

The Death of the Clinic: surgical strikes and spaces of exception

Derek Gregory

Image: Brian Stauffer



**‘War carried out by
gas and bombing is
no longer war, it is
a kind of bloody
surgery.’**

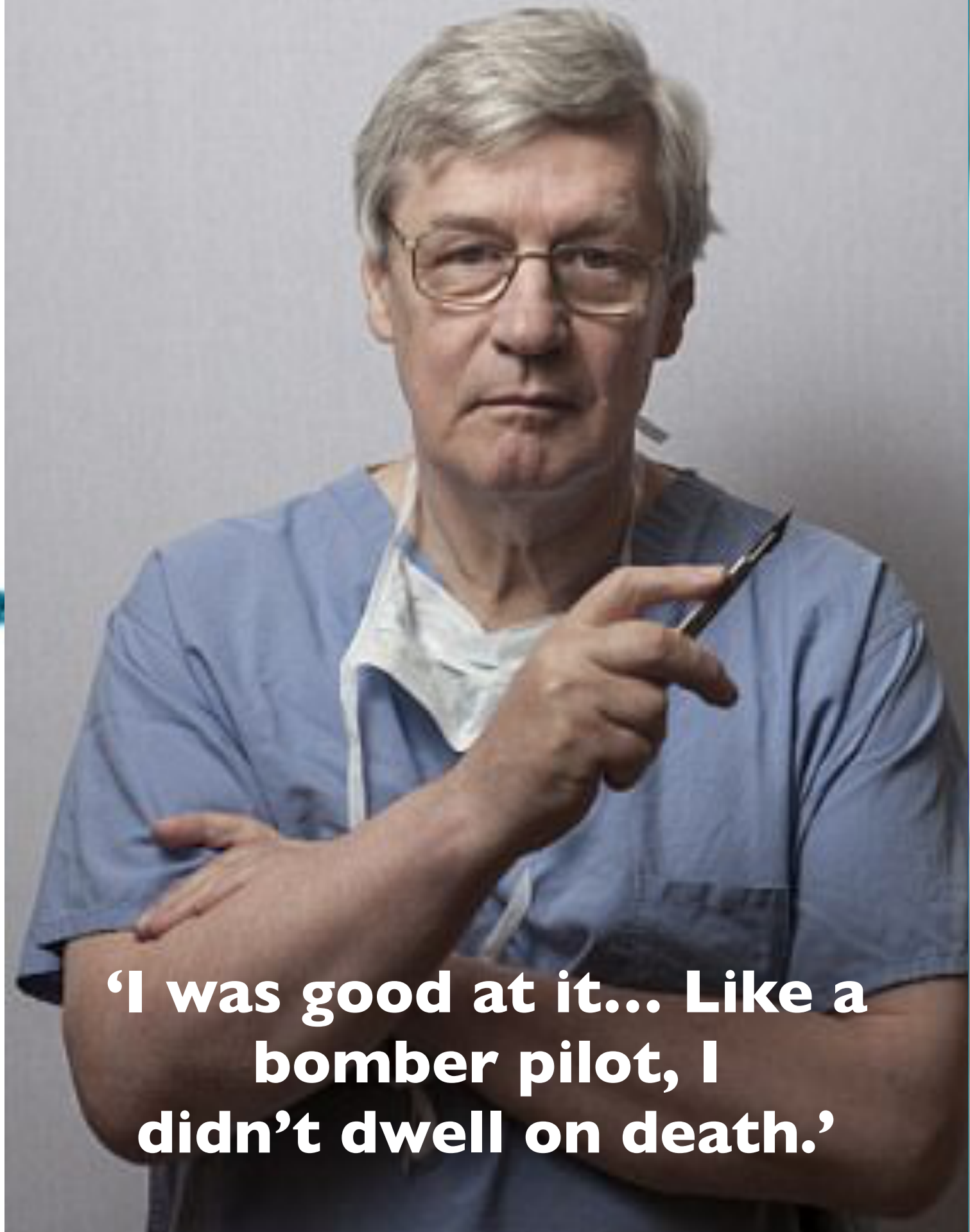
*Antoine de Saint-Éxupéry,
Terre des hommes (1939)*

'So fascinating, and so moving'
Sunday Times

fragile lives

A heart surgeon's stories
of life and death on the
operating table

PROFESSOR
STEPHEN WESTABY



**'I was good at it... Like a
bomber pilot, I
didn't dwell on death.'**

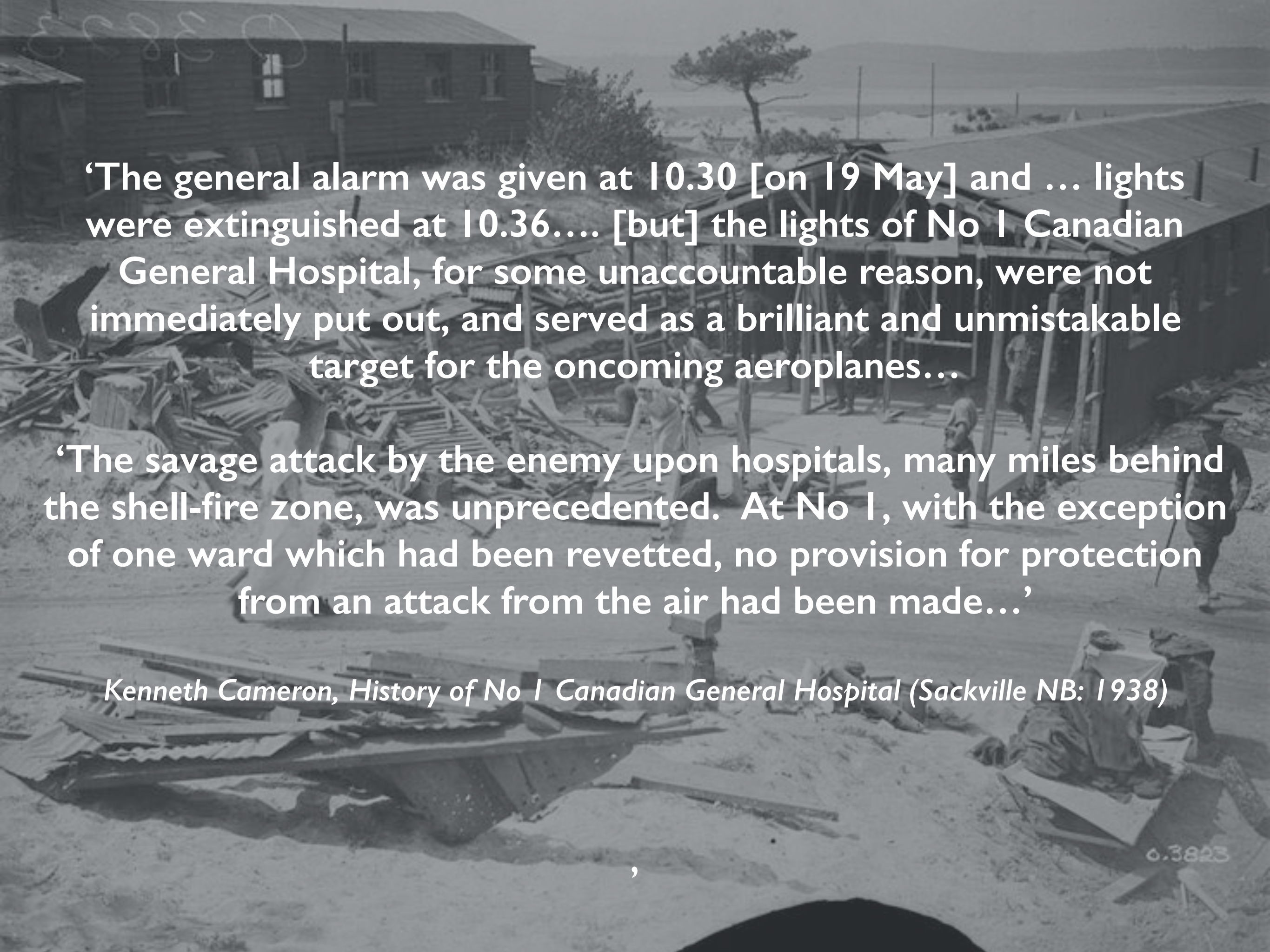
Prologue

Étaples, France

May 1918







‘The general alarm was given at 10.30 [on 19 May] and ... lights were extinguished at 10.36.... [but] the lights of No 1 Canadian General Hospital, for some unaccountable reason, were not immediately put out, and served as a brilliant and unmistakable target for the oncoming aeroplanes...

‘The savage attack by the enemy upon hospitals, many miles behind the shell-fire zone, was unprecedented. At No 1, with the exception of one ward which had been revetted, no provision for protection from an attack from the air had been made...’

Kenneth Cameron, History of No 1 Canadian General Hospital (Sackville NB: 1938)

23 February 1916. No 3 Canadian General Hospital, Étaples

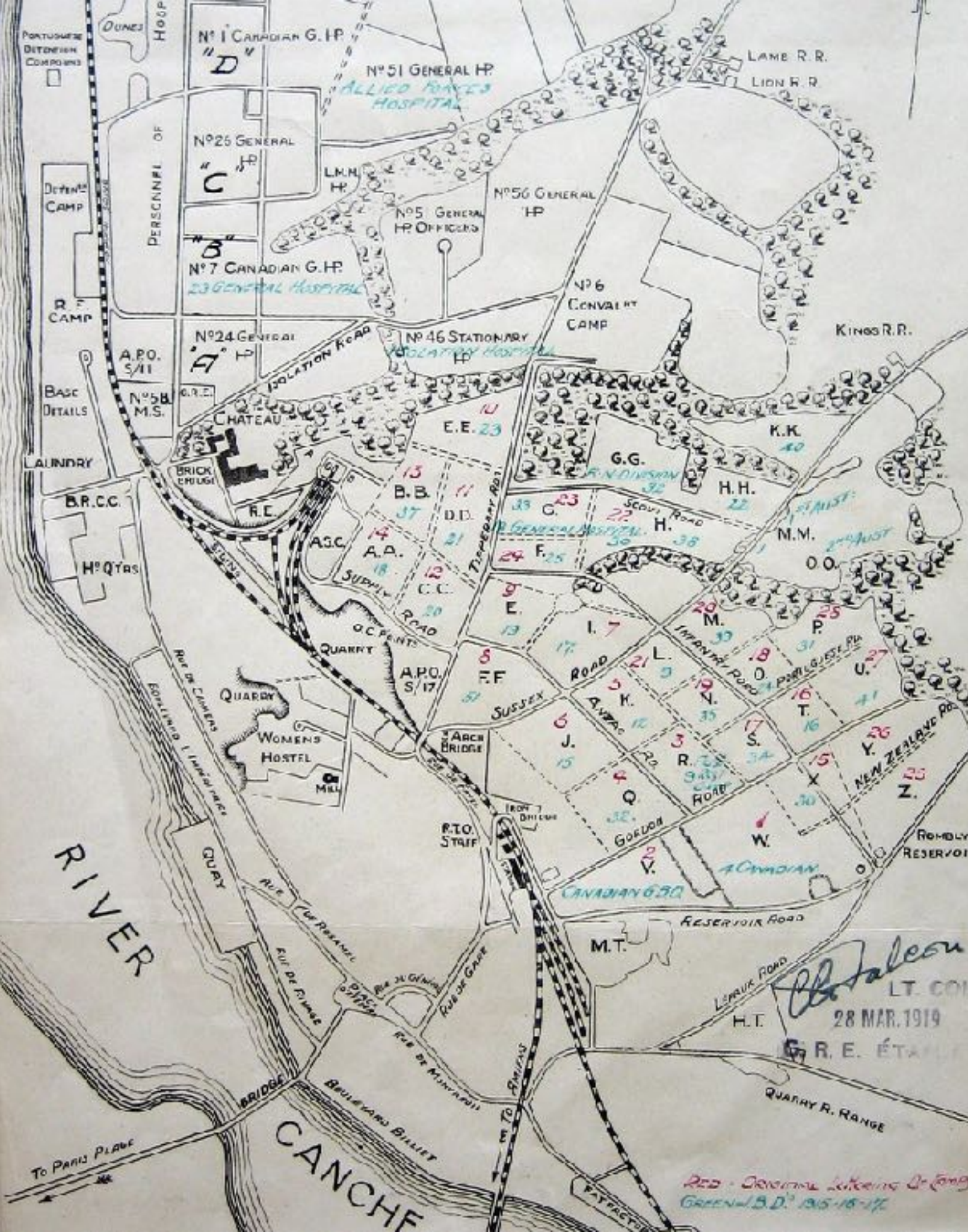
‘You mustn’t get the impression that, because I am in France, I am necessarily in the thick of things. I am far, far safer here than in England for that matter. In London there was always the mild excitement of a Zepp. raid — and the rather intense excitement of dodging taxicabs, while crossing the streets at night. Here if a Zepp. passes over — which I don’t suppose ever happens — it doesn’t condescend to notice us. Even to see an aeroplane is a novelty, and “the line” might be a million miles away...’

Anon, Letters of a Canadian Stretcher Bearer (1918)

Instructions regarding War Diaries and Intelligence
Summaries are contained in F. S. Regs., Part II,
and the Staff Manual respectively. Title pages
will be prepared in manuscript.

WAR DIARY of No. 1 Canadian General Hospital Army Form C. 2118.
or
for May 1918.
INTELLIGENCE SUMMARY.
(Erased heading not required.)

Place	Date	Hour	Summary of Events and Information	Page 4.	Remarks and references to Appendices
Staples	18th.		Nur./Sister L. McCammon, C.A.M.C., returned to duty from Villa Fino Hospital this date. Capt. L.D. Denmore, C.A.M.C., reported for temporary duty on discharge from hospital. Patients admitted 4; discharged 76; remaining 1119.		G.M.
	19th		Nur./Sisters C.R. Fisher, A.M.H. Fleming, proceeded for temporary duty to No. 3 Canadian General Hospital, and Nur./Sister L.A. Valade proceeded to No. 7 Canadian General Hospital on temporary duty for the purpose of taking a course in Anaesthetics. At the close of what had been a peaceful Sunday enemy aircraft came over the camp in large numbers, viz:- at 10.00 p.m. The hospital was wrapt in slumber when the planes were immediately overhead. The raid was obviously planned to take place in relays, and during the first part stage the part that suffered most was the sleeping quarters of the personnel, particularly that of the N.C.O.s and men. A number of bombs, incendiary and high explosive, were dropped in the midst of the men's quarters. Fires were immediately started which offered a splendid target for the second part of the attack. The scene was immediately converted into a conflagration and charnel house of dead and wounded men. Bombs were also dropped on the Officers' and Sisters' quarters, buildings being wrecked. The S.E. part of the Sisters' quadrangle was completely wrecked by a bomb, the inmates being killed and wounded. While the work of rescuing the wounded was going on the enemy continued to drop bombs. Two of the hospital wards received direct hits and patients were killed and wounded. The portion of the Staff and personnel that had escaped injury immediately attended to the needs of those who had been hit. Sisters and Officers were in attendance upon their wards within a very short time, and while the raid was in progress the operating-room Staff were working on the cases injured. The devotion to duty, with absolute disregard to personal safety, that was exhibited by all ranks is very highly commendable. The total number of casualties in this hospital were as follows:- Capt. D.E. Howes, C.A.M.C., killed. Nur.Sis./K.M. MacDonald, C.A.M.C., killed. Other ranks killed 51. Capt. C.A. Davies wounded. Nur./Sisters G.M. Wake, G.D. Long, M. Lowe, I.K. Carnes-Wishart, E.A. Gallagher, M.C. Hirsch, B. MacKinnon wounded. Other ranks wounded 45. Patients killed 8. patients wounded 31. Patients admitted 82; discharged 46; remaining 1156.		G.M. G.M.

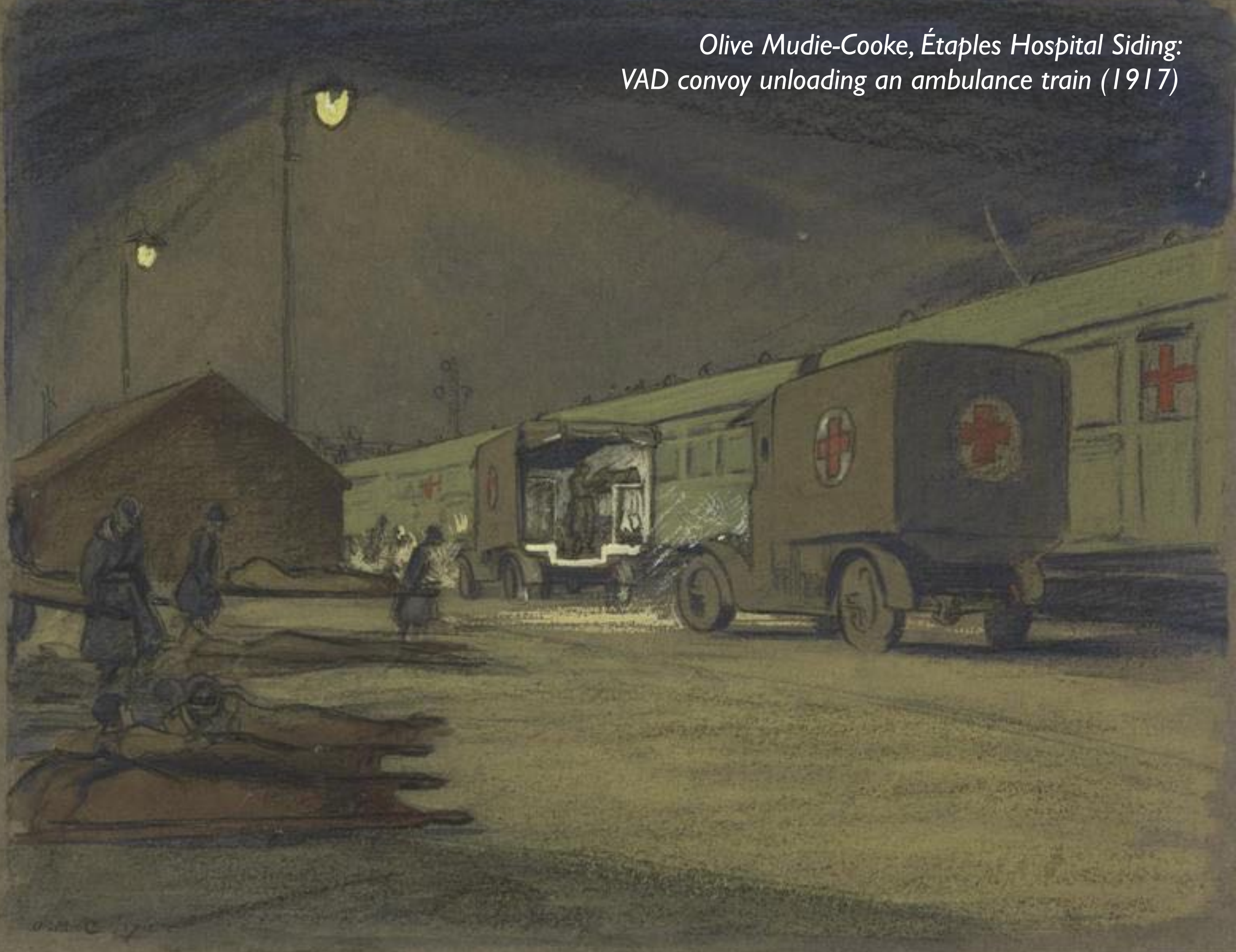


‘...**the Land of Hospitals...**
Here before us was a stretch of
six kilometres of hospitals.’
Sister Elsie Tranter, 2 March 1917

‘[The captured pilot] tried at first to
excuse himself by saying that **he**
saw no Red Cross. When
challenged with the fact that he knew
that he was attacking hospitals **he**
endeavoured to plead that
hospitals should not be
placed near railways, or if they
are, they must take the
consequences. Apart from the fact
that hospitals must be near railways
for the transport of their patients, in
this case, as in the others, **the**
raiders were not attacking
the railway but came
deliberately to bomb the
hospital.’

The Times, 24 May 1918

*Olive Mudie-Cooke, Étaples Hospital Siding:
VAD convoy unloading an ambulance train (1917)*





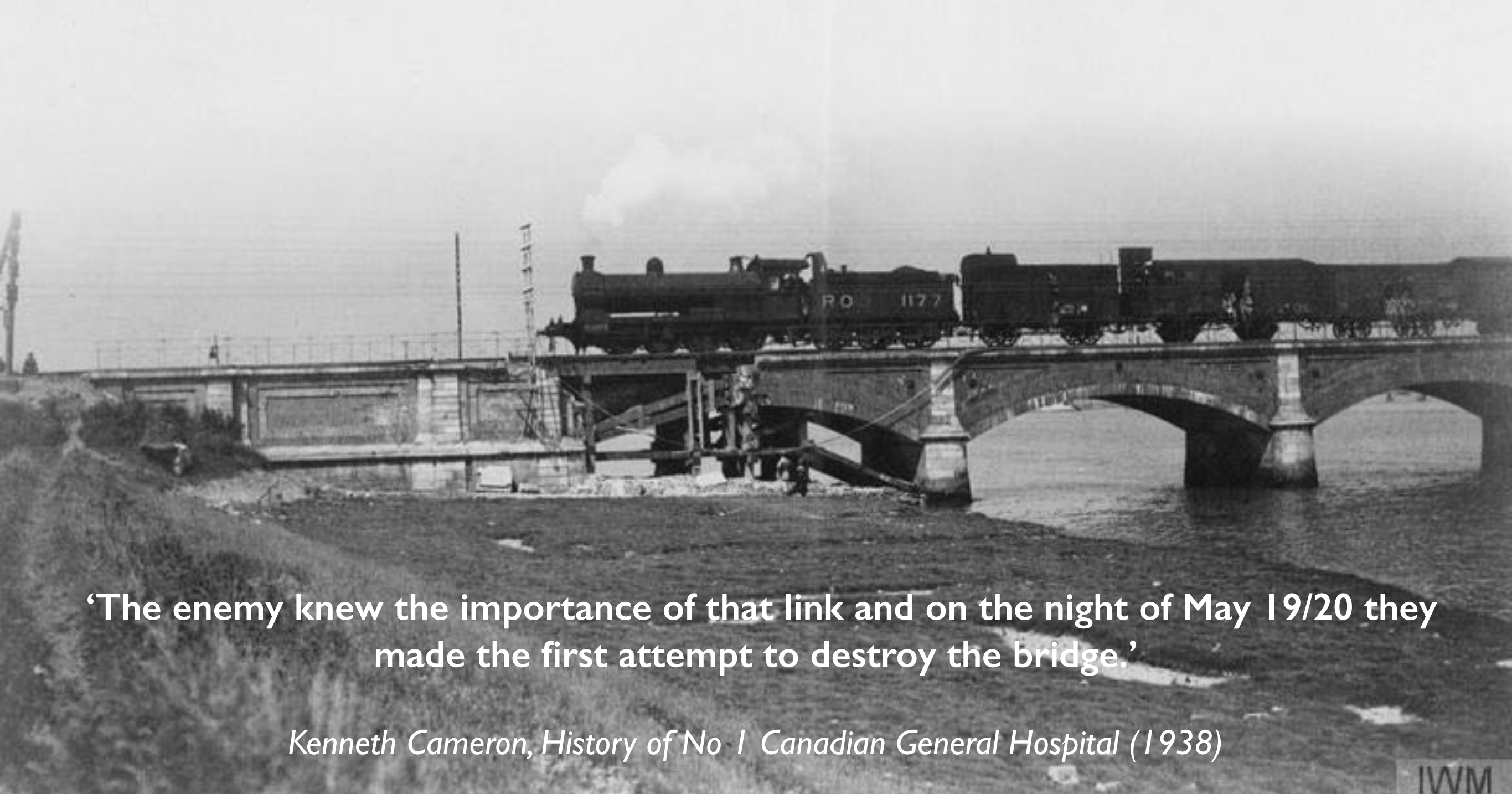
‘The Étaples Army Base Camp was the largest of its kind ever established overseas by the British...’



