Flygtningenævnets baggrundsmateriale

Bilagsnr.:	558
Land:	Syrien
Kilde:	Physicians for Human Rights
Titel:	Anatomy of a Crisis. A Map of Attacks on Health Care in Syria
Udgivet:	Juni 2015
Optaget på baggrundsmaterialet:	17. september 2015



Anatomy of a Crisis A Map of Attacks on Health Care in Syria

Findings as of July 2015

Attacks on Medical Facilities

- 295 attacks on 219 separate facilities between March 2011 and the end of July 2015
- 265 attacks were committed by government forces, 19 by non-state armed groups, 1 by international coalition forces, 10 by unknown forces
- Weapons that can be used discriminately to target a specific location were used on at least 172 occasions to attack hospitals. Indiscriminate barrel bombs, which were banned under UN Resolution 2139, were used on at least 63 occasions to attack hospitals.
- In July, 2015, PHR documented nine attacks
 - All nine were committed by government forces
 - Seven attacks were by missiles and rockets, two by barrel bombs; all via aircraft
- In June, 2015, PHR documented 15 attacks
 - 13 were committed by government forces, two were committed by the self-declared Islamic State (IS)
 - O Ten attacks were by barrel bombs, two by missiles and rockets, one by unknown aerial bombardment, one by car bomb, one by raid

Attacks on Medical Personnel

- 654 medical personnel were killed between March 2011 and the end of July 2015
- 624 of the killings were committed by government forces, 16 by non-state armed groups, one by Kurdish forces, 13 by unknown forces
- 48 percent of deaths were caused by shelling and bombing, 27 percent by shooting, 15 percent by torture, 9 percent by execution
- In July, 2015, PHR documented deaths of ten medical personnel
 - Eight were killed by government forces, two by unknown forces
 - o Nine were killed by shelling and bombing, one by execution
- In June, 2015, PHR documented deaths of nine medical personnel
 - At least six were targeted or killed in the line of duty
 - Three were killed by government forces, three by IS, two by anti-government armed groups, one by Kurdish forces
 - o Eight were killed by shelling and bombing, one by execution, one from unknown causes

Analysis

PHR has mapped 295 attacks against 219 separate medical facilities in Syria since March 22, 2011. Each incident entry represents a single discrete attack upon a medical facility. Of the 295 attacks, PHR has documented that 265 attacks – or 90 percent – were conducted by the Syrian government; 19 attacks were carried out by non-state armed groups (six by the self-declared Islamic State [IS; also known as ISIS and ISIL], three by the Free Syrian Army [FSA], two by IS working with Jabhat al Nusra, two by the Syrian Islamic Liberation Front, one by the Ajnad al Sham Islamic Union, and five by unidentified anti-government forces); one by international coalition forces; and PHR was unable to attribute responsibility in 10 cases. PHR documented 15 attacks in both May and June 2015 - the highest number of attacks in any month throughout the conflict. The second greatest number of attacks occurred August 2012, September 2012, and April 2015, each with 14 attacks.

The majority of attacks on medical facilities were targeted attacks, meaning that these locations were deliberately chosen for destruction, in violation of IHL. On 172 occasions, weapons that can be used discriminately to target a specific location – such as mortars, missiles, rockets, car bombs, guns, and arson – were used to attack hospitals. Forty-five hospitals were hit multiple times, including Dar al-Shifa Hospital and Azaz National Hospital in Aleppo and Kafr Zita Specialty Hospital in Hama, which were repeatedly targeted until they were completely destroyed or forced to close. At least 43 of the different medical facilities that were attacked are located in isolated areas, far from any other buildings, providing additional evidence of the intentional nature of these attacks. On one occasion, the Syrian government announced on the news that they had targeted a field hospital and killed a number of "terrorists," including a physician. ¹

Seventy-one other attacks on 37 separate facilities were made in densely populated areas without taking the necessary precautions to protect and respect medical facilities, personnel, patients, or civilian life, as IHL mandates. At least 47 hospitals were destroyed or damaged by government forces in 63 separate attacks when indiscriminate weapons – such as barrel² and cluster bombs³ dropped from planes or helicopters – were used in civilian areas, in violation of the principle of distinction.⁴

Indiscriminate weapons typically cannot be aimed at specific targets and therefore do not distinguish between civilian or military targets. On at least three occasions where hospitals were attacked, schools, bakeries, and mosques were also destroyed in the immediate vicinity. Only the Syrian military has planes and helicopters and is the sole user of barrel and cluster bombs. PHR has no evidence that any distinction was made to protect hospitals or medical facilities, and no advance warning of attacks was ever given to patients and medical personnel inside the hospitals, as IHL requires.

The Syrian government's attack on the country's health system has been as focused upon medical personnel as on facilities, supporting the argument that this tactic represents a widespread and systematic governmental policy. Since March 2011, at least 654 civilian medical personnel have reportedly been killed. Medical personnel killed while providing care have predominantly lost their lives during attacks upon medical facilities. For example, on June 3, 2014, government forces attacked Umaya Clinic in Zebdeen, Rif Dimashq, with missiles. At least 10 medical personnel were killed in the attack, including Dr. Khaldoun al Wadi, director of the clinic. On December 16, 2014, government forces aerially bombarded al Tub al Hadeeth Hospital in Mayadin, Deir ez Zor. Between nine and twelve people were killed, including a doctor and nurse.

