abdul Qader al Zu'bi

VI. Conclusions and Recommendations:

- Article 3, common to the four Geneva Conventions of 1949⁹, and binding on all parties to the non-international armed conflict in Syria, requires that the wounded and sick be collected and cared for. Customary international humanitarian law also affords special protection to hospitals, medical units¹⁰ and healthcare personnel¹¹. The second provision¹² of Article 22 of Syria's constitution, adopted in 2012, stipulates that "The state shall protect the health of citizens and provide them with the means of prevention, treatment and medication." International Human Rights Law prohibits the arbitrary deprivation of life¹³. The right to health, enshrined in the Inter-

⁹ International Committee of the Red Cross, First Geneva Convention, Article 3, <https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/INTRO/365?OpenDocument>

¹⁰ International Committee of the Red Cross, International Humanitarian Law, rule 28, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule28

¹¹ International Committee of the Red Cross, International Humanitarian Law, rule 25, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule25

¹² Ministry of Justice in the Syrian Arab Republic, the Constitution of the Syrian Arab Republic, https://www.moj.gov.sy/index.php?option=com_content&view=article&id=36:2014-05-24-12-2116&catid=2:syrianlegislation&Itemid=3

¹³ United Nations, Universal Declaration of Human Rights, Article 3, <https://www.un.org/en/universal-declaration-human-rights/index.html>

national Covenant on Economic, Social and Cultural Rights¹⁴, to which Syria is party, contains a non-derogable core obligation to ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups, as set out in General Comment No. 14¹⁵. The Syrian regime has violated all these articles by targeting medical facilities and arbitrarily arresting and forcibly disappearing thousands of Syrian medical personnel.

- The Syrian regime and the other parties to the conflict have flagrantly violated a number of fundamental principles of international human rights law, such as the right to life, non-enforced disappearance, non-torture, the right to health, and a large number of rules of customary humanitarian law and Common Article 3 of the four Geneva Conventions of 1949.
- Enforced disappearances and torture practiced by the Syrian regime against medical personnel in the various Syrian governorates, and against the background of their participation in the popular uprising against the regime, constitute a pattern of widespread attack and amount to crimes against humanity under Article 7 of the Rome Statute¹⁶.
- The widespread violations affecting the medical sector in Syria have affected the response to the COVID-19 pandemic, with the Syrian regime and its allies being responsible for nearly 85% of all violations.
- The incidents that we recorded on the SNHR database, a few of which are included in this report, constitute a violation of UN Security Council Resolution No. 2286¹⁷, which stipulates the cessation of violations and abuses committed in armed conflicts against medical personnel and humanitarian aid workers who perform specifically medical duties, as well as against their means of transport and equipment, and against hospitals and other medical facilities.

Recommendations:

UN Security Council:

- The Security Council, based on its resolutions, primarily Resolutions No. 2139 and 2254, must take immediate steps to reveal the fate of thousands of forcibly disappeared medical personnel.
- The Syrian issue must be referred to the International Criminal Court and all those involved in perpetrating crimes against medical personnel should be held accountable.
- Impose economic sanctions on the Syrian and Iranian regimes that are directly involved in committing war crimes and crimes against humanity against the Syrian people.
- The Security Council's failure in Syria should not turn into a state of absolute indifference towards all issues, no matter how vital these are in terms of fundamental human rights and justice, as the Security Council's member state governments bear a legal and moral responsibility towards the Syrian people.

¹⁴ UN Office of the High Commissioner for Human Rights, International Covenant on Economic, Social and Cultural, <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

¹⁵ UN Office of the High Commissioner for Human Rights, General Comment No. 14, <https://www.refworld.org/pdfid/4538838d0.pdf>

¹⁶ International Criminal Court, Rome Statute, Article 7, <https://www.icc-cpi.int/resource-library/documents/rs-eng.pdf>

¹⁷ United Nations, Security Council, Resolution No. 2286, [https://undocs.org/en/S/RES/2286\(2016\)](https://undocs.org/en/S/RES/2286(2016))

International Community:

- In light of the split within the Security Council and its utter inability to take any effective action, action should be taken at the national and regional levels to form alliances to support the Syrian people by protecting them from arbitrary arrests, enforced disappearances and torture, as well as increasing support for relief efforts. Additionally, the principle of universal jurisdiction should be enacted in local courts regarding these crimes in order to ensure that fair trials are held for all those who were involved.
- SNHR has repeatedly called for the implementation of the 'Responsibility to Protect' doctrine in dozens of studies and reports and as a member of the International Coalition for the Responsibility to Protect (ICRtoP) after all political channels through the Arab League's plan and then Mr. Kofi Annan's plan have proved fruitless, along with the Cessation of Hostilities statements and Astana agreements that followed. Therefore, steps should be taken under Chapter VII of the Charter of the United Nations, while the norm of the 'Responsibility to Protect', which was established by the United Nations General Assembly, should be implemented. The Security Council is still hindering the protection of civilians in Syria.
- Renew pressure on the Security Council to refer the case in Syria to the International Criminal Court.
- Work on fulfilling justice and achieving accountability in Syria through the United Nations General Assembly and the Human Rights Council and condemn the continued enforced disappearance of medical personnel and all those forcibly disappeared due to their political background.
- In the event that all this fails, as it has failed for ten years, work to find a method, whatever it may be, to stop crimes against humanity in Syria.

OHCHR

- The OHCHR should submit a report to the Human Rights Council and other organs of the United Nations concerning the violations against the medical sector and the resulting suffering of the Syrian society.
- Condemn the disappearance of thousands of medical personnel and demand their release in light of the outbreak of the second wave of the COVID-19 pandemic.

Independent International Commission of Inquiry (COI)

- Launch investigations into the incidents included in this report and previous reports. SNHR is willing to cooperate and provide further evidence and data.
- Include a reference to detainees and forcibly disappeared medical personnel and the impact of this on the health and safety of Syrian society in the next report, and condemn the continuation of these violations.

European Union and the United States of America:

- Provide support to the families of the forcibly disappeared, to national organizations working in this field, and to Syrian human rights organizations.
- Impose sanctions on the Syrian regime's allies, mainly Russia and Iran, for the crimes they have committed and continue to commit in Syria.

The Syrian Regime:

- Stop treating the Syrian state as the private property of the ruling family.
- Stop terrorizing Syrian society by arresting, forcibly disappearing and torturing personnel providing the public with medical, ambulance, and rescue services.
- Bear all legal and material consequences, and compensate the victims and their families from the resources of the Syrian state.
- Launch independent investigations into the crimes of killing, disappearing or torturing medical personnel, as they are Syrian citizens, and the Syrian people have the right to know who killed them through an independent investigation carried out at the state's expense by an independent judicial body.

Acknowledgment and Condolences

We wish to extend our sincere thanks to all the medical personnel and local activists whose contributions have enriched this report, and our condolences to the victims and their families.



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