‘**A vast, dreadful encampment.** It seemed neither France nor England, but a kind of paddock where the beasts are kept a few days before the shambles...’
Wilfred Owen

‘In May 1918... our one lateral, along which all reserves and reinforcements drawn from one part of the front to be thrown in at another had to be moved, was threatened daily and nightly by persistent air attacks on the bridge over the Canche river at Etaples.’

Col. M.G. Taylor



‘The enemy knew the importance of that link and on the night of May 19/20 they made the first attempt to destroy the bridge.’


Kenneth Cameron, History of No 1 Canadian General Hospital (1938)

	No of bombs	Killed	Wounded
SJAB Hospital	7	5	15
No 26 General	3	1	3
No 7 Canadian General	19	13	58
No 24 General	1	0	4
No 9 Canadian Stationary	9	2	13
No 46 Stationary	3	17	70
No 56 General	1	3	19
No 51 General	1	3	1
Convalescent Camp	2	0	9
TOTALS	46	102	286
1st Life Guards	2	42	81
Royal Horse Guards	1	0	3
H Infantry Base Depot	4	6	50
ASC Dump	2	0	0
Employment Base Depot	36	23	106
Segregation Camp	1	1	6
Chinese Camp	3	0	0
Neufchatel, Dannes, Camiers and Rifle Range	17	3	15
TOTALS	66	80	357

‘Fifteen bombers attacked the Etaples bridge. Only one bomb fell close and this did no damage: most of them exploded in neighbouring hospitals and camps with terrible effect... One of the German bombers was shot down, and the captured crew insisted that they did not know that hospitals were situated near the railway. **They also expressed surprise, not without reason, that large hospitals should be placed close to air targets of first-rate military importance.**

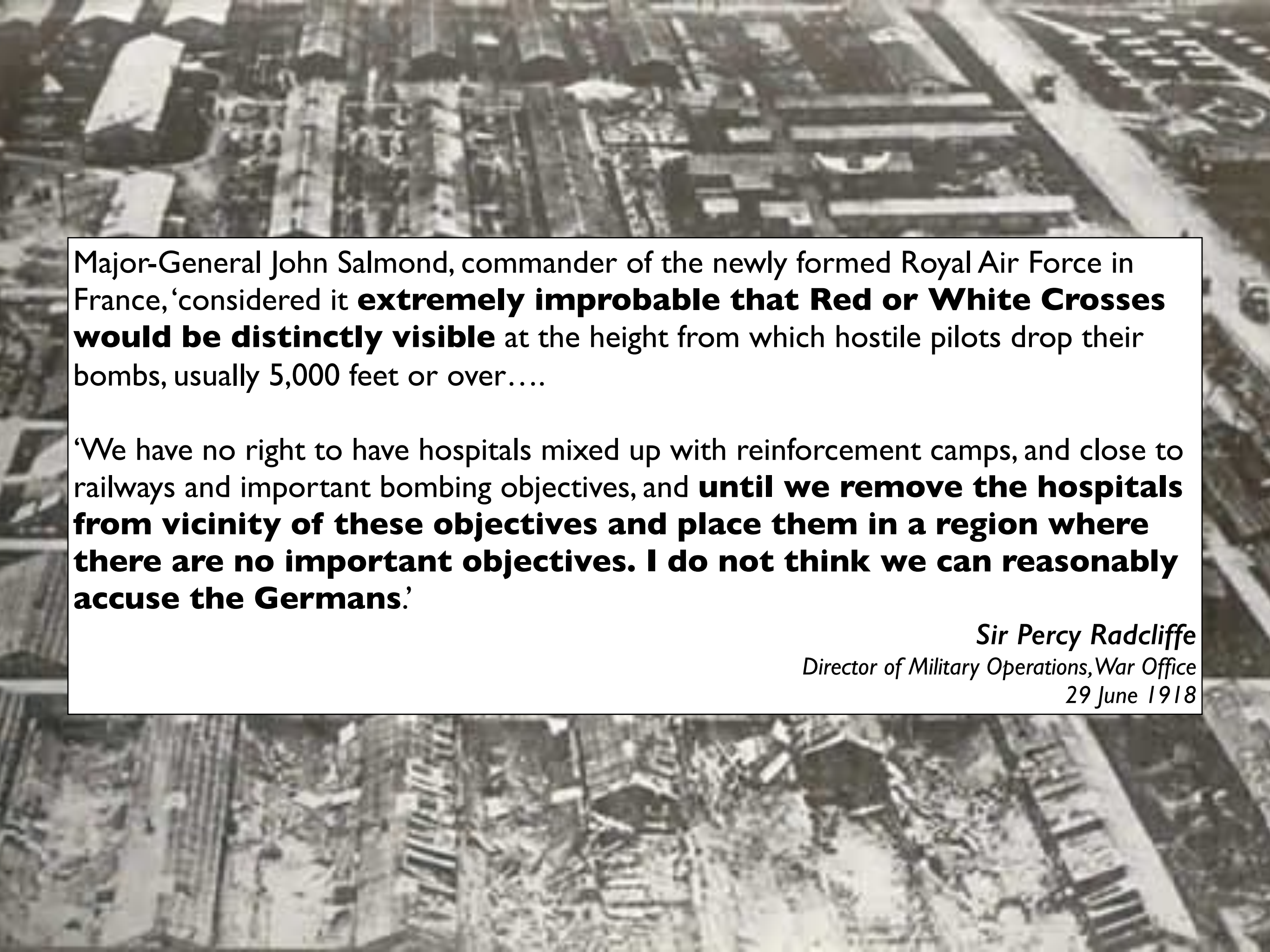
H.A. Jones, The war in the air





‘The persistent German raiders had at last succeeded in their intention of smashing up the Étaples hospitals’ which **‘had so satisfactorily protected the railway line for three years without further trouble or expense to the military authorities.’**

Vera Brittain

An aerial photograph of a city, likely London, showing a dense grid of streets and buildings. A river, possibly the River Thames, is visible on the right side of the image. The image is in black and white and has a slightly grainy texture.

Major-General John Salmond, commander of the newly formed Royal Air Force in France, 'considered it **extremely improbable that Red or White Crosses would be distinctly visible** at the height from which hostile pilots drop their bombs, usually 5,000 feet or over....

'We have no right to have hospitals mixed up with reinforcement camps, and close to railways and important bombing objectives, and **until we remove the hospitals from vicinity of these objectives and place them in a region where there are no important objectives. I do not think we can reasonably accuse the Germans.**'

Sir Percy Radcliffe
Director of Military Operations, War Office
29 June 1918


War Crimes Trials

Reichsgericht (Supreme Court), Leipzig, 1921



British lawyers at Leipzig

Although the British brought a prosecution against officers on a German submarine that sank a hospital ship in the English Channel, they charged no German pilots for air strikes on hospitals.



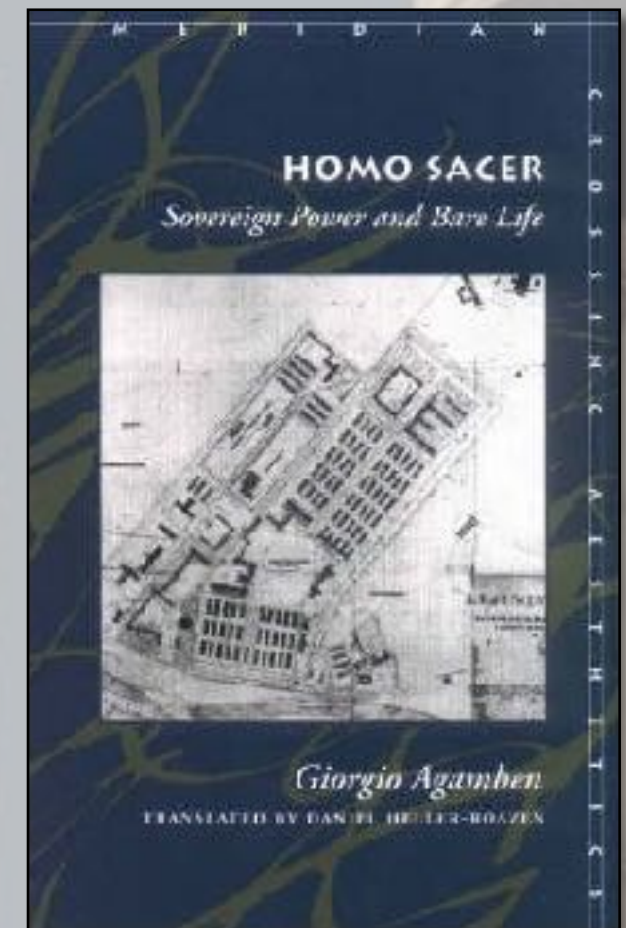
In the First World War air power dramatically advanced the deconstruction of the battlefield, which now extended far beyond No Man's Land – to London, Paris and the coast of France far from the fighting.

But the attack on the hospitals raised concerns over their visual identification and location close to the Army base – not over their role in returning the wounded to the fighting: four out of five of those wounded were returned to the Front.

Spaces of exception



Giorgio Agamben



The exception to the exception

Hague Regulations (1899) (1907)

In sieges and bombardments **all necessary steps must be taken to spare, as far as possible, ... hospitals, and places where the sick and wounded are collected, provided they are not being used at the time for military purposes.** It is the duty of the besieged to indicate the presence of such buildings or places by distinctive and visible signs, which shall be notified to the enemy beforehand.

Geneva Convention I (1949) Article 21

The protection to which fixed establishments and mobile medical units of the Medical Service are entitled shall not cease unless they are used to commit, outside their humanitarian duties, acts harmful to the enemy. Protection may, however, cease only after a due warning has been given, naming, in all appropriate cases, a reasonable time limit and after such warning has remained unheeded.

The exception to the exception

Geneva Convention IV (1949) Articles 18-19

Civilian hospitals organized to give care to the wounded and sick, the infirm and maternity cases, **may in no circumstances be the object of attack** but shall at all times be respected and protected by the Parties to the conflict.

The protection to which civilian hospitals are entitled shall not cease unless they are used to commit, outside their humanitarian duties, acts harmful to the enemy. Protection may, however, cease only after due warning has been given, naming, in all appropriate cases, a reasonable time limit and after such warning has remained unheeded.

The fact that sick or wounded members of the armed forces are nursed in these hospitals, or the presence of small arms and ammunition taken from such combatants and not yet been handed to the proper service, shall not be considered to be acts harmful to the enemy.

The image shows the interior of a building that has been severely damaged, likely by conflict. The walls are made of a light-colored, possibly plastered brick or concrete, and are heavily cracked and crumbling. There are large, irregular holes in the walls and ceiling, through which bright light is streaming. The floor is covered in a thick layer of debris, including broken bricks, wood, and metal. Several metal chairs are visible, some of which are overturned or broken. In the background, there are two large rectangular openings in the wall, which appear to be window frames without glass. Through these openings, some greenery and a white building are visible outside. The overall atmosphere is one of desolation and destruction.

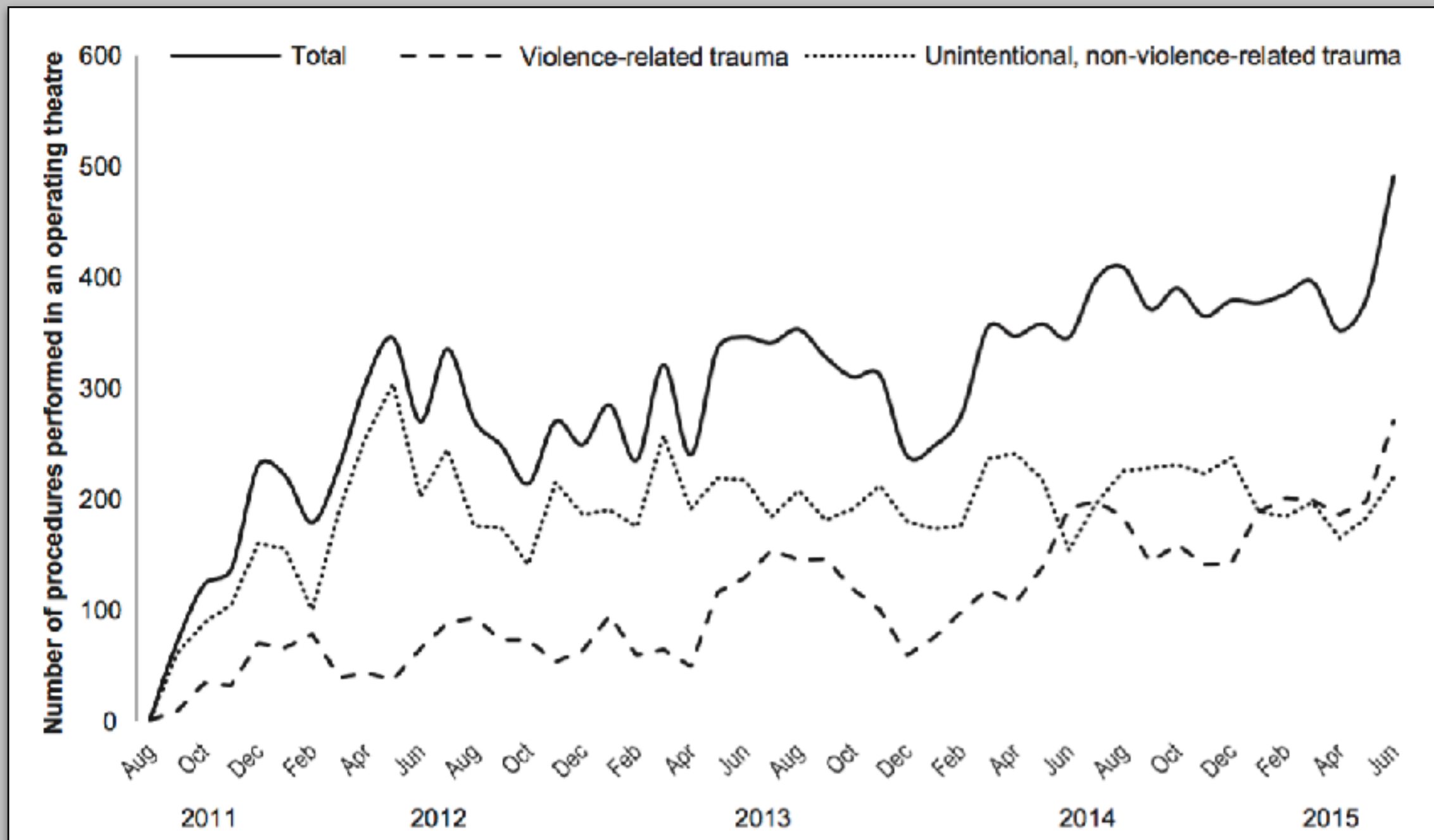
MSF Trauma Centre Kunduz



‘In Kunduz ... one quarter of the war-wounded and seriously injured patients had travelled between two and six hours by car before reaching the MSF trauma centre. Before MSF opened the trauma centre in 2011, people suffering from severe injuries were forced to make the even longer and more dangerous journey to Kabul or Pakistan, or visit expensive private clinics, to receive the specialised care they required.’


*Frank Dörner and Lena Langbein,
‘Between Rhetoric and Reality: Access
to health care and its limitations’,
Afghan Analysts Network, 2
December 2014*





‘The MSF Kunduz Trauma Centre provided surgical care for a large number of wounded and injured patients in the region. The surgical epidemiology is consistent with reports from other areas of prolonged insecurity in that unintentional, traumatic, non-war-related injuries generally outnumber those from violence. Nevertheless ... the Trauma Centre provided surgical care for many adults and children injured directly by conflict (eg, injuries due to gunshots, land mines, bomb blasts). The health burden averted by surgical care at the Trauma Centre was large...’

Miguel Trelles and others, ‘Averted health burden over 4 years at Médecins Sans Frontières (MSF) Trauma Centre in Kunduz, Afghanistan, prior to its closure in 2015’, Surgery (2016)

A grainy, low-resolution video frame showing a line of Taliban military vehicles, including trucks and armored cars, moving along a dusty road. Several fighters in dark clothing are visible on the vehicles and walking alongside them. The scene is hazy and dusty, suggesting a recent battle or a dry, arid environment. The vehicles are moving away from the camera, leaving a trail of dust behind them.

Reuters/Monday
Kunduz, Afghanistan

TALIBAN OVERRUN AFGHAN CITY OF KUNDUZ

CNN

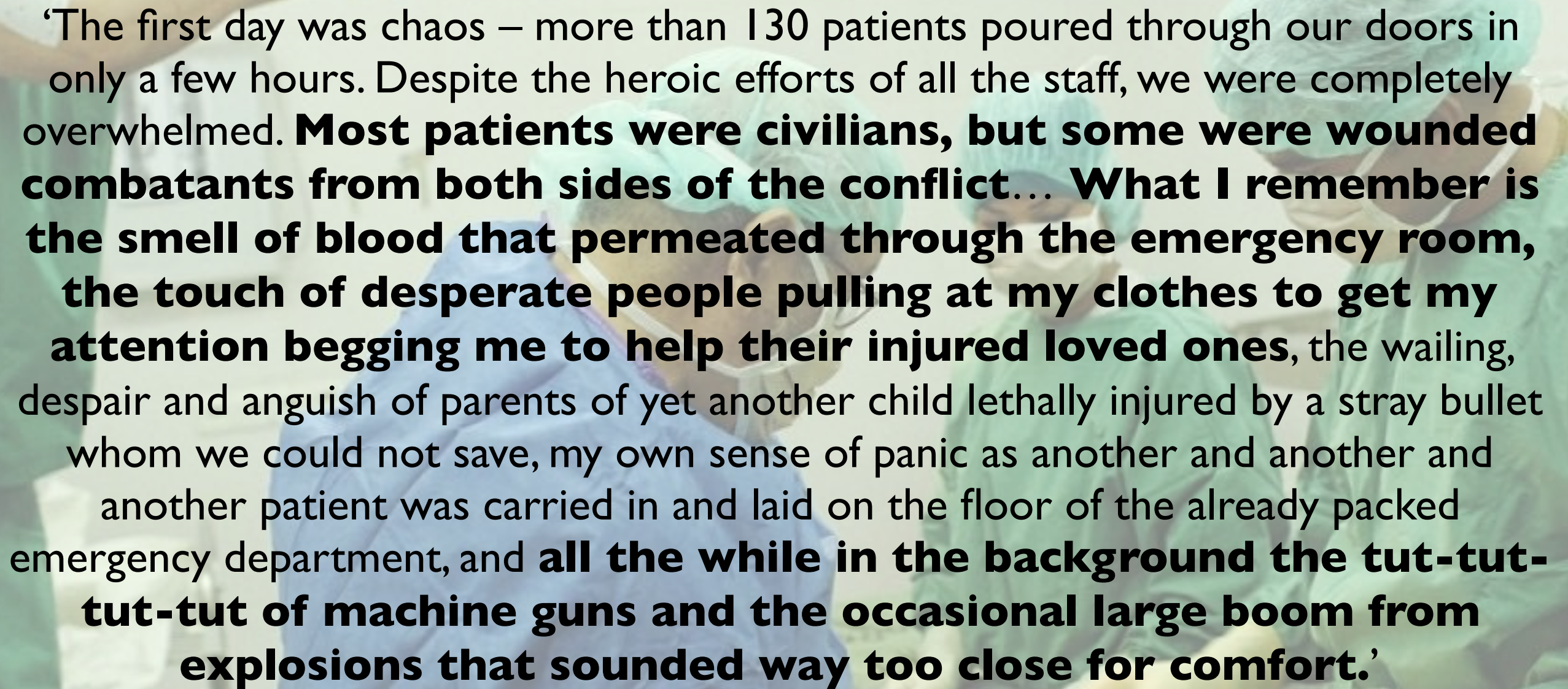
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@AmaraCNN

CNN

Between August 2011 and August 2015 the Trauma Centre cared for 6,685 patients; roughly one-third were suffering from 'violence-related trauma', which included land mines and bomb blasts, gunshots, stabbings, assaults, rape and torture





‘The first day was chaos – more than 130 patients poured through our doors in only a few hours. Despite the heroic efforts of all the staff, we were completely overwhelmed. **Most patients were civilians, but some were wounded combatants from both sides of the conflict... What I remember is the smell of blood that permeated through the emergency room, the touch of desperate people pulling at my clothes to get my attention begging me to help their injured loved ones,** the wailing, despair and anguish of parents of yet another child lethally injured by a stray bullet whom we could not save, my own sense of panic as another and another and another patient was carried in and laid on the floor of the already packed emergency department, and **all the while in the background the tut-tut-tut-tut of machine guns and the occasional large boom from explosions that sounded way too close for comfort.**’

Dr Kathleen Thomas

***Taliban co-ordination:
visit of Taliban to Trauma Centre***



***Military and government co-ordination:
GPS coordinates provided to US military
and Afghan authorities***



MSF TRAUMA HOSPITAL KUNDUZ, AFGHANISTAN



29 September 2015



‘We are in contact with all parties to the conflict and have received assurances that our medical personnel, patients, hospital and ambulances will be respected. With the government provincial hospital not currently functioning, MSF’s hospital is now the only place in Kunduz where people in need of urgent trauma care can receive it.’