Medical personnel have also been arrested, disappeared, imprisoned, tortured, or executed. In one case, Hasan Ahmad Azhari Mawalid, a fifth-year pharmacy student, died in his second month of detention on May 17, 2012. His family was only notified of his death a month later on June 11, 2012. Medical personnel are often arrested and sentenced to years in prison for carrying out their ethical duties – equipping hospitals, treating

patients, and conducting first-aid training in besieged areas.⁷ These arrested medical personnel have been tried in a military field court, a secret court that does not announce a ruling or allow defendants to have an attorney.⁸ It is a violation to try civilians in military courts, and due process and fair trial protections are nonexistent in these cases.

Among doctors, nurses, medics, pharmacists, ambulance workers, veterinarians, dentists, laboratory technicians, dentistry students, medical students, pharmacy students, and veterinary students, the highest percentage killed were doctors (33 percent), followed by nurses (20 percent) and medics (18 percent). Forty-eight percent of medical workers were killed by shelling and bombing and 26 percent by shooting. At least 144 health professionals have been executed or tortured to death by government forces. Rif Dimashq Governorate has been most affected, with 117 reported medical personnel deaths. Since 2012, the total number of medical personnel killed each year has varied little, with 190, 180, and 177 deaths in 2012, 2013, and 2014 respectively.

PHR has found that government forces are overwhelmingly responsible for the deaths of medical personnel. Of the 654 deaths recorded, 624 were committed by government forces, 16 by non-state armed groups, one by Kurdish forces, and 13 by unidentified forces. Despite the disproportionate number of violations committed by government forces, PHR remains vigilant in monitoring attacks on facilities and personnel by all parties to the conflict.

PHR will continue to update and map its findings each month.

Appendix: AAAS Satellite Imagery Analysis

The Geospatial Technologies and Human Rights Project of the American Association for the Advancement of Science (AAAS) analyzed high resolution satellite imagery to verify damage or destruction to medical facilities in cities across Syria: Aleppo, Douma, Homs, Idlib, and Tafas. Their analysis is included in the following report, "Assessing the Status of Medical Facilities in Syria."

AAAS provided imagery analysis of 10 additional attack sites, which PHR had little information on or no corroboration for in: Aleppo, Douma, Homs, Daraa, and al-Hassakeh. Their analysis is included in the following report, "Assessing the Status of Medical Facilities in Syria: Addenda, 23 July, 2014."

AAAS provided imagery analysis of 19 additional hospitals, which PHR had little information on or no corroboration for in: Aleppo, Daraa, Damascus, Hama, al Hassakeh, Idlib, and Rif Dimashq. Their analysis is included in the following report, "Assessing the Status of Medical Facilities in Syria: Addenda 2, 5 December, 2014."

¹ http://sana.sy/ara/389/2014/01/26/ara/336/2014/01/31/525394.htm

² A "barrel bomb" is a crude weapon made from a low-cost cylinder filled with explosives, shrapnel, or oil (which is then ignited) that is dropped from a helicopter or plane. Reports indicate that they vary in weight between 200 and 2,000 pounds, potentially even heavier. Barrel bombs are most commonly dropped from high altitudes, restricting the user's ability to target with discrimination. In Syria, barrel bombs have proven very destructive, breaking into thousands of small fragments upon impact. http://brown-moses.blogspot.co.uk/2013/12/syrias-barrel-bomb-technology-relative.html

³ A "cluster bomb" is an illegal munition that is designed to disperse or release explosive munitions each weighing less than 20 kilograms, http://www.clusterconvention.org/files/2011/01/Convention-ENG.pdf

⁴ The principle of distinction in IHL requires military and armed groups to distinguish between civilians/civilian objects and military personnel/objects. It is never lawful to target civilians or civilian objects such as hospitals, schools, mosques. See Methodology section: Legal Framework: A detailed summary of International Humanitarian Law (IHL) as applied to medical facilities and personnel.

⁵ Union of Syrian Medical Relief Organizations (UOSSM), Two Medical Volunteers Killed During Round Two of Polio Vaccination Campaign, http://www.uossm.org/index.php/two-medical-volunteers-killed-during-round-two-of-polio-vaccination-campaign/ (last visited July 22, 2014); Human Rights Council, Oral Update of the independent international commission of inquiry on the Syrian Arab Republic, Mar. 18 2014, http://www.ohchr.org/Documents/HRBodies/HRCouncil/CoISyria/OralUpdate18March2014.pdf; National Coalition of Syrian Revolution and Opposition Forces, Local News: Assad Forces Kill Volunteers in Anti-Polio Campaign, Syrian Coalition, Jan. 31, 2014, http://en.etilaf.org/daily-newsletter/daily-newsletter-31-01-2014.html.

⁶ PHR local source, information received Apr. 20, 2014, translated by PHR from Arabic into English, on file with PHR. ⁷ Ibid.

⁸ Ibid; see also International Commission of Jurists, Syrian human rights lawyer Mazen Darwish may face prosecution, death sentence before a military court, Aug. 9 2012, http://www.icj.org/syrian-human-rights-lawyer-mazen-darwish-may-face-prosecution-death-sentence-before-a-military-court/ (confirming persons brought before Military Field Courts have no right to defense).