*Afghan Special Forces
arrive at Kunduz Airport*



*US Special Forces (Green Berets)
arrive at Kunduz Airport*



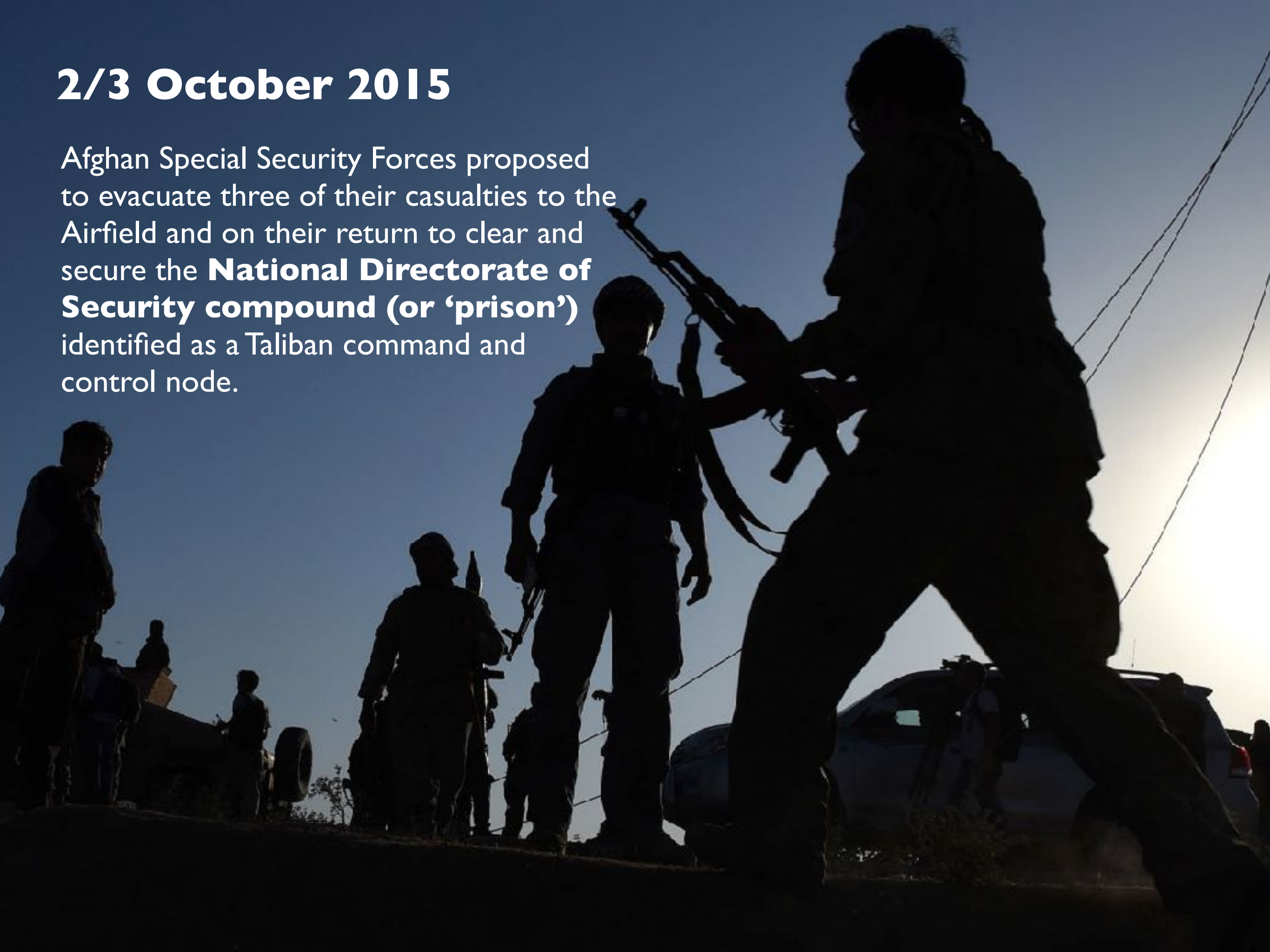


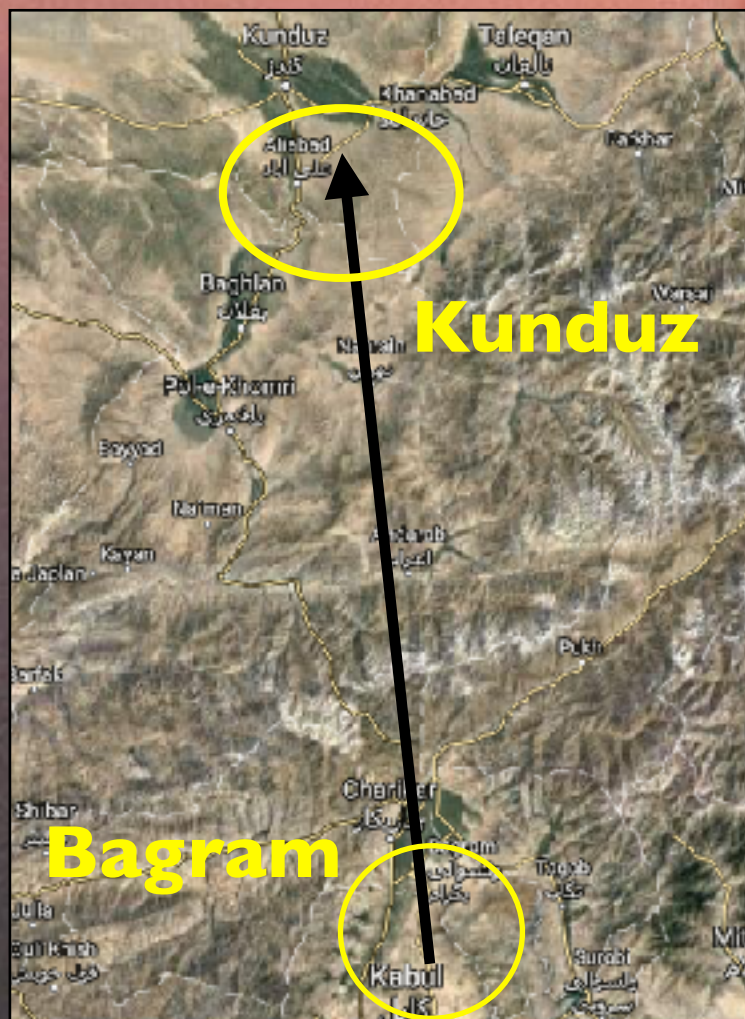
1 October 2015

US Special Forces occupy the **Provincial Chief of Police compound** which comes under sustained insurgent attack; multiple 'danger close' airstrikes by US F-16s, some within 20-25 metres.

2/3 October 2015

Afghan Special Security Forces proposed to evacuate three of their casualties to the Airfield and on their return to clear and secure the **National Directorate of Security compound (or 'prison')** identified as a Taliban command and control node.

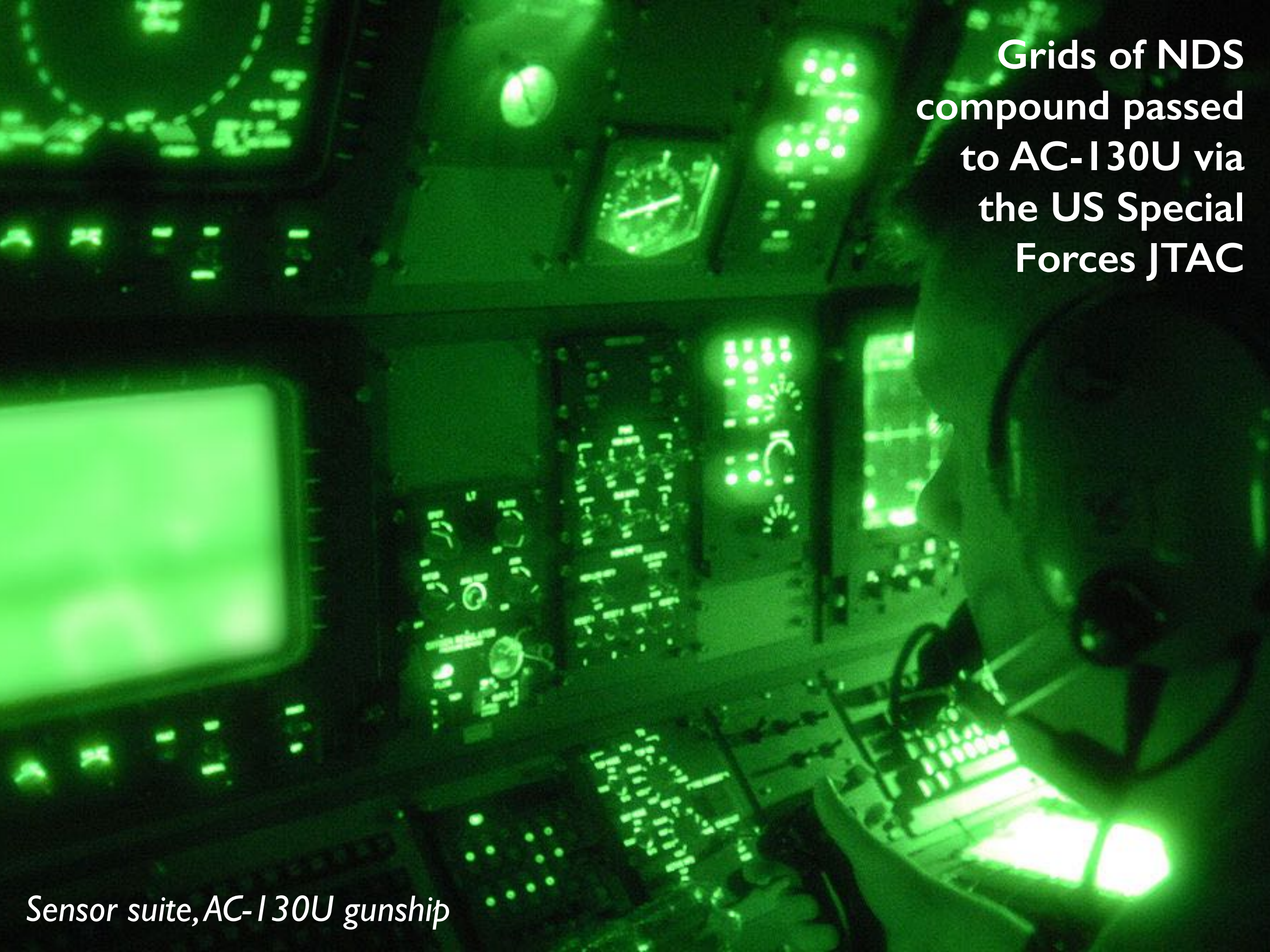




The Joint Special Operations Task Force at Bagram Air Base responsible for the Green Berets at Kunduz scrambled an **AC-130U gunship** callsign 'Hammer' to renew Close Air Support (informally: an 'AirTIC'); the aircraft launched with only grid location, call sign and radio frequency to contact the Green Berets and **without 'mission products'** that would have included the **'No-Strike List'** that identified the MSF Trauma Centre.

At 2109 en route to Kunduz the AC-130's antenna that provided its electronic data-link with Bagram failed so no up-dated mission products including the No-Strike List could be received and no imagery transmitted back ('I was unable to bring the system and connection back online').

At 2220 circling over Kunduz the AC-130 was alerted to a heightened risk of surface-to-air attack and ordered to climb while the commander also began varying the aircraft's orbit; these manoeuvres degraded the onboard sensor systems.



Grids of NDS
compound passed
to AC-130U via
the US Special
Forces JTAC

Sensor suite, AC-130U gunship



The aircraft's degraded sensor system at first identified a location to the west of the NDS compound near an open field, so the aircrew searched for a likely building in the vicinity and fastened on what was in fact the MSF Trauma Centre to the south.

TV Operator: *"Well, unless the grids are off, this is the only large complex in the area; they have the busses on the west side."*

FCO: *"I've got [REDACTED] (b)(1)1.4a"*

TV Operator: *"That's what I copied too, but it just [REDACTED] (b)(1)1.4a you into the middle of this field with a bunch of small buildings."*

FCO: *"Roger."*

Navigator: *"How far off is that larger complex from the grids?"*

TV Operator: *"About 300 meters."*

Navigator: *"300 meters southwest?"*

TV Operator: *"Affirm."*

Navigator: *"Copy."*

FCO: *"TV, I'm just going to update that off of you, since that's most likely what it is, so if you can just track there."¹¹⁰*

Fires Control Officer **changed the grids to the new location** but did not transmit the amended target co-ordinates to either US troops on the ground or to the Special Operations Task Force in Bagram: from 0100 until well into the attack **the only people who had the co-ordinates for the target in the sights of the AC-130 were the aircrew.**



The AC-130 repositioned to a direct orbit over the city and the Sensor Operator re-slaved his system to the original co-ordinates and now **correctly identified the NDS compound** as the intended target.



Sensor Operator: ‘...if you look in the TV’s screen you can see this hardened structure that looks very large and **could also be more like a prison** with cells. So I just want to verify that before we start declaring people hostile, that we are 100 per cent sure that this is the correct compound.’

The aircrew now asked for a verbal description of the target.
The description provided via the GFC by Afghan forces corresponded to the MSF Trauma Centre.

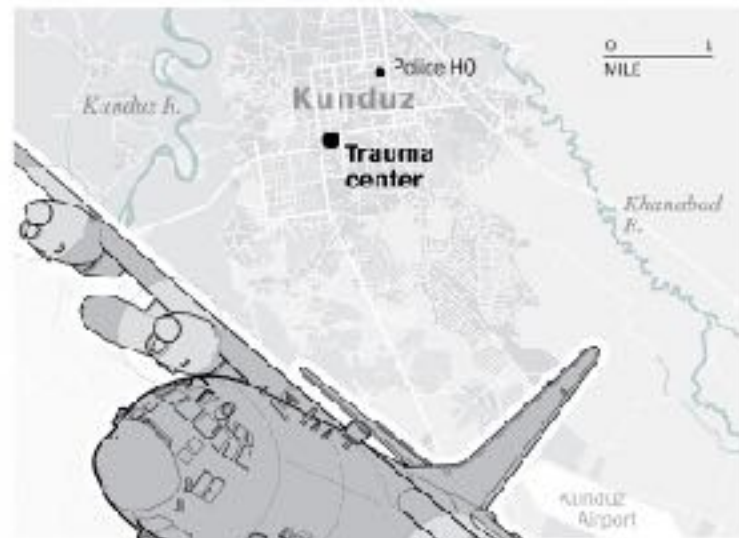


Observations of the Trauma Centre from the AC-130 revealed neither hostile acts nor demonstrations of hostile intent, only 'unarmed individuals walking around [or] sitting in chairs' – 'ordinary and innocuous acts'...

'In his experience, when AC-130 aircraft fly over insurgents, they act normally or try to stay normal... [whereas] civilians will not try to be nonchalant when the aircraft is overhead'

Attack on the Kunduz trauma center

According to Army Gen. John F. Campbell, Afghan troops reported they were under fire and requested air support. An AC-130U gunship was circling overhead and struck the facility. Hospital officials said they were assaulted from the air for more than an hour.



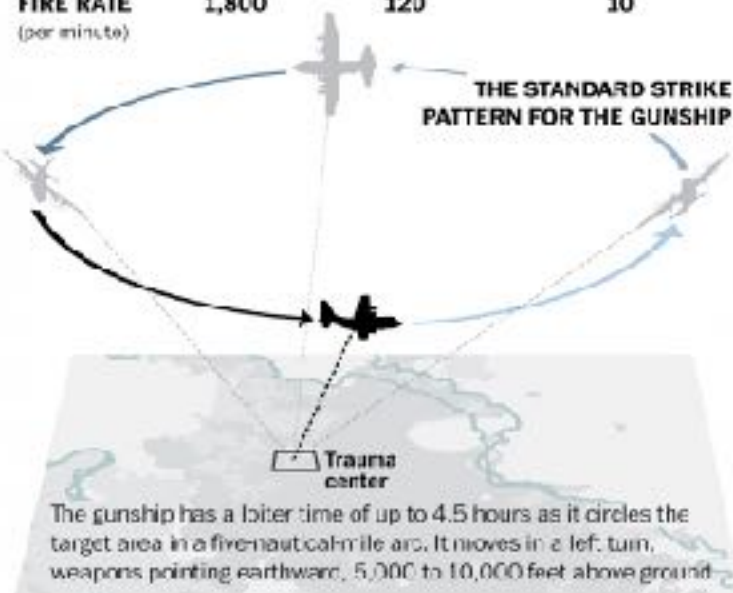
THE AC-130U SPOOKY

Weapons are integrated with navigation and fire control systems to provide firepower for extended periods, at night and in adverse weather.

THE GUNS

	GAU-12/U	Bofors L/70	M102
Type	Rotary cannon	Auto cannon	Howitzer
Range	2.3 miles	4.5 miles	9.4 miles
Caliber	25mm	40mm	105mm
Muzzle velocity	3,280 ft./sec.	2,890 ft./sec.	1,620 ft./sec.
FIRE RATE (per minute)	1,800	120	10

THE STANDARD STRIKE PATTERN FOR THE GUNSHIP



At 0207 the AC-130U was cleared to fire by the GFC/JTAC on the ground in Kunduz



211 rounds were fired over 30-50 minutes



‘Fire licked at the roof at one end of the building, dancing and sparkling in the dark, reaching towards the branches of the trees nearby. The ICU was burning. Outside, only the constant humming from above pointed to the presence of something. An aircraft? Airstrike? Why the hospital? Why us? Then, without warning, another tremendous, ear-splitting blast shook the building. The ceiling came crashing down on us and the last remaining lights were turned off, sending us to total darkness. I screamed in terror as wires pinned me to the ground. That was the last thing I could remember’.

Dr Evangeline Cua









In Memory Of Our 14 **MSF** Colleagues, Kunduz, **3 October 2015**



Abdul Maqsood



Abdul Salam



Mohibullah



Naseer Ahmad



Mohammad Ehsan
Osmani



Lal Mohammad



Najibullah



Shafiqullah



Aminullah
Bajawri



Abdul Satar
Zaheer



Ziaurahman



Abdul Nasir



Zabiullah



Tahseel



30 non-combatants killed, 37 non-combatants wounded

Kunduz: A tragedy of errors?

National Directorate of Security Compound

Target grids passed to AC-130; also referred to as 'the NDS prison' to be cleared by the returning Afghan SSF convoy

Provincial Commissioner of Police Compound

Green Berets and Afghan Special Security Forces

National Directorate of Security Prison

Target assumed by Combined Joint Special Operations Task Force in Bagram, receiving streaming video feed from MQ-1 Predator

MSF Trauma Center

Target (mis)identified by AC-130

Intersection

GFC claimed he believed Afghan SSF convoy was being attacked by Taliban here


Afghan SSF convoy

passing northern perimeter of Kunduz airfield when MSF Trauma Center attacked

Kunduz airfield

Kunduz

Base map: New York Times

A photograph of General Joseph Votel, a man in a military uniform, standing at a wooden podium during a press conference. He is facing an audience of people seated in rows of chairs. Several audience members in the foreground have their hands raised, suggesting a Q&A session or a vote-taking exercise. The background consists of a blue curtain with a circular logo on the left that reads 'THE PENTAGON' and a large, dark rectangular screen on the right. The overall setting appears to be a formal event space.

General Joseph Votel
US Central Command
29 April 2016

U.S. Military Investigates And Finds Itself Not Guilty Of War Crimes In Afghan Hospital Bombing

The Pentagon says it didn't intend to kill 42 people.

Or misdirection?

‘They [MSF] give them medicine; they transport and treat their injured... patching up fighters and sending them out... Their existence is a big problem for us.... The people that work there are traitors, all of them.’

Colonel Abdullah Gard



‘A silly rule’

‘Cmdr. Abdul Wahab, head of the unit that guarded the provincial chief of police compound, told me **he could not understand why in battle an insurgent could be killed, but the minute he was injured, he would be taken to a hospital and given protective status.** Wouldn’t it be easier, he asked, wouldn’t the war be less protracted or bloody if they were allowed to march in and take men when they were most compromised? He had visited the MSF hospital three times to complain. Each time a foreign doctor explained the hospital’s neutral status and its no-weapons policy, which mystified him.’

May Jeong,
‘Death from the sky’, *The Intercept*, 28 April 2016

**‘That hospital is
in the service of
the Taliban... I
swear to God, if
they make it a
hundred times,
we’ll destroy it a
hundred times.’**

Colonel Abdullah Gard



“I bet you a million these ragheads don't give our boys that sort of treatment when they get injured,”

Hawkeye said. "We shoot a missile at them and they survive, and rather than finishing the job we fly in our most expensive asset and have our lads carry them two and a half miles on gurneys through the fucking heat with all the gear on their backs just to get them to the helicopter and pump them full of blood even if we all know they're going to die. Ever wonder what people back home would make of our using their blood to prop up the Taliban?"

DOCTORS

AT



LIFE AND DEATH IN A FIELD HOSPITAL

MARK DE ROND

FOREWORD BY CHRIS HEDGES



Doctors With Enemies: Did Afghan Forces Target the M.S.F. Hospital?

The U.S. government's report has ruled the attack an accident. But mounting evidence suggests that Afghans' mistrust for the nonprofit medical group might have set the tragedy in motion.

By MATTHIEU AIKINS MAY 17, 2016

Syria

أجلك، لدورياتك

‘Your turn, doctor...’

أجلك، لدور يا دكتور

A high school wall in Daraa, 80 km south of Damascus
16 February 2011

The optics of repression



The doctor was President Bashar al-Assad (left) who was trained as an ophthalmologist in Damascus and London




15 students were arrested and tortured, sparking city-wide protests.

On 22 March 2011 security forces stationed snipers on the roof of the National Hospital in Daraa, firing on protesters and on the sick and wounded who tried to approach the hospital.

UN Human Rights Council, 13 September 2013

On 8 April 2011, when security forces fired on thousands of demonstrators approaching a roadblock, ambulances were prevented from reaching the wounded; a doctor, a nurse and an ambulance driver were killed when they tried to get through.

Human Rights Watch, 12 April 2011



Ambulance attacked, Homs, August 2011

Elsewhere snipers, armoured personnel carriers, tanks and heavy artillery were stationed at hospitals; **doctors suspected of treating protesters were arrested and tortured**; security forces entered hospitals and **forcibly removed patients**, 'claiming bullet or shrapnel wounds as evidence of participation in opposition activities'; **ambulances transporting casualties were attacked and pharmacies looted.**



‘Healthcare [in Syria] has become militarized to the extent that many in need elect not to seek medical assistance in hospitals for fear of arrest, detention, torture or death.’

UN Human Rights Council, 13 September 2013

Flashback: Baghdad 2006

‘In a city with few real refuges from sectarian violence – not government offices, not military bases, not even mosques – one place always emerged as a safe haven: hospitals...’

‘In Baghdad these days, not even the hospitals are safe. In growing numbers, sick and wounded Sunnis have been abducted from public hospitals operated by Iraq's Shiite-run Health Ministry and later killed, according to patients, families of victims, doctors and government officials.’

‘As a result, more and more Iraqis are avoiding hospitals, making it even harder to preserve life in a city where death is seemingly everywhere. Gunshot victims are now being treated by nurses in makeshift emergency rooms set up in homes. Women giving birth are smuggled out of Baghdad and into clinics in safer provinces.’

*Amit Paley, ‘Iraqi Hospitals Are War’s New “Killing Fields”’,
Washington Post 30 August 2006*



*The **State of Emergency** that had been in force in Syria since 1962 was ended on 21 April 2012 and on 2 July a new **Counter-Terrorism Law** came into force that criminalised all medical aid to the opposition*

‘Here is how a surgeon from Aleppo describes the attitude of the Syrian government. Last April [2012], while treating a man seriously wounded by a government sniper, he was accosted and wrenched away by a military intelligence officer: **“We are shooting at them in order to kill them. This is obvious,”** the intelligence officer told him. **“Since you are stopping him from dying, you are a terrorist. For this you will be punished.”** The surgeon’s clinic was destroyed, his wife’s clinic was shut down, and they were forced to flee Aleppo....

‘When government forces stormed the city of Deir Ezzor in June 2012, they informed Dr Ghassam Shoubet at the Deir Ezzor branch of the Red Crescent, **“It is forbidden to carry out any first aid activities.”** Emergency medical squads are routinely prevented from evacuating not only wounded rebel fighters but also injured children and other civilians from rebel-held territory.’

*(Annie Sparrow, ‘Syria’s assault on doctors’,
New York Review of Books, 12 January 2013)*

Doctors targeted

‘We were detained in the hospital for several days. Tanks parked out front, artillery in the wards, snipers on the roofs shooting patients who tried to come. They took our names, and summoned three of the five security branches—state, political and military. I was interrogated and forced to sign several commitments not to treat anyone not pro-regime. Of course, as soon as I was released I violated it immediately...the city was full of wounded and sick people. Soon after that a friend who worked in military security let me know I was now “wanted” [for my work], the charge being that I was the leader of a terrorist group. So I went into hiding, and moved my family to Turkey. In retaliation my brother was executed.’

Surgeon, Idlib, April 2012

*Annie Sparrow, ‘Syria’s assault on doctors’,
New York Review of Books, 12 January 2013*

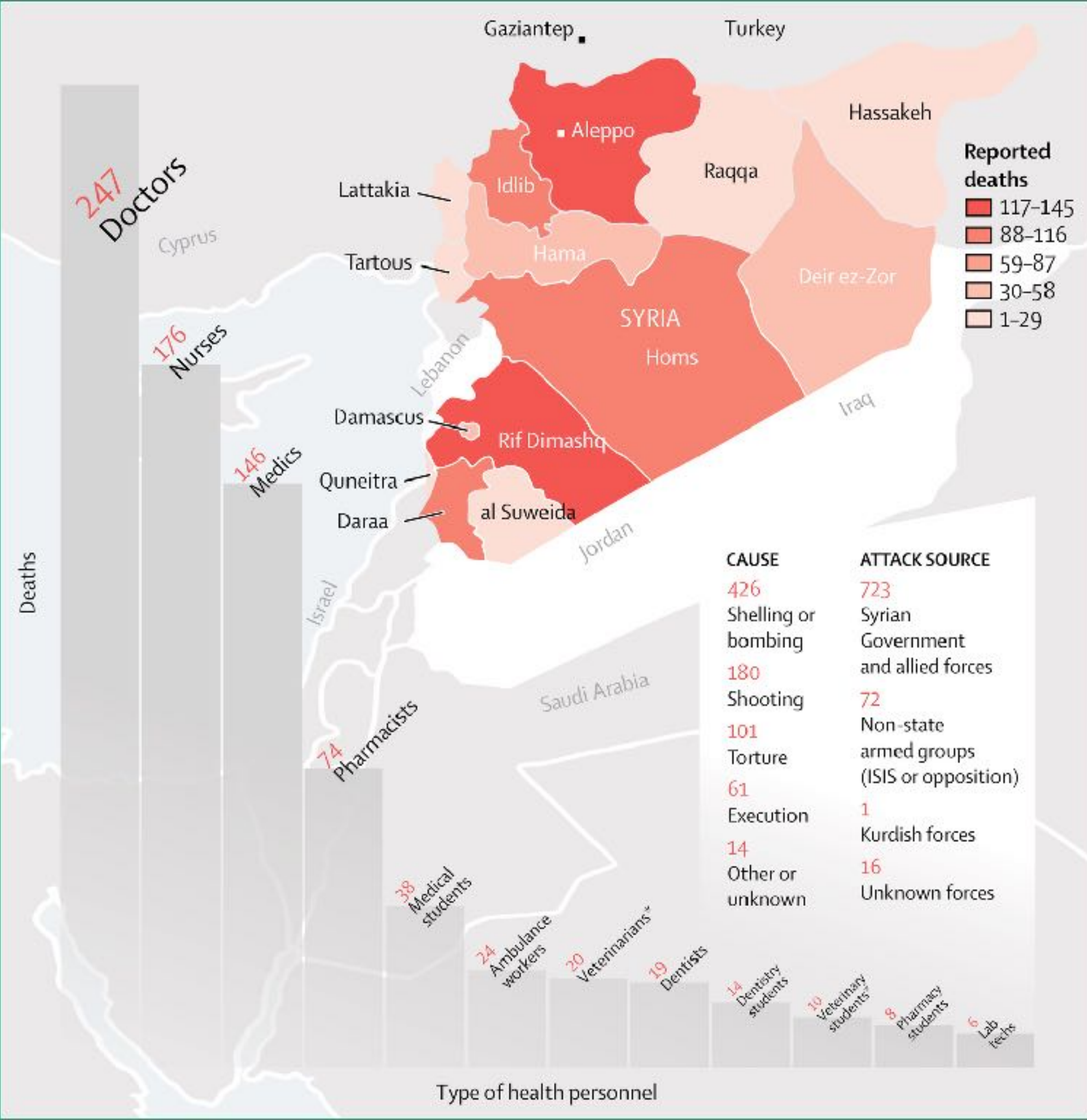
*A man who witnesses say was shot by a government sniper
during a demonstration lies in a hospital in Idlib, 5 February 2012*



Dr Mohamad Nour Maktabi
after his first detention by the security forces.

‘Six months after Syrian secret police officers led Dr. M. Nour Maktabi away from his Aleppo clinic, the morgue at the university hospital summoned his family to collect his corpse. At first glance, his three brothers thought it was a mistake. When they had last seen Dr. Maktabi, in May 2012, the 47-year-old chest specialist weighed a doughy 200 pounds. The dead man was covered in wounds and emaciated, weighing less than 100 pounds — “a bag of bones covered in flesh,” as his younger brother Wadah put it. But on closer inspection, the brothers found Dr. Maktabi’s name inked in small letters on the bottom of one foot.’

Neil Macfarquhar, ‘In Syria’s civil war, doctors find themselves in cross hairs,’ New York Times, 15 August 2014



The same law declared that all medical facilities operating in opposition-held areas without permission were illegal – and by implication transformed them into targets of military violence.

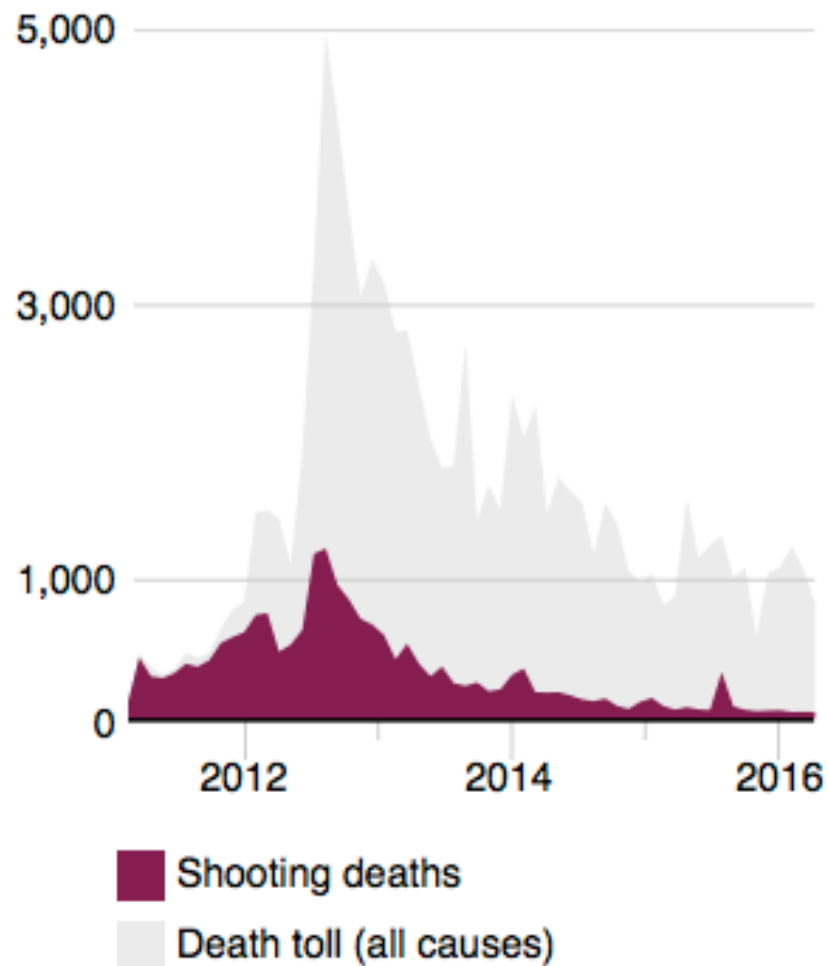
‘Since 2011 ... medical activities that are not under their control are considered by the government of Syria as illegal and consequently as legitimate targets... This decision explains the repeated threat, arrest, torture and killing of doctors ... and their direct families in addition to the systematic targeting of networks in charge of supplying underground medical activities in besieged zones.’

MSF official to Kareem Shaheen, ‘MSF stops sharing Syria hospital locations after “deliberate” attacks’, Guardian, 18 February 2016

Causes of deaths in Syria, March 2016

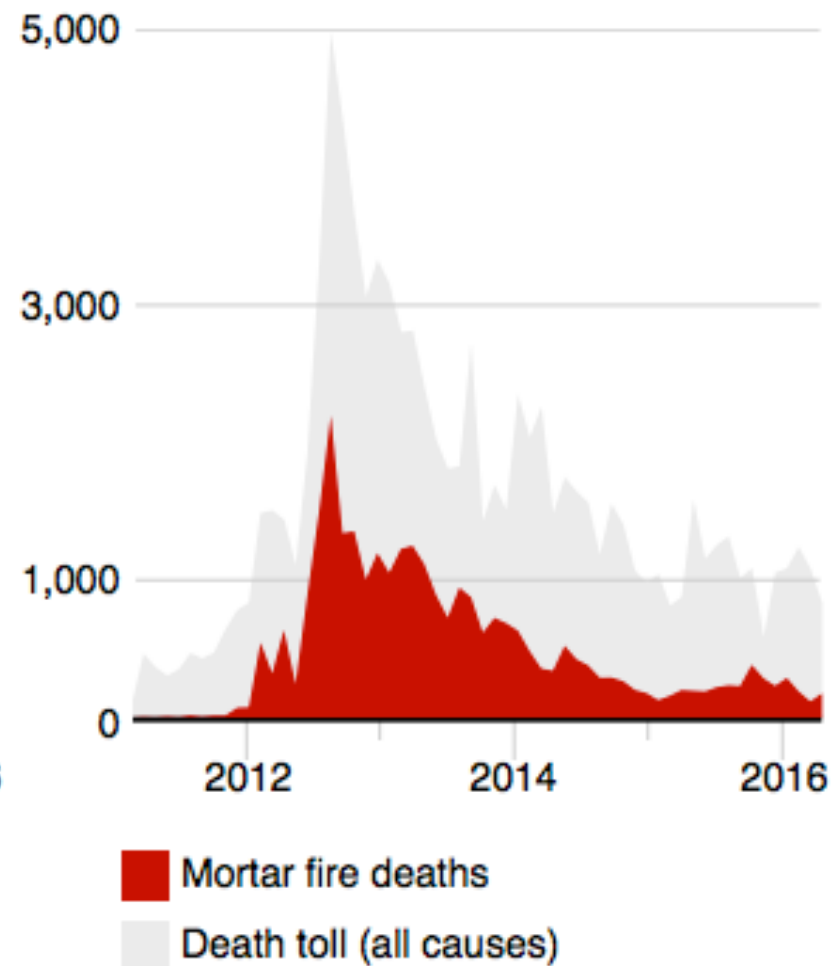
1. Shootings

What began as peaceful protests against the government in March 2011 turned violent after security forces used deadly force against civilians.



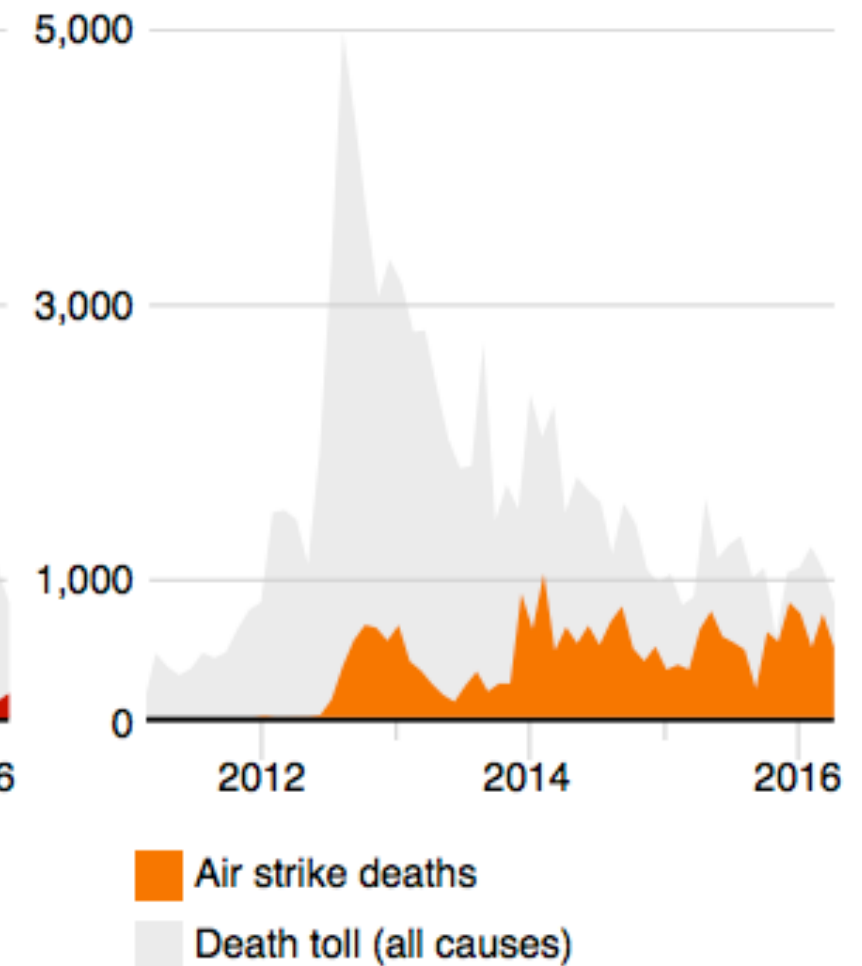
2. Mortar fire

The bloodiest period of the conflict came in 2012, as the killing became more systematic and mortar attacks claimed a higher proportion of lives.



3. Air strikes

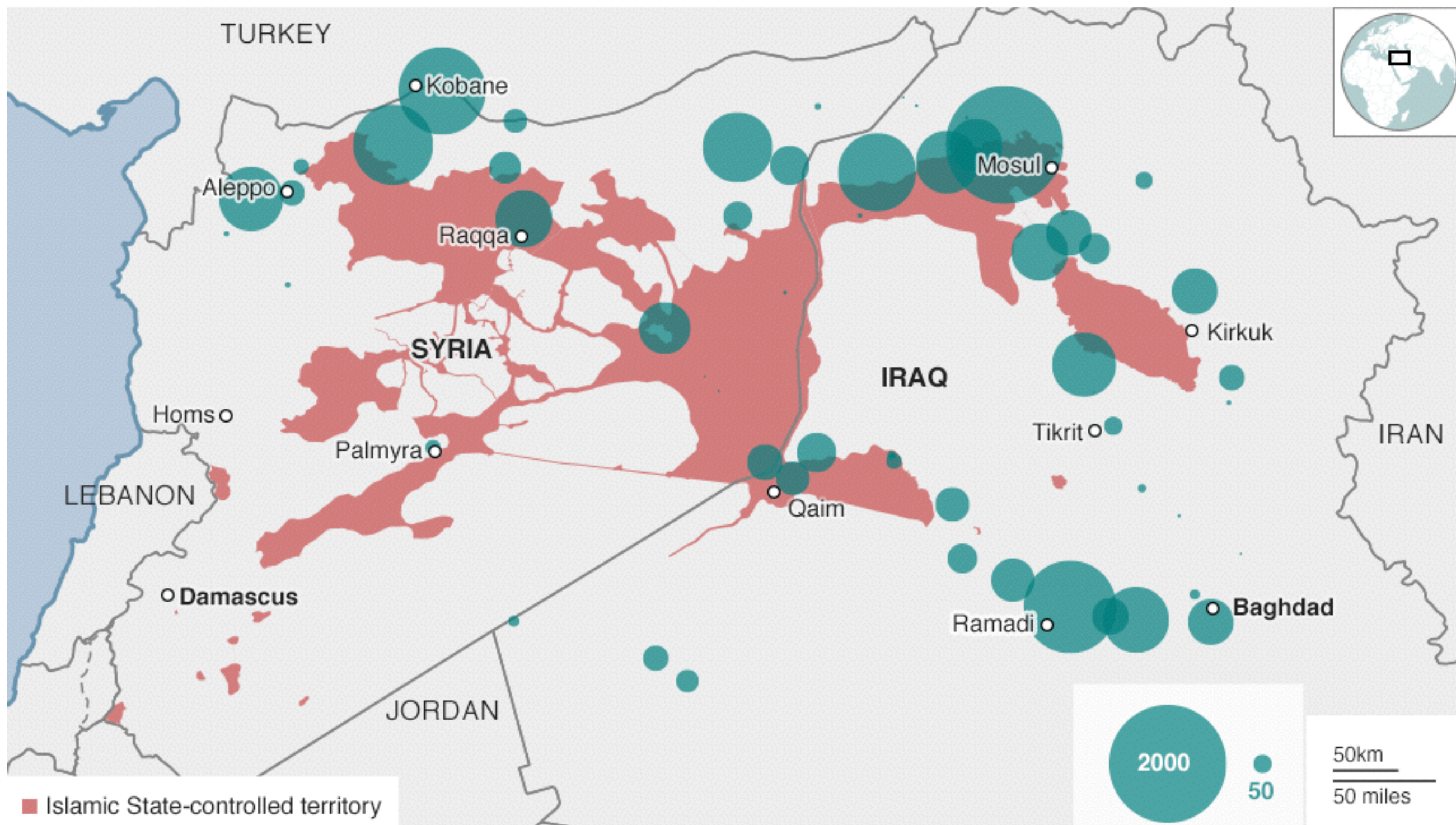
Losing ground, the regime began aerial attacks, causing mass casualties. Since Sept 2015, Russian air strikes are also alleged to have killed many civilians.



Source: Violations Documentation Center

'Life and death in Syria', BBC 15 March 2016

US-led coalition strikes: **IRAQ: 10,043**, **SYRIA: 5,493**



Source: IHS Conflict Monitor, 31 Oct 2016

Syrian Arab Air Force

‘At the strategic level, Damascus **aims to break the people's support for the rebellion physically and mentally, forcing them to acquiesce to regime rule.** Air campaigns such as the winter 2013-2014 barrel-bomb blitz of Aleppo city are used to demonstrate regime dominance... At the tactical level, air operations are intended to reduce resistance against ground offensives, assist regime forces that are on the defensive, and attrite rebel forces.

‘**The SAAF's operations against ISIS are ... secondary to operations against the opposition.** Prior to its emergence as a military threat, air actions against ISIS were very limited[but since summer 2014] SAAF operations have included strategic attacks aimed at ISIS centers ... Based on civilian casualties from regime action, of which airstrikes are a leading cause, **the SAAF devotes a significantly smaller portion of its air operations to areas under ISIS control than to areas where it is confronting the rebels.**’

Jeffrey White, Washington Institute

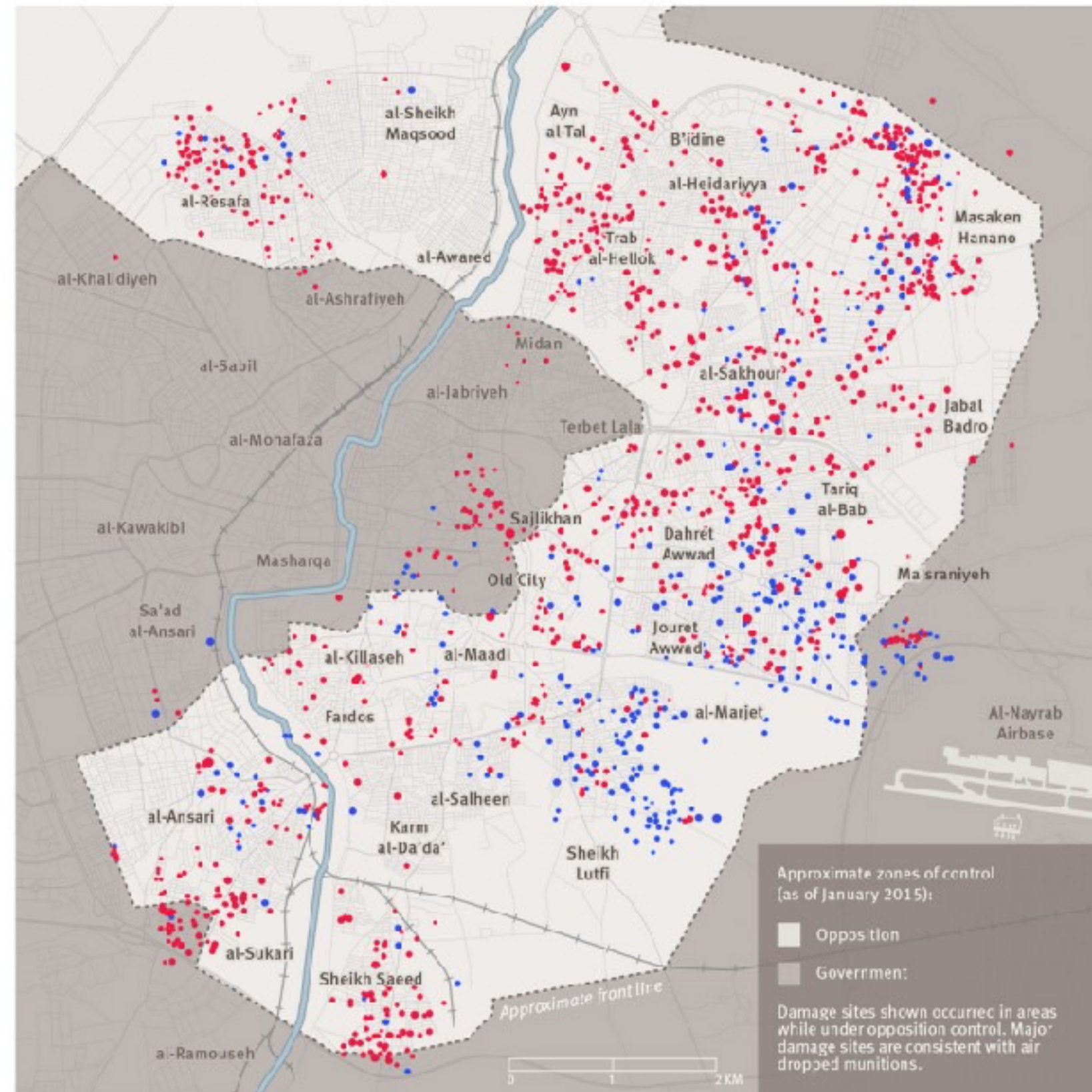
Thermobaric bomb dropped from Mi-17 helicopter south of Aleppo airport

SYRIAN GOVERNMENT BOMBARDMENT OF OPPOSITION-HELD DISTRICTS IN ALEPPO

MAJOR DAMAGE SITES:

● Before UN Security Council Resolution 2139
November 1, 2013 - February 21, 2014

● After UN Security Council Resolution 2139
February 22, 2014 - January 25, 2015



Human Rights Watch estimates that at least 6,163 civilians died as a result of barrel bombs, including nearly 3,000 women and children, in the 12 months to January 2015.

BARREL BOMB CONSTRUCTION

BOMB CASING

Oil barrel or similar container, roughly 1 meter long and .5 meter wide

FINS

Fins are welded to the sides of the barrel, guides the bomb downward, nose first where the impact fuse is located

IMPACT FUSE

When bomb makes impact, detonation cord ignites TNT

INSIDE THE BOMB

TNT explosives mixed with cut rebar and other shrapnel; TNT may be more than 900 kg

VOA



**‘Barrel bombs’:
aerial IEDs dropped
by Syrian Mi-17
helicopters**

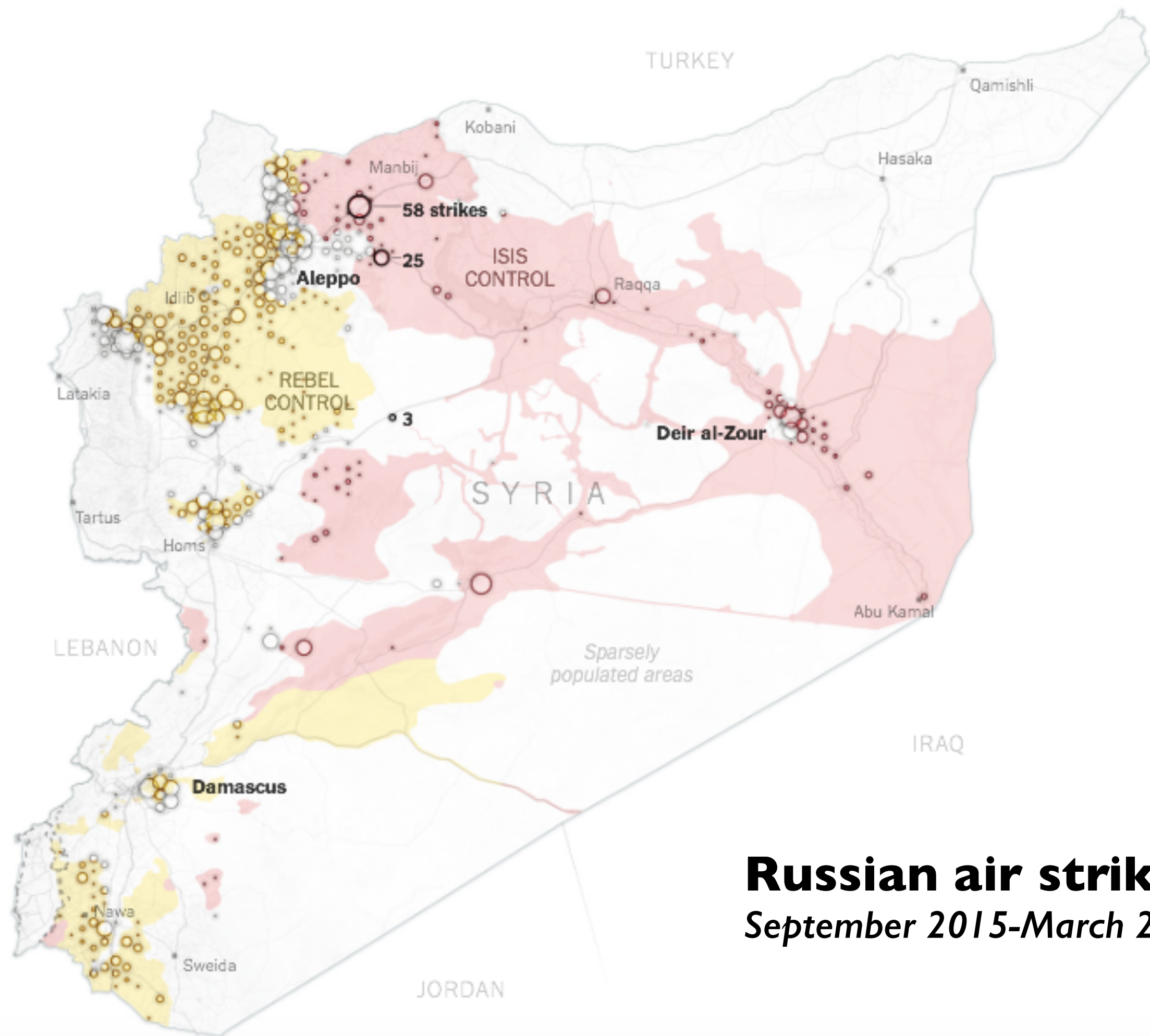




'I keep a picture of a drawing from a second grader in Aleppo, showing helicopters bombing the city, blood and destruction below. The dead children are smiling while the living ones are crying.'

Zaher Sahloul

University of Illinois/Syrian American Medical Society



Russian air strikes
September 2015-March 2016

‘Unimaginable injuries’



‘In the beginning, **we saw new injuries that we did not know how to treat.** Fortunately, at the beginning of the revolution and when we began working in field hospitals, there was more freedom of movement. In 2012 and 2013, there was no such thing as “barrel bombs” and there was no violent shelling from airplanes, so many visiting foreign doctors came...

‘But even so, they told us that **they were seeing injuries that they had never seen before** in books or textbooks or in the hospitals where they worked in their home countries. Unfortunately, reality forces you to learn.

Dr. Rami Kalazi, neurosurgeon, East Aleppo

But war also compromises the lives of those with chronic diseases...

‘For Syrians living with chronic diseases such as **diabetes, asthma, cancer and kidney and heart diseases** – long-lasting conditions that can often be managed but not cured – living in war-torn Syria means not only coping with bombs and bullets, but also the additional burden of their **unmanaged symptoms**. Worsening health conditions in Syria have also allowed for **the resurgence of life-threatening illnesses that had largely been eradicated**. If not treated, many of these chronic illnesses can result in dangerous complications, and in some cases, death. Yet the lives lost to these diseases are often overshadowed by the devastating death toll from violence... Syria’s burden of chronic disease did not lift with the onset of war.’

*Natasja Sheriff, ‘The silent suffering of Syria’s chronically ill’
Syria Deeply, 8 July 2016*

In 2014 Save the Children estimated that since 2011 more than 200,000 Syrians had died of ‘treatable chronic diseases such as cancer, asthma and diabetes – double the number killed by violence.’

Hospitals bombed



Carol Hills, PRI: Doctor Farida, did I just hear a noise there? Was that some sort of attack that I just heard?

Dr Farida Almouslem: It's attack. [Laughs]. It's normal. It's away from me. Not next to me. These noises are all the time.

Hills: Do you and the doctors and patients you work with feel safe inside the place where you're working?

Dr Farida: No. **It's not safe. I work at the third floor in my hospital. And many times the wall was perforated. So every woman came to the hospital, she knows that there is a danger on her life. So they just give the delivery, or give the birth, and then go home. She escapes to home because she knows our hospital is always targeted.**

[She is the only female OBGYN still working in East Aleppo; interviewed August 2016]

15 February 2016



“When I am in the hospital, I feel like I am sitting on a bomb,” said Dr. Mohamed Tennari, the director of an above-ground field hospital in the northern Syrian city of Idlib supported by [the Syrian-American Medical Society]. **“It is only a matter of time until it explodes.”** (December 2015)

‘In Syria the problem faced by medical staff is if you give GPS [coordinates], you indicate where you are, they think the chance to be targeted is higher... Providing humanitarian assistance inside opposition-controlled areas is something which is criminalised by the Syrian government.’

Isabelle Defourny, director of operations, MSF France

‘They are directly targeting civilians and are completely focused on hospitals. In the beginning we thought it was simply indiscriminate, but there is repeated targeting of hospitals... There is great danger in giving the [GPS] locations because the targeting of the hospitals is definite and clear and systematic.’

Dr Mustafa Ajjaj, Aleppo

‘You give them GPS coordinates when you are worried about collateral damage... I am ready to give them but I need guarantees that after providing these I will not be bombed.’

Zaidoun al-Zoubi, Union of Syrian Medical Relief Organisations



‘Hospitals that MSF supports in Syria are **bereft of the possible protection of being clearly marked as a hospital or sharing of GPS coordinates**, as the Syrian government passed an **anti-terrorist law in 2012 that made illegal the provision of humanitarian assistance – including medical care – to the opposition**, forcing most health structures to go underground and operate without governmental medical registration. The bombing parties can then conveniently **claim they were unaware it was a hospital they hit**.’

*Michiel Hofman, MSF
22 February 2016*

*Or, since they are unauthorised, the Syrian government can refer to them as ‘**so-called hospitals...**’*

‘The so-called hospital was installed without any prior consultation with the Syrian government by the so-called French network called MSF which is a branch of the French intelligence operating in Syria... They assume the full consequences of the act because they did not consult with the Syrian government. They did not operate with the Syrian government permission.’

*Bashar Jaafari
Syria’s Ambassador to the UN, 16 February 2016*

*MSF-supported hospital near Maarat al-Numan, Idlib
15 February 2016*

Review of Attack on Al Quds hospital in Aleppo City



Al Quds Hospital opened in **November 2012** to relieve pressure on Al Zarzour hospital, the main trauma hospital in East Aleppo, which ‘was receiving more pediatric and internal medicine cases than it could handle.’ It was housed in the building of a former private hospital.

By 2013 Al Quds was ‘the **only cardiology, neurology and pediatric ICU hospital** in East Aleppo, as well as a main referral center for gynecology/obstetrics and chronic disease patients.’

The hospital treated 5,000 patients a month; most of them were ‘women, children and people with chronic diseases with limited resources. Most war wounded and trauma patients [did] not seek treatment from Al Quds because of the proximity of Al Zarzour hospital.’

‘The hospital’s neutrality has not been compromised by hosting or supporting any military activities.’



The hospital was hit by two air strikes on **27 April 2016** that killed 55 people (among them two specialists including **Dr Muhammad Waseem Maaz**, Al Quds's full-time pediatrician) and severely damaged the hospital. When it partially reopened 20 days later its capacity was reduced from 34 to 12 beds.



Dr. Muhammad Maaz, the hospital's **only**
paediatrician, leaves the intensive care unit.



He's about to start his overnight shift on the
emergency ward.



Moments later government forces hit the hospital - leaving at least **50 people dead.**

Disinformation wars



‘The “Aleppo Hospital” Smokescreen

‘...the story of Russian or Syrian air attacks on **the ‘al Quds hospital’** gained prominence in the western media... CCTV showed people leaving **this ‘hospital’** before an explosion.

‘The building is in the southern al-Sukkari district, which has been a stronghold of Jabhat al Nusra for some years. Many Aleppans had **never heard of ‘al Quds hospital’**. Dr Antaki [Aleppo Medical Association in Western Aleppo] says: “This hospital did not exist before the war. It must have been installed in a building after the war began”.... **This facility was not a state-run or registered facility.**’



*Professor Tim Anderson
Department of Political Economy,
University of Sydney*



‘In Aleppo, I met with doctors from the Aleppo Medical Association... One question I posed to the doctors was regarding the other **oft-repeated lie of the “last pediatrician” in Aleppo**, a startling allegation designed to shock western readers and rally them against the Syrian government. And one which has no basis in truth.

Dr. Zahar Buttal, Chairman of the Aleppo Medical Association, refuted such allegations, noting that Aleppo has 180 pediatricians still working in the city. Of one of the alleged lone pediatricians he said: “The media says the only pediatrician in Aleppo was killed in a hospital called Quds. **In reality, it was a field hospital, not registered.**”

As for the pediatrician, **“We checked the name of the doctor and didn’t find him registered in Aleppo Medical Association records.”...**

... central to the lies were the bias and propaganda of the very partial, **corporate-financed Médecins Sans Frontières (MSF), which supports areas in Syria controlled by terrorists**, specifically Jabhat al-Nusra...’

Eva Bartlett, ‘Syria: Doctors in Aleppo refute Western media lies’

8 October 2016

Tim Hayward



Professor of Environmental Political Theory, University of Edinburgh, UK

How We Were Misled About Syria: the role of Médecins Sans Frontières (MSF)

‘MSF has relayed reports from the rebel-held areas to which, exclusively, its supplies and support have been dispatched. **The reports – including allegations of government attacks on hospitals and civilians – come from people working with the permission and protection of such groups as Al Nusra, Isis and other foreign jihadis and mercenaries.** These anti-government forces are known to exercise a rule of terror and to be not overly concerned about ordinary citizens’ access to medical attention....

The most prominent relief agency, and visible in all video footage linked to the alleged bombings, is the White Helmets. It is a matter of record that **the White Helmets are funded by the NATO and Gulf states** whose avowed aim is regime change in Syria; **it is generally believed that they work closely with terrorist organisations...** So while MSF has often been cited as an independent source of support for White Helmet testimony, its press statements have in fact merely repeated White Helmet claims!’

Improvised ('field') hospitals



‘Working in a field hospital is like death.’
General practitioner quoted in ‘Syrian medical voices from the ground’



‘To evade detection, the doctors established sequential code names for each hospital, M1 through M8... Eventually, the doctors built other medical centers and gave them random names, like M20 and M30, to obscure the actual number of targets.’

Ben Taub, ‘Syria’s war on doctors’, New Yorker, 27 June 2016

Underground hospitals



Excavation of ‘The Cave’ Hospital

Kafr Zita, rural Hama, 2014; opened October 2015



‘SAMS wanted to build the hospital in [the city]. ‘But people in the city told them: **‘No way are you going to build a hospital inside the city because that means we will be targeted.’** So the organisation moved it away from the city and dug it deep into the heart of a mountain, where the emergency rooms and intensive care units are served by a 24-metre ventilation shaft.’ *Zaher Sahloul, SAMS*



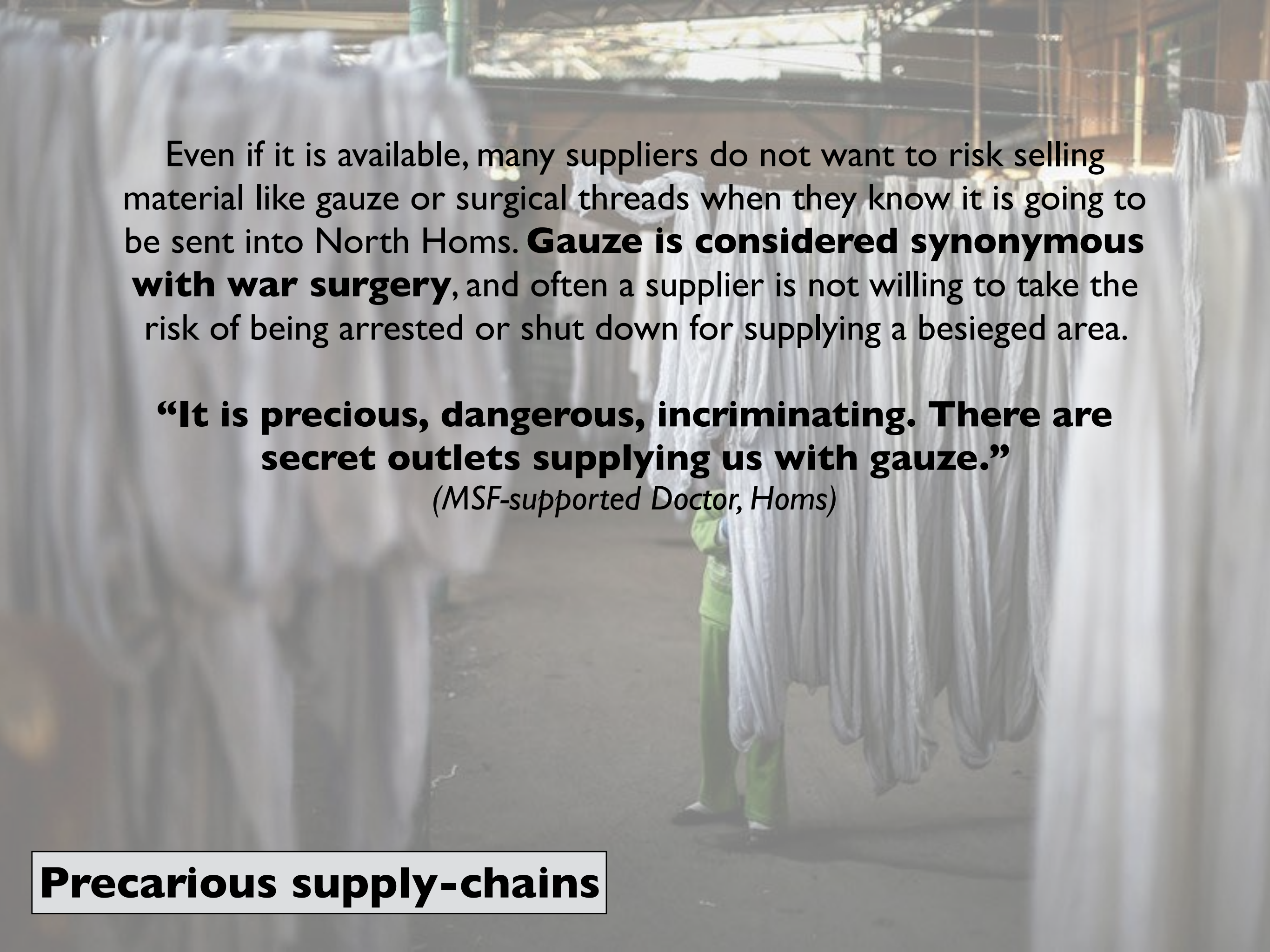
‘The Cave’ (Dr Hasan al Araj hospital)

named after the Head of the Hama Medical Directorate, a cardiologist who was killed in an airstrike on his car as he travelled from The Cave in April 2016





Central Cave Hospital (SAMS)

A person wearing a bright green protective suit and mask is standing in a laundry facility. Numerous white sheets and towels are hanging from metal lines, filling the room. The background shows a concrete wall and some structural elements of the building.

Even if it is available, many suppliers do not want to risk selling material like gauze or surgical threads when they know it is going to be sent into North Homs. **Gauze is considered synonymous with war surgery**, and often a supplier is not willing to take the risk of being arrested or shut down for supplying a besieged area.

“It is precious, dangerous, incriminating. There are secret outlets supplying us with gauze.”

(MSF-supported Doctor, Homs)

Precarious supply-chains

A young Syrian hides behind gauze drying on lines after being produced at a small local factory run by the union of free Syrian doctors, in rebel-held Douma. The Syrian regime of Bashar al-Assad has laid siege to eastern al-Ghouta for the past four years. Medical supplies have not been allowed to enter the area forcing the humanitarian medical association to set up a factory, which employs young Syrians whose fathers have been killed in the conflict, to make medical gauze to supply makeshift field hospitals

*Photograph: Mohammed Badra/
EPA*



‘Whether it is for food, medicine or fuel, we can only go through a muddy and difficult path accessible only by foot, donkey or with small boats across Lake Houleh. We only have one path for supplies, but we call it the death path because there are snipers; **whatever reaches us is covered in the blood of the people who have risked their lives to get it here.**

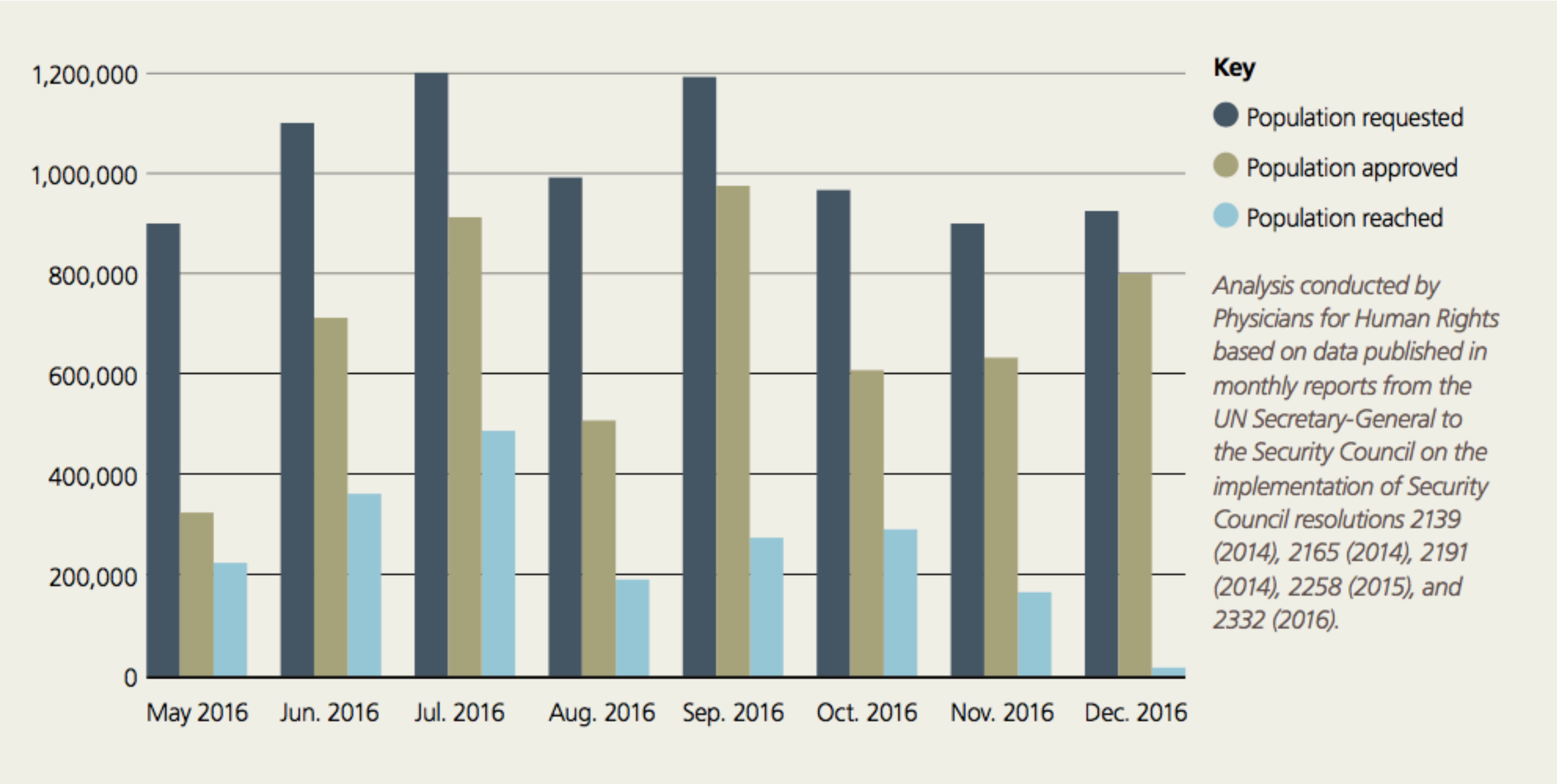
Dr A., Director of an MSF-supported field hospital at Al Houleh



Humanitarian aid convoys



UN Aid Deliveries under the two-step approval process



Removal of medical supplies from aid convoys

‘[By May] 2016, WHO [had] submitted 21 individual requests to the Government of the Syrian Arab Republic to deliver medical supplies to 82 locations in 10 governorates. The Government approved five requests [while] 16 requests remained unanswered.

‘The removal of life-saving medicines and medical supplies continued, with **47,459 treatments removed from convoys in April** intended for locations in Homs, Aleppo and Rif Dimashq governorates. Removed items included **surgical supplies, emergency kits, trauma kits, mental health medicines, burn kits and multivitamins**. Removals extended to basic items, such as antibacterial soap, which was removed from midwifery kits. Items were also removed from other kits, notably **surgical tools...**’

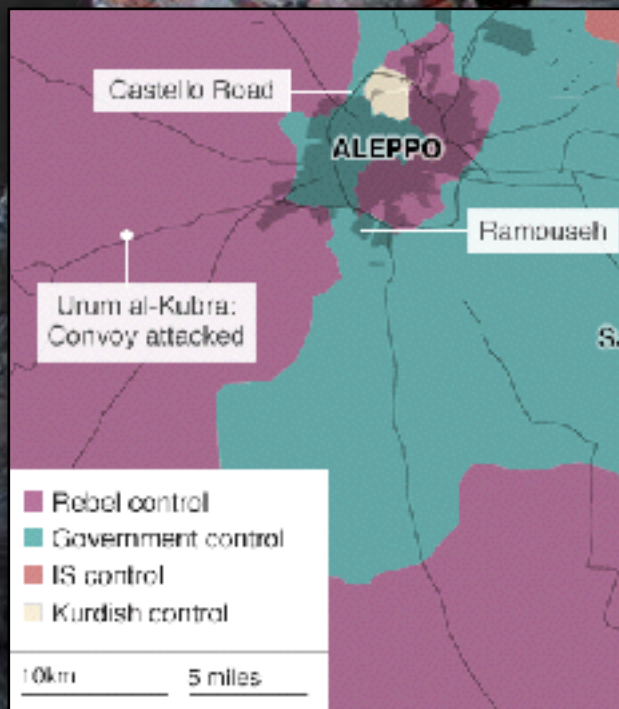
Report of Secretary General to UN Security Council, 19 May 2016

Medical supplies removed

Category of Medical Aid	Specific Medicines and Medical Supplies
Basic medicine and medical supplies	Antibacterial soap, antibiotics, pain relievers (analgesics and neuropathic pain relievers), multivitamins, diuretics
Standard medical equipment/machines	X-ray units, spectrophotometers, monitoring devices, oxygen concentrators, defibrillators
Medical aid for traumatic injuries	Renewable surgical items (forceps, scissors, gauze, needles, razors, scalpel blades), anesthetics, sterilizers, ventilators, burn kits, IV fluids, antiseptics
Medical aid for chronic and acute illnesses	Antihypertension medication, atropine, insulin, inhalers, dialysis medication and equipment for hemodialysis sessions, anticoagulants, psychotropic medications, pneumonia A and B kits, diarrhea kits, antihistamines, cough suppressants
Aid to treat children and infants	Infant ventilators, inpatient stabilization kits (to treat children with severe acute malnutrition)

Attack on UNICEF aid convoy at Syrian Arab Red Crescent warehouse

providing medical, sanitation and hygiene supplies
Urum al-Kubra, Aleppo, 19 September 2016



Tunnels

In East Ghouta the Union of Free Syrian Doctors has used a series of tunnels excavated by armed groups in 2013 to bring in medical supplies. Many have been destroyed by the Syrian Arab Army.

‘During the period of negotiations with the regime and the period of bringing in aid through the U.N., we asked for a passageway... We didn’t get any positive responses. So we’re forced to go through the tunnels.’

Mahmoud al-Sheikh, administrative director of The Unified Revolutionary Medical Bureau in East Ghouta.



Source: ‘In Rebel-Held Syria, Medical Aid Workers Tunnel for Help’, David Iaconangelo, Annie Hylton, and Ellen Francis with David Roza; Columbia School of Journalism Spring 2016

Since January 2014 the Free Syrian Army and the Syrian Arab Army have agreed an uneasy and ragged cease-fire in **Barzeh**, a small town on the northern edge of Damascus. There a team from the Union of Free Syrian Doctors is able to buy medical supplies from merchants who travel out from the capital.

The merchants pay a 20 per cent 'customs fee' to Syrian Army soldiers; the agents for the doctors then pay a 'tax' to get the supplies through the Harasta checkpoint on the Army-controlled highway, and then a 'toll' to the rebels ('tunnel lords') who control the tunnels into Ghouta.

The combined fees inflate the price of medical supplies: a litre of serum used to help the body replenish lost blood costs \$1 in government-controlled areas and \$3.50 to \$10 via the tunnel route. Ghouta needs about 10,000 litres of serum per month.

Sources: 'In Rebel-Held Syria, Medical Aid Workers Tunnel for Help', David Iaconangelo, Annie Hylton, and Ellen Francis with David Roza; Columbia School of Journalism Spring 2016; Youssef Sadaki, 'The siege economy of Eastern Ghouta', 23 March 2016



As the siege tightened and tunnels were destroyed, improvisations became necessary

‘Zaher began producing a **low-cost anaesthetic** out of ingredients he had available. He tested his formula on 50 patients receiving C-sections and reported the results were on par with the standard version. Basic household items, like olive jars, have been repurposed as medical instruments. Civilians and medical staff alike are trained to work outside the boundaries of what they knew.’

Syria

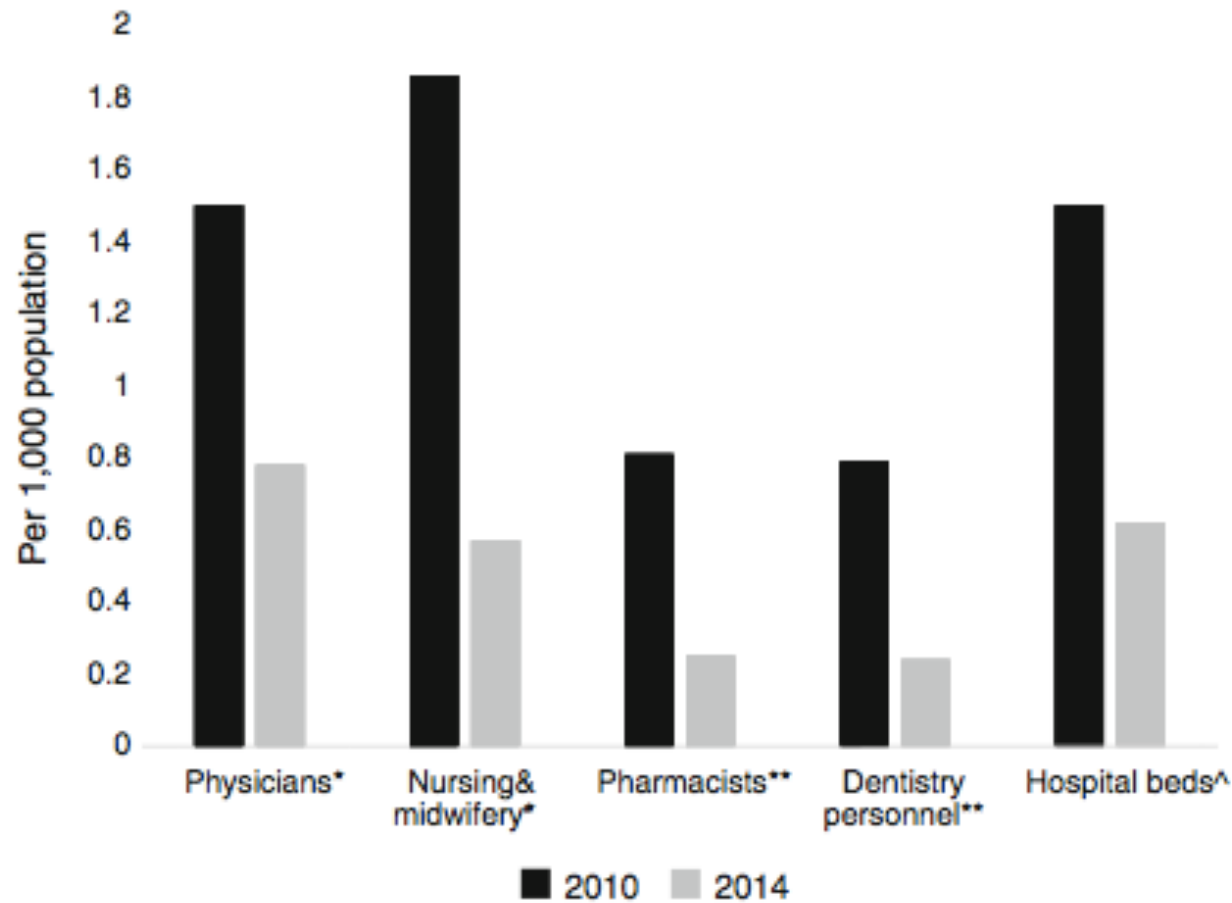


Fig. 4 Health personnel and hospital beds per 1,000 population before (2010) and during (2014) the Syrian conflict (sources: UNDP 2012*^; Relief Web 2013**; SAMS, 2014*; Save the Children 2014a^)



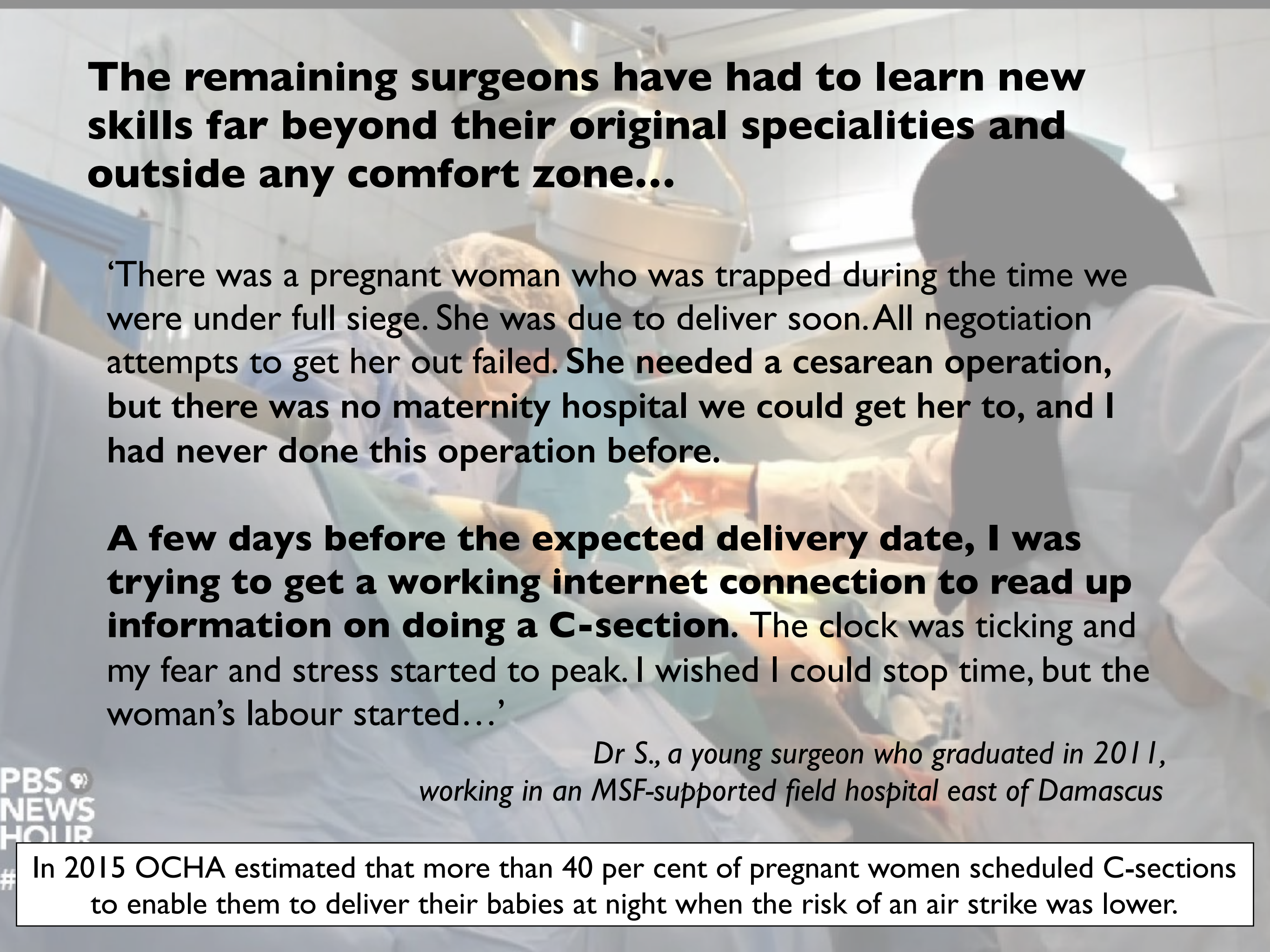
In 2010 there were approximately 800 people for every doctor.

= 200



In 2015 there are approximately 7,000 people for every doctor.

Aleppo



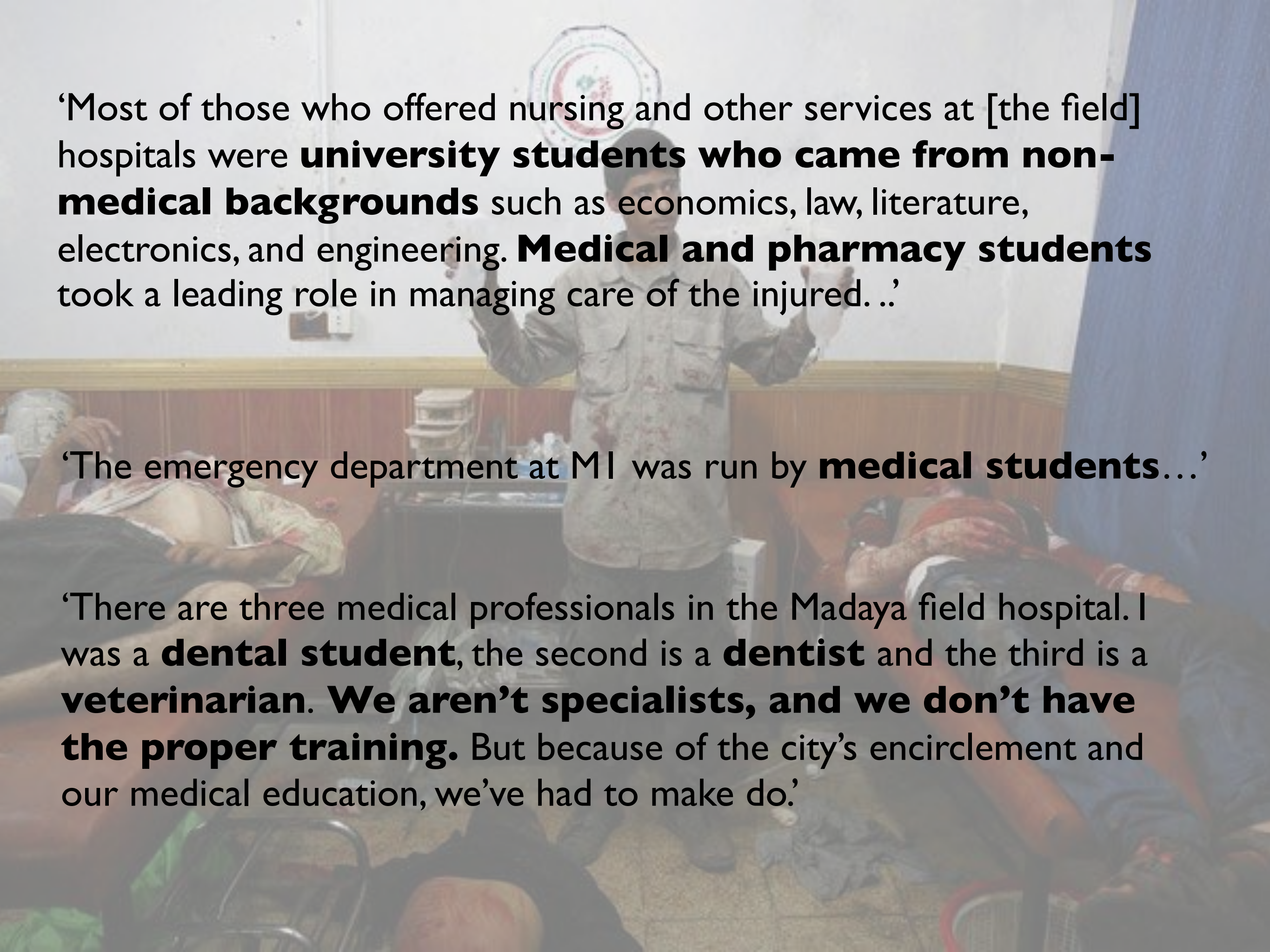
The remaining surgeons have had to learn new skills far beyond their original specialities and outside any comfort zone...

‘There was a pregnant woman who was trapped during the time we were under full siege. She was due to deliver soon. All negotiation attempts to get her out failed. She needed a cesarean operation, but there was no maternity hospital we could get her to, and I had never done this operation before.

A few days before the expected delivery date, I was trying to get a working internet connection to read up information on doing a C-section. The clock was ticking and my fear and stress started to peak. I wished I could stop time, but the woman’s labour started...’

Dr S., a young surgeon who graduated in 2011, working in an MSF-supported field hospital east of Damascus

In 2015 OCHA estimated that more than 40 per cent of pregnant women scheduled C-sections to enable them to deliver their babies at night when the risk of an air strike was lower.



‘Most of those who offered nursing and other services at [the field] hospitals were **university students who came from non-medical backgrounds** such as economics, law, literature, electronics, and engineering. **Medical and pharmacy students** took a leading role in managing care of the injured..’

‘The emergency department at MI was run by **medical students...**’

‘There are three medical professionals in the Madaya field hospital. I was a **dental student**, the second is a **dentist** and the third is a **veterinarian. We aren’t specialists, and we don’t have the proper training.** But because of the city’s encirclement and our medical education, we’ve had to make do.’

‘We can perform C-sections, natural births and amputation operations, but that’s it. We try to treat sick people that come our way, but with our limited training, it’s just not possible sometimes...

‘If a situation requires major surgery, there’s nothing that we can do. One time, there were three children who were injured by a landmine. They were rushed to the hospital, but we just stood there staring. When it comes to these situations, we’re normal people; we aren’t trained doctors. The children died before our very eyes that day, and there was not a single thing that we could do except pray.’

*Mohammed Darwish,
Madaya clinic*

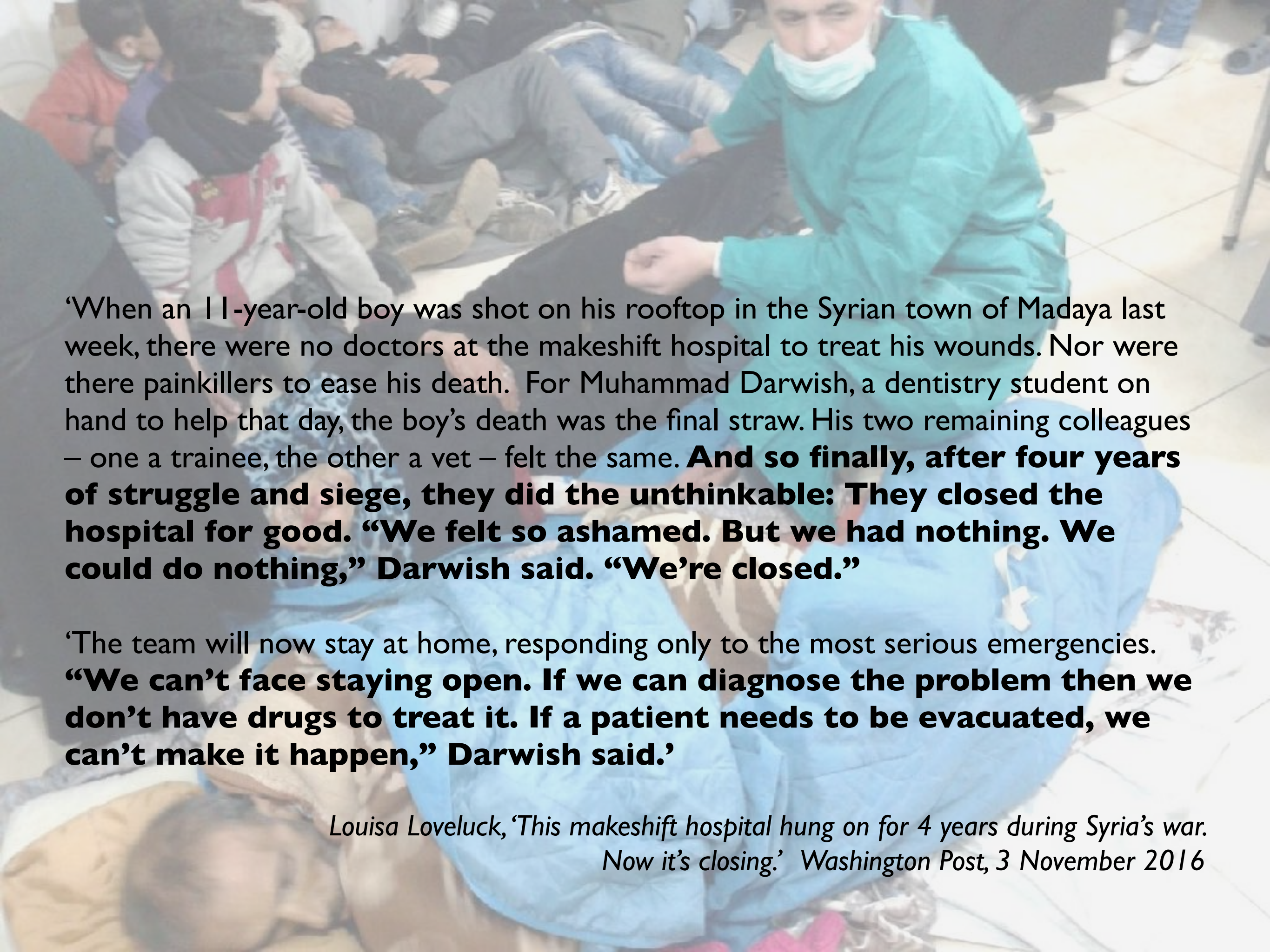


The background image shows a medical clinic or operating room. In the center, there is a surgical table with a patient lying on it. Two medical professionals in green scrubs are attending to the patient. A large surgical light is positioned above the table. To the right, a person in a dark uniform and a white head covering stands near some medical equipment. The room has a tiled floor and various medical supplies and equipment are visible in the background.

‘A Syrian American orthopaedic surgeon was shopping with his two toddlers at a Walmart in Grand Rapids, Michigan, when he heard the familiar ping of a notification from WhatsApp, the encrypted messaging service: A teenager had been shot in the leg and the bullet had passed straight through his tibia. The fractured bone punctured his skin like a spear....

‘But this was no ordinary case. **His patient was over 6,000 miles away, awaiting care in a makeshift medical clinic in Madaya** [where] two men were on duty: a 25-year-old who had been a first-year dental student when the Syrian civil war broke out in 2011, and a veterinarian in his mid-40s.

‘Gangrene had begun to spread down the patient’s leg, and **the dental student, in a series of frantic texts, was asking the surgeon in Michigan what to do.** As he walked through the parking lot of the Walmart, the surgeon picked up the phone and called the dental student, guiding him through the steps: *Immediately load the patient up with antibiotics. Scrub the wound. Clear away as much dead tissues as possible without agitating the patient. Splint the leg.*’

A photograph showing a makeshift hospital in a war-torn area. A medical professional in teal scrubs and a face mask is attending to a patient lying on a blue tarp on the floor. Other people are visible in the background, some sitting on the floor. The scene is dimly lit, suggesting an indoor or sheltered outdoor setting.

‘When an 11-year-old boy was shot on his rooftop in the Syrian town of Madaya last week, there were no doctors at the makeshift hospital to treat his wounds. Nor were there painkillers to ease his death. For Muhammad Darwish, a dentistry student on hand to help that day, the boy’s death was the final straw. His two remaining colleagues – one a trainee, the other a vet – felt the same. **And so finally, after four years of struggle and siege, they did the unthinkable: They closed the hospital for good. “We felt so ashamed. But we had nothing. We could do nothing,” Darwish said. “We’re closed.”**

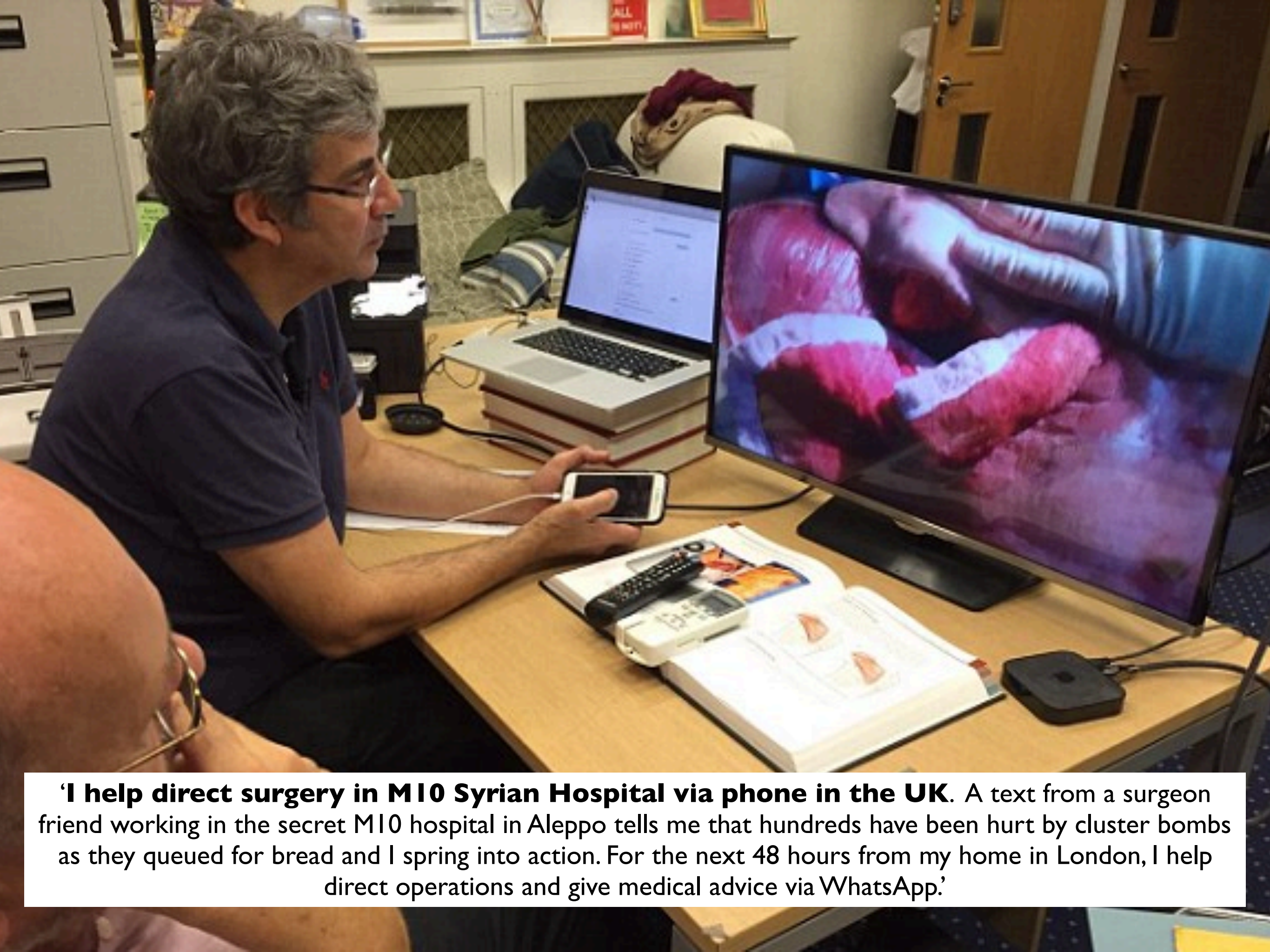
‘The team will now stay at home, responding only to the most serious emergencies. **“We can’t face staying open. If we can diagnose the problem then we don’t have drugs to treat it. If a patient needs to be evacuated, we can’t make it happen,” Darwish said.**

Louisa Loveluck, ‘This makeshift hospital hung on for 4 years during Syria’s war. Now it’s closing.’ Washington Post, 3 November 2016

David Nott and remote surgery

‘The messages arrive at all hours of the day and night, the vibration of a mobile phone signalling that another life hangs by a thread in Aleppo.’





‘I help direct surgery in M10 Syrian Hospital via phone in the UK. A text from a surgeon friend working in the secret M10 hospital in Aleppo tells me that hundreds have been hurt by cluster bombs as they queued for bread and I spring into action. For the next 48 hours from my home in London, I help direct operations and give medical advice via WhatsApp.’

M10 – the *nom de guerre* of Sakhour Hospital, the largest trauma and ICU centre in Eastern Aleppo – was hit by missiles at 0400 on **28 September 2016**, leaving only half of the hospital operational.



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The M10 hospital after this morning attack.
#Aleppo #Syria



‘Bombs are raining from Syria-led coalition planes and the whole of east Aleppo has become a giant kill box.’

MSF, 1 October 2016

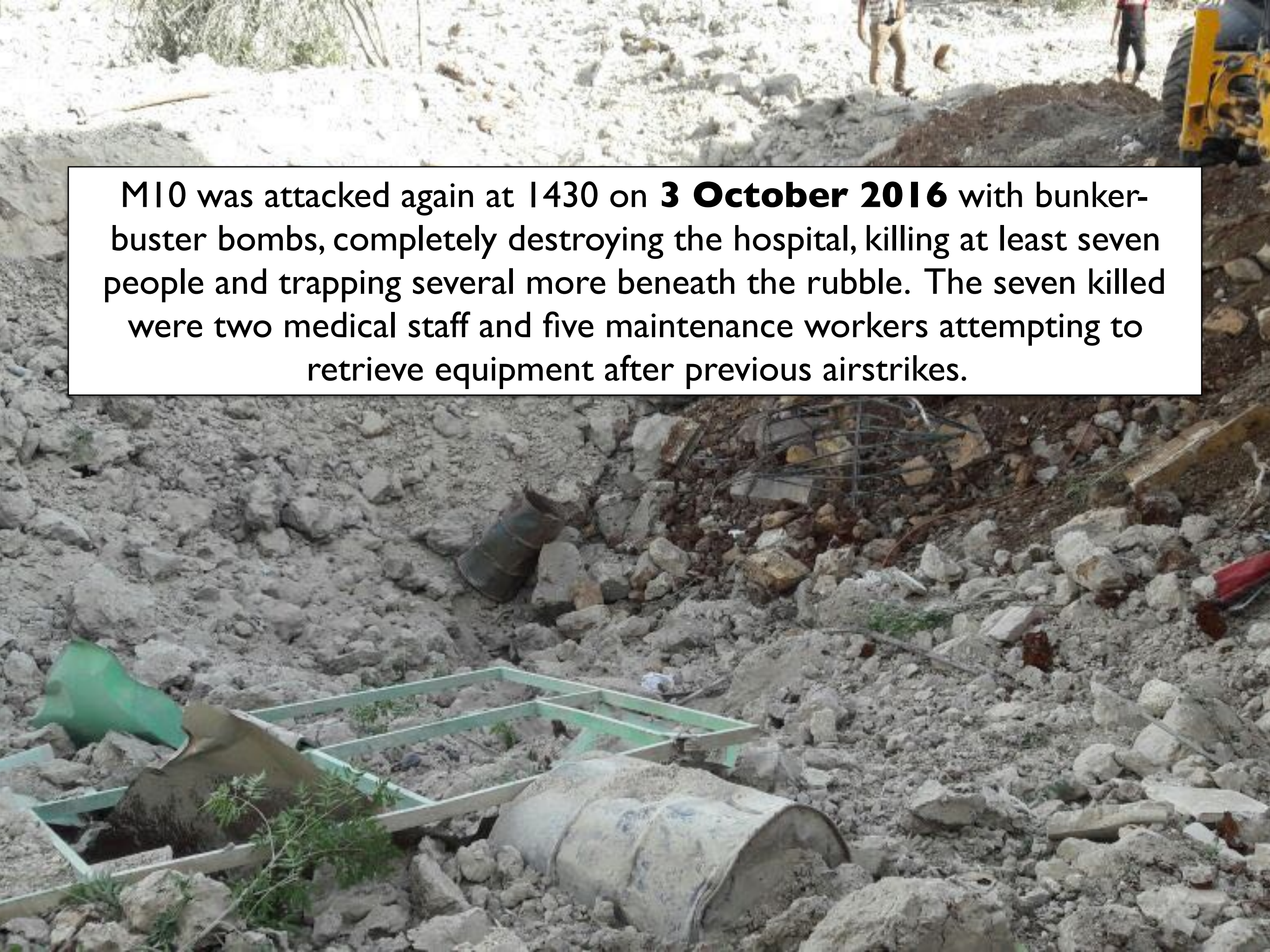


M10 was attacked by multiple airstrikes **between 1100 on 1 October and 0100 on 2 October 2016**, including at least two barrel bombs, cluster bombs and phosphorus bombs. Two people were killed and ten others injured; all patients were evacuated. One bomb left a crater 10 m deep outside the entrance, and there were fears that the whole building would collapse.



**‘The hospital is now not usable at all.
It is not salvageable.’**

Adham Sahloul, Syrian American Medical Society



MI0 was attacked again at 1430 on **3 October 2016** with bunker-buster bombs, completely destroying the hospital, killing at least seven people and trapping several more beneath the rubble. The seven killed were two medical staff and five maintenance workers attempting to retrieve equipment after previous airstrikes.



Dr Kerem KINIK

@drkerem_en

[Follow](#)

#Aleppo #M10 Hospital was hit by cluster bombs of Russian airplanes 3 times in the last 6 days. 7 people were killed in the latest attacks

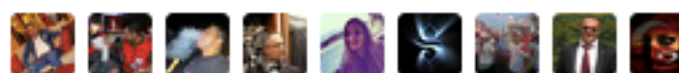


RETWEETS

41

LIKES

25



8:26 am - 3 Oct 2016

Hackers 'led warplanes to Syrian hospital' after targeting British surgeon's computer

'The operation carried out by Mr Nott was first broadcast by *BBC Newsnight* on Sept 13 2016, just days after it took place with Mr Nott watching the surgeons' every move on WhatsApp and Skype from his London office.

On Oct 3 the hospital was bombed, hitting the operating theatre first.... The hospital had been bombed at least 17 times, but Mr Nott believes that **the only way that they could have got the precise co-ordinates of the operating theatre was through his method of directing the operation.**

Mr Nott said: **'The operation was the only time co-ordinates came out of that operating theatre.'**

The Telegraph. 20 March 2018

Umar bin Abdul Aziz Hospital (M2), eastern Aleppo



28 September 2016

Umar bin Abdul Aziz Hospital (M2), eastern Aleppo



107 hospitals surveyed, more than three quarters of them field hospitals:

‘Only 26 buildings were originally designed to be hospitals, ten buildings were previously schools, and the rest were either government or residential buildings transformed into hospitals. Four hospitals were established in caves to add extra protection from airstrikes.

‘In 2016, most hospitals were targeted directly by airstrikes at least twice, with an average of three attacks per hospital. Some hospitals, [like] the ones in rural Damascus, were targeted 25 times. Aerial bombardment of a hospital’s surroundings was documented at an average of seven times per hospital. In some areas the number of airstrikes near to hospitals exceeded 100. **A total of 1000 direct and indirect attacks on hospitals occurred in 2016.’**

‘This national study has indicated a need to fortify Syrian hospitals against airstrikes.’

SYRIAN HOSPITALS SURVEILLANCE STUDY

March 2017



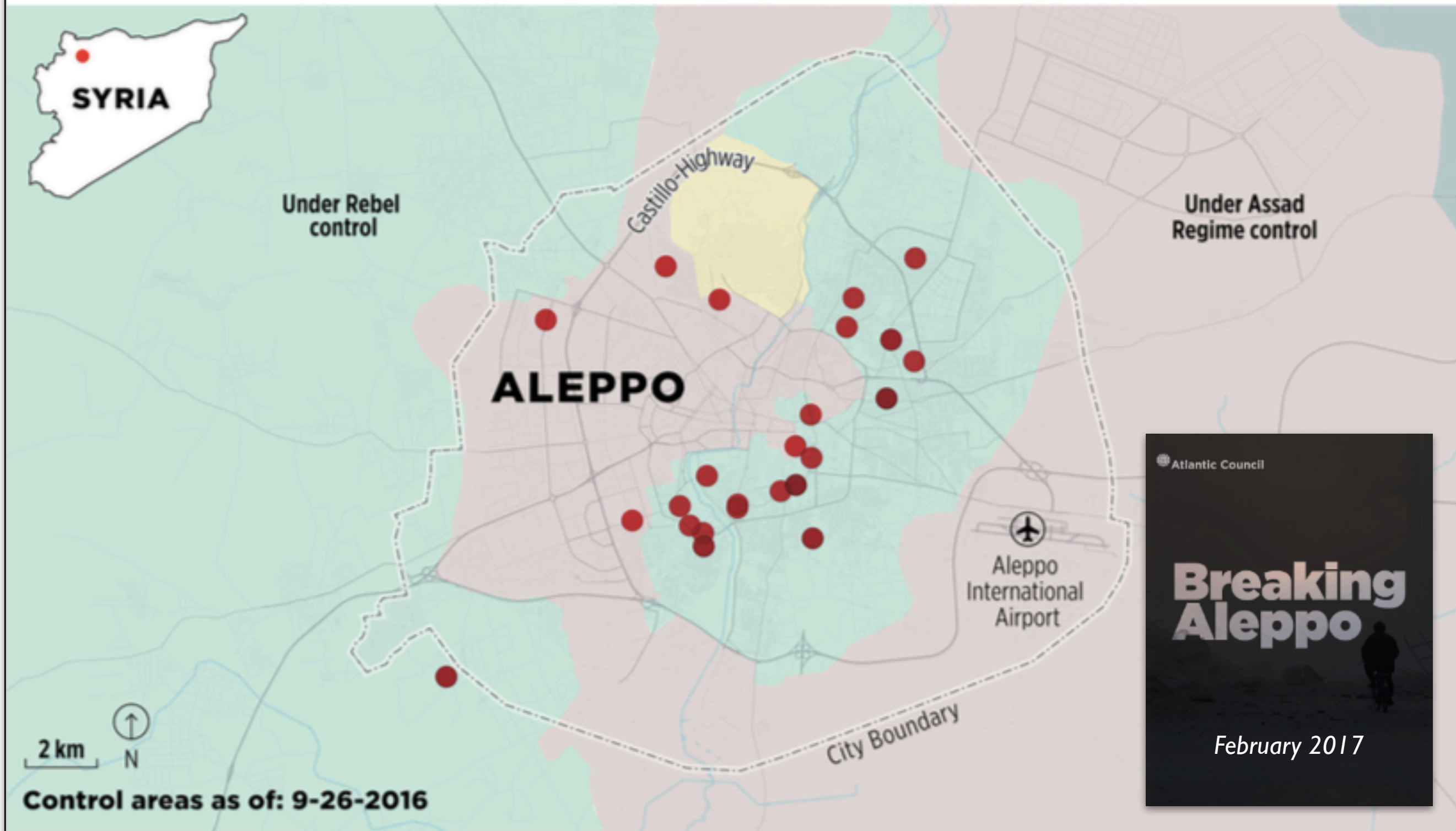
**UNION OF MEDICAL
CARE AND RELIEF
ORGANIZATIONS**

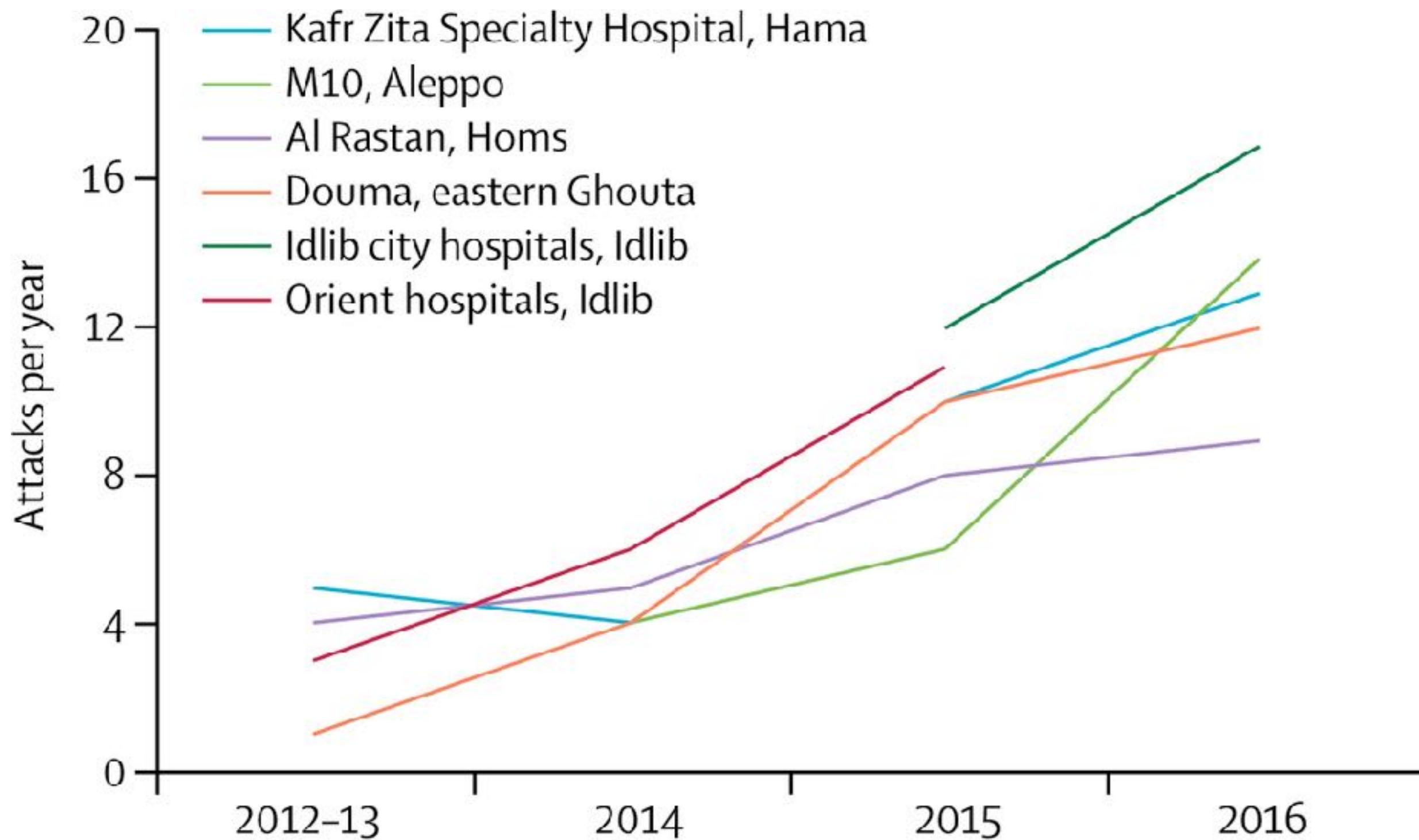
Air Strikes on Hospitals in and around Aleppo

Attacks between June 3rd and December 14th 2016

● Attack on Hospital ● More than one Attack

■ Assad Regime ■ Rebels ■ YPG (Kurds) ■ ISIS





Recurrent targeting of hospitals

Time runs out...

‘Towards the end of the siege of Aleppo, doctors were conducting amputations on anyone with a serious injury. Due to flesh-eating infections [leishmaniasis: 3,000 cases before the war, 10,000 in 2014] and a lack of basic supplies, they simply didn't have a choice.’

David Nott, 31 December 2016

‘The only solution for kidney-failure patients [in the besieged suburbs of eastern Damascus] is a delivery of dialysis supplies. Otherwise, we'll watch them die slowly in front of our eyes.’

Dr. Najam a-Shami, 16 February 2017



“These obligations are at the very heart of international law. The Council and all Member States must do more than condemn such attacks. They must use every ounce of influence to press parties to respect their obligations.”

Ban Ki-Moon, UN Secretary-General

1. *Strongly condemns acts of violence, attacks and threats against the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities, and deplores the long-term consequences of such attacks for the civilian population and the healthcare systems of the countries concerned;*
2. *Demands that all parties to armed conflicts fully comply with their obligations under international law, including international human rights law, as applicable, and international humanitarian law, in particular their obligations under the Geneva Conventions of 1949 and the obligations applicable to them under the Additional Protocols thereto of 1977 and 2005, to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities...*

UN Security Council Resolution 2286
3 May 2016



The Failure of UN Security Council Resolution 2286 in Preventing Attacks on Healthcare in Syria

January 2017

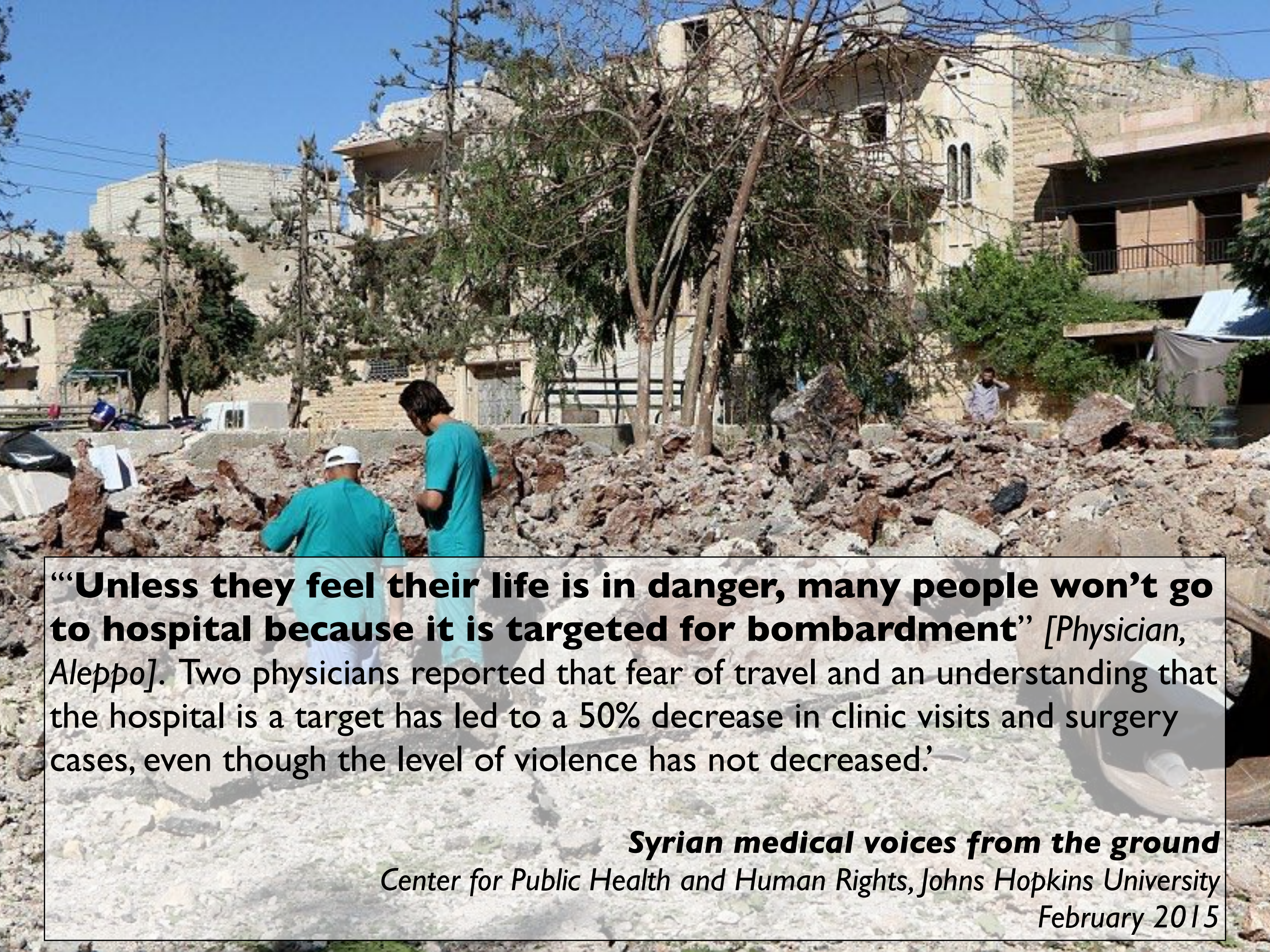


- In **2015**, the rate of targeting of medical facilities and personnel was **one attack every four days**.
- In **October 2015**, following Russia's intervention in support of the Syrian government, this rate doubled to **one attack every 48 hours**.
- In **November 2016** the rate virtually doubled again to **one attack every 29 hours**.

SAMS estimates that there were 252 attacks on medical facilities and personnel in 2016; 199 of them took place after the passage of UNSC Resolution 2286 on 3 May 2016

‘The Cave’ was hit by two ‘bunker-buster’ bombs at 1500 on **2 October 2016**. After 35 staff and patients had been evacuated a second strike occurred in the early evening involving missiles and cluster bombs. The E.R. was wrecked, ceilings collapsed, cement walls crumbled and generators, water tanks and medical equipment were destroyed. Nobody was seriously injured but the hospital sustained critical damage and has been **closed indefinitely**. It used to treat 300 patients and perform 160 surgeries a month.





“Unless they feel their life is in danger, many people won’t go to hospital because it is targeted for bombardment” *[Physician, Aleppo]*. Two physicians reported that fear of travel and an understanding that the hospital is a target has led to a 50% decrease in clinic visits and surgery cases, even though the level of violence has not decreased.’

Syrian medical voices from the ground
Center for Public Health and Human Rights, Johns Hopkins University
February 2015

‘Syria’s field hospitals have themselves come to pose huge health risks to the people who visit them — or even live near them.’

Ellen Francis, ‘The war on Syria’s doctors’, Foreign Policy, August 2016



‘...whether it’s a vehicle or a building, anything that’s identifiable as providing medical care is ripe for an airstrike, so that staff have now taken to covering up any distinguishing characteristics. Even so, **local residents are “always begging us to go away, take your hospital away from us or otherwise we’ll be a target.”**’

New York Times, 14 October 2019



Northern Syria, 5 May 2019



Witnessed | 2:40 P.M.

Date & Time of Incident	Sunday 5 May 2019, approximate time : 14: 40
Location (Governorate, District, Sub District, Town)	Idleb Gov, Al M'ara District, Kafr Nobol Sub-District, Hass village.
Description of Incident (Type: i.e. Shelling, kidnapping, detention, explosion, airstrike)	Airstrike.
Who was involved (Staff)	SRD Hospital (Nabd Al Hayat hospital)
Who was involved (Non Staff)	None
Perpetrators (Affiliation, numbers, weaponry)	None
Brief Summary of 'Context' (Please describe the circumstances that led to the incident)	The incident has taken place due to the ongoing aerial bombardment that carried out by GoS/GoR air forces and its allies on the AOGs area of control. Whereas this deterioration reflects the lack of desire to reach out a cease fire between the GoS / GoR and AOGs
Brief Summary of 'Events' (Please describe the incident in detail: what happened? Who was involved? What was the course of events and what was the outcome?)	On the time and the date mentioned above, five airstrikes carried out by the GoR/GoS air forces have targeted the area nearby Nabd Al Hayat Hospital, and two of them were targeting the hospital directly. Whereas the staff are safe and unharmed, as we evacuated the hospital two days ago due to the ongoing aerial bombardment. The exterior periphery of the building has been damaged severely, we could not assess the interior damages, as the threat of being targeted by the airstrikes remains high.
Impact What project is affected? Please describe the impact the incident had on the project	Disruption and /or suspension of the programs in the southern part of Idleb is likely.

MAY 5, 2019

948 to Fuse

PILOT


Write down the coordinates



35 36 00.69 36 36 28.06

GROUND CONTROL





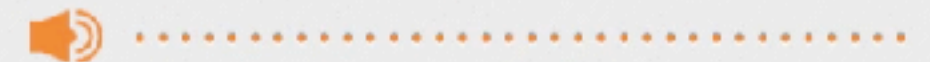
Nabad al Hayat
Surgical Hospital



Witnessed | 2:40 P.M.



Flight logs | Russian jet



2:32 P.M.

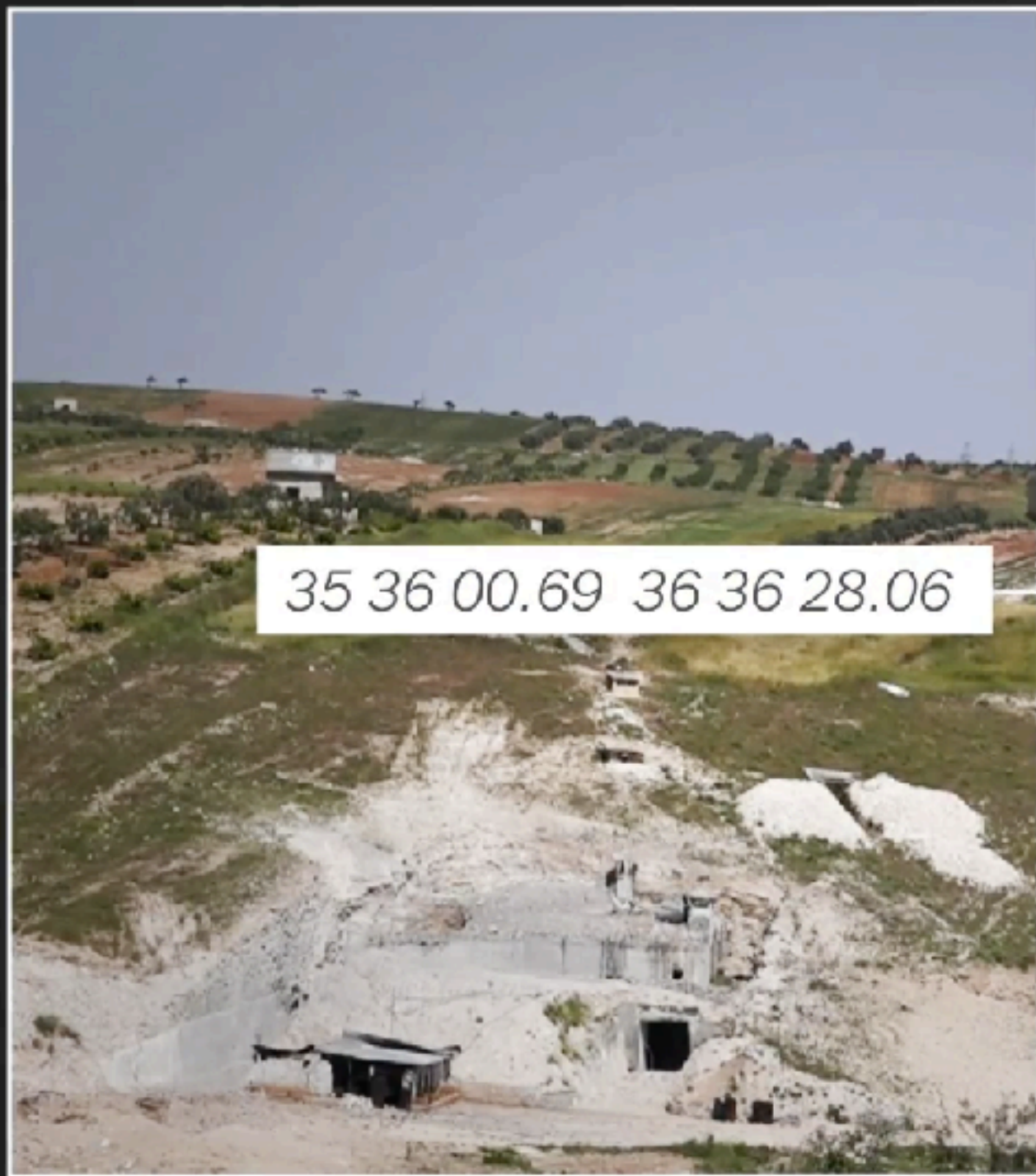
948 to Fuse
PILOT

Write down the coordinates

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GROUND CONTROL





35 36 00.69 36 36 28.06





Nabad al Hayat
Surgical Hospital



Witnessed | 2:40 P.M.



Flight logs | Russian jet



2:32 P.M.

948 to Fuse
PILOT

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GROUND CONTROL

2:40 P.M.

948 worked it
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Nabad al Hayat Surgical Hospital.

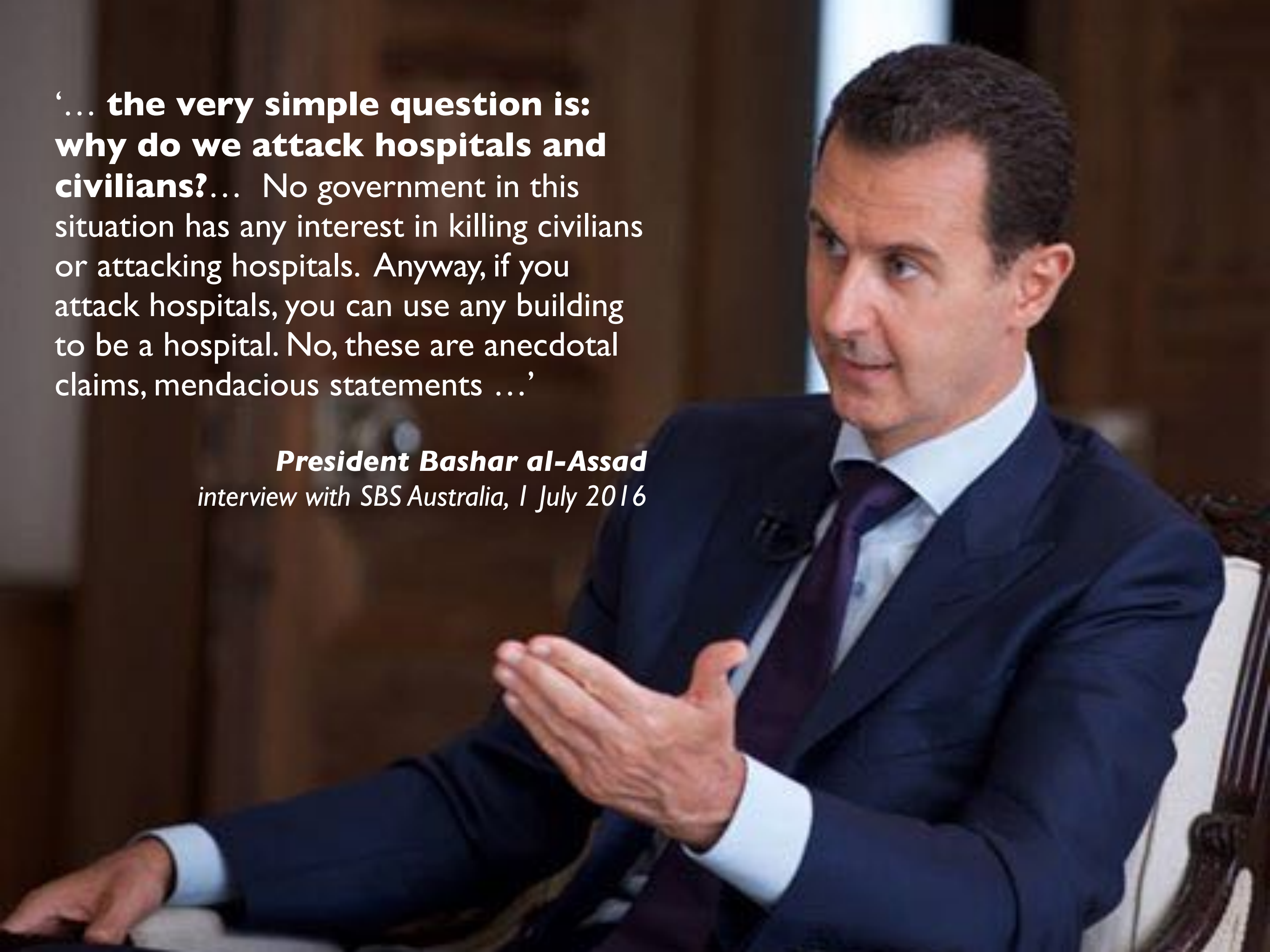


NABAD AL HAYAT HOSPITAL
MAY 5, 2019



‘... the very simple question is: why do we attack hospitals and civilians?... No government in this situation has any interest in killing civilians or attacking hospitals. Anyway, if you attack hospitals, you can use any building to be a hospital. No, these are anecdotal claims, mendacious statements ...’

President Bashar al-Assad
interview with SBS Australia, 1 July 2016



(I) Witness destruction program

‘... attacks on doctors silence particularly powerful witnesses. When the Syrian government denies its use of chemical weapons, cluster munitions, starvation, or torture, doctors can bear witnesses to these violations because they have seen and treated the victims.’

Widney Brown

*Physicians for Human Rights,
at Tom Lantos Human Rights Commission,
31 March 2016*

A Syrian man receives treatment at the Sarmin field hospital following a suspected chlorine gas attack by Assad forces in Idlib, Syria, in April 2015.

(2) Casualty-multiplier

Dr. Ali Ghassab al-Mehamid



Dr. Ali Ghassab al-Mehamid from Daraa, the first medical martyr of the revolution. He was killed on 23 Mar 2011 while trying to provide medical assistance to the injured during the al-Omari mosque massacre



ASSAD WAR ON DOCTORS

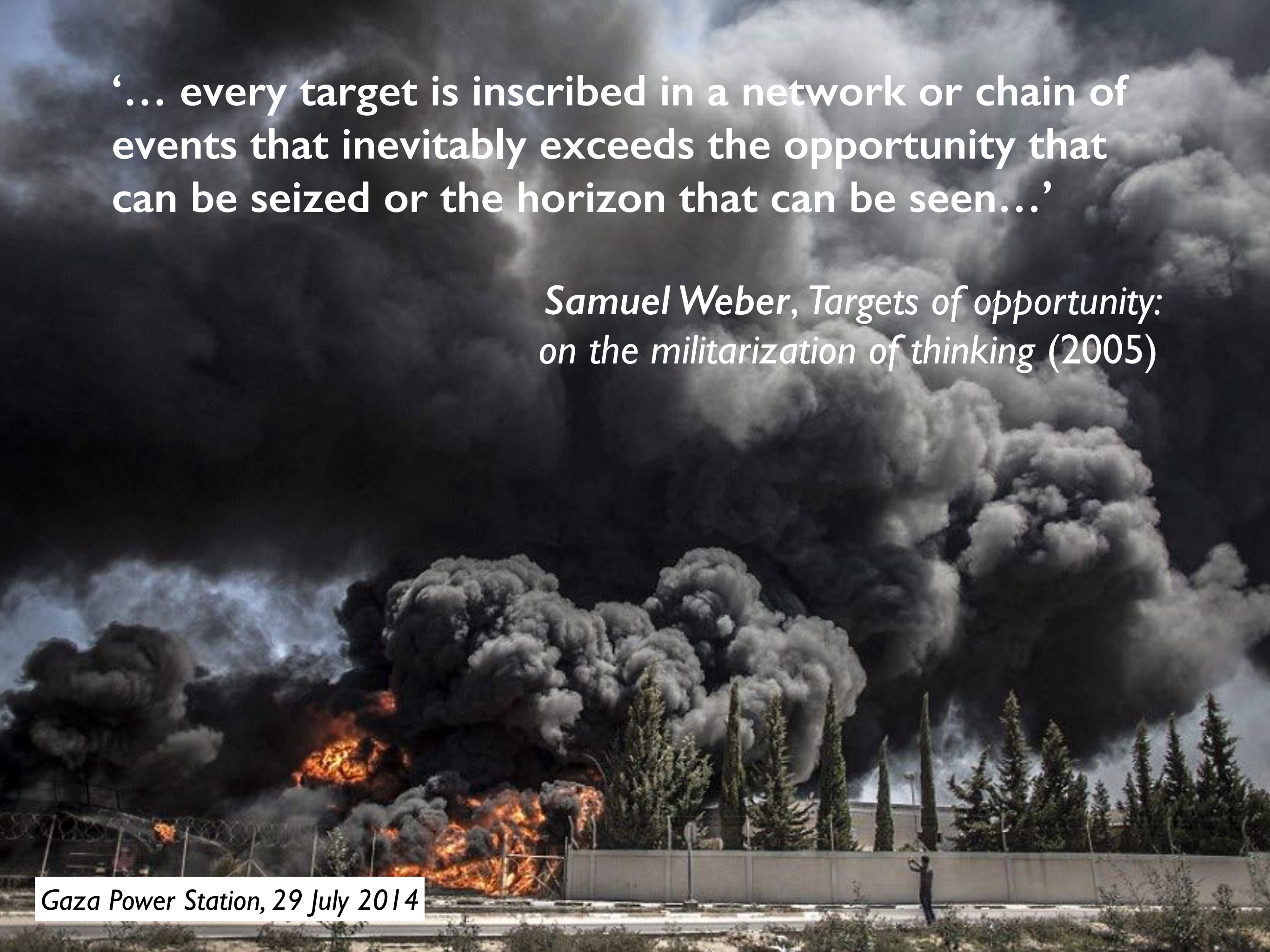
Kill one doctor is better than kill 1,000 fighters

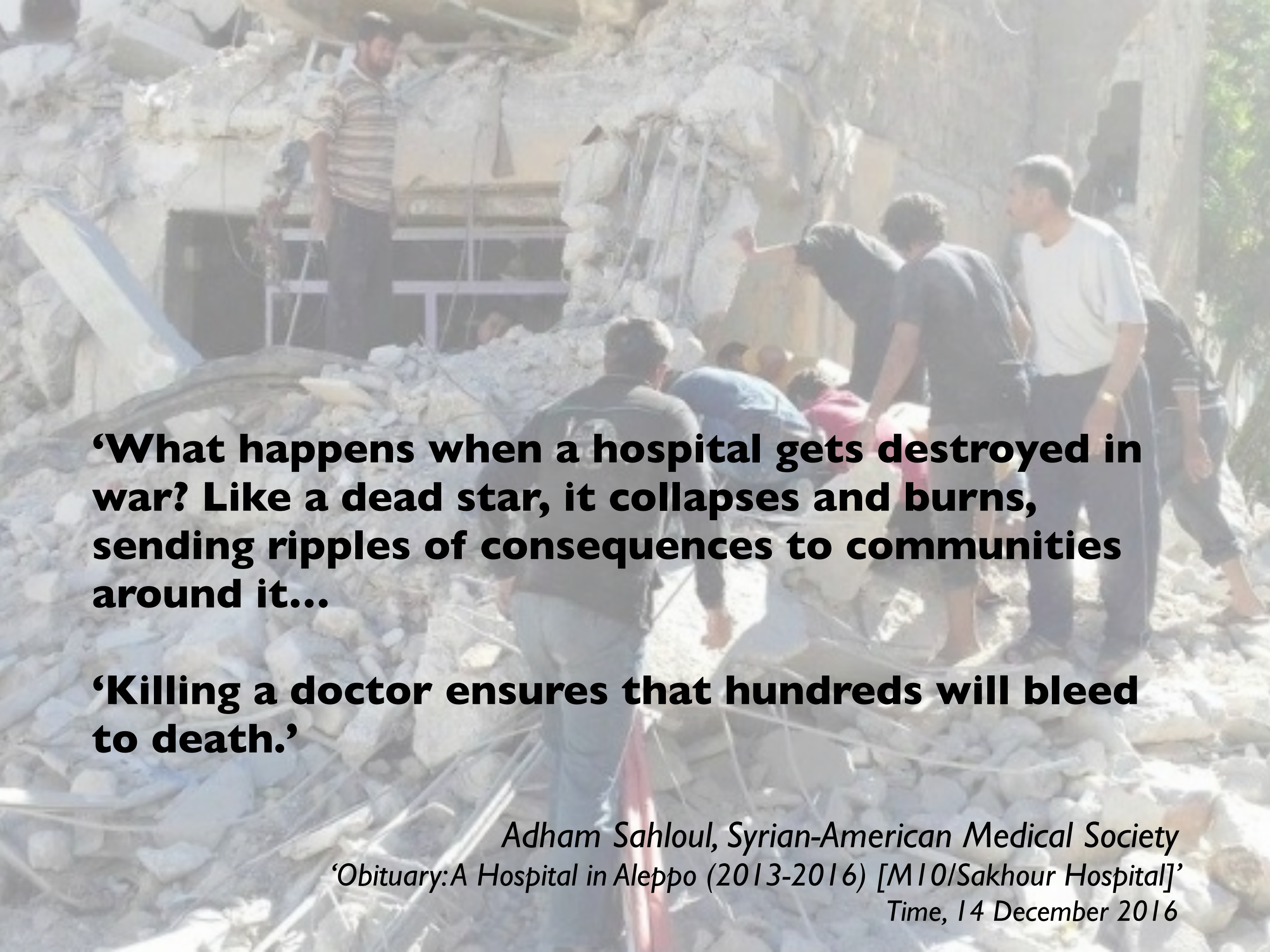
***‘Kill a doctor and you kill thousands’
Dr Abdulaziz Adel, surgeon, Aleppo***

‘... every target is inscribed in a network or chain of events that inevitably exceeds the opportunity that can be seized or the horizon that can be seen...’

*Samuel Weber, Targets of opportunity:
on the militarization of thinking (2005)*

Gaza Power Station, 29 July 2014

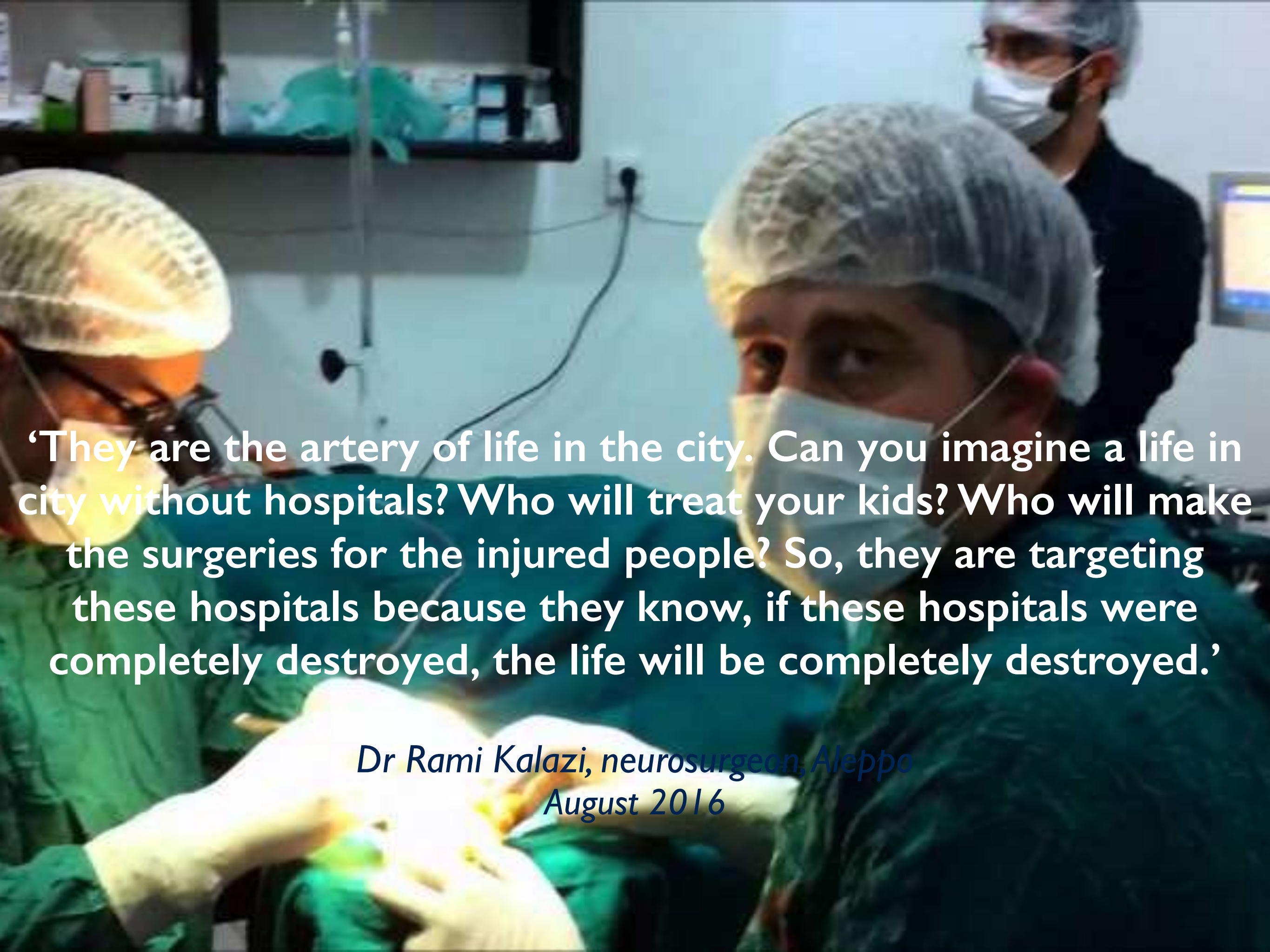




‘What happens when a hospital gets destroyed in war? Like a dead star, it collapses and burns, sending ripples of consequences to communities around it...

‘Killing a doctor ensures that hundreds will bleed to death.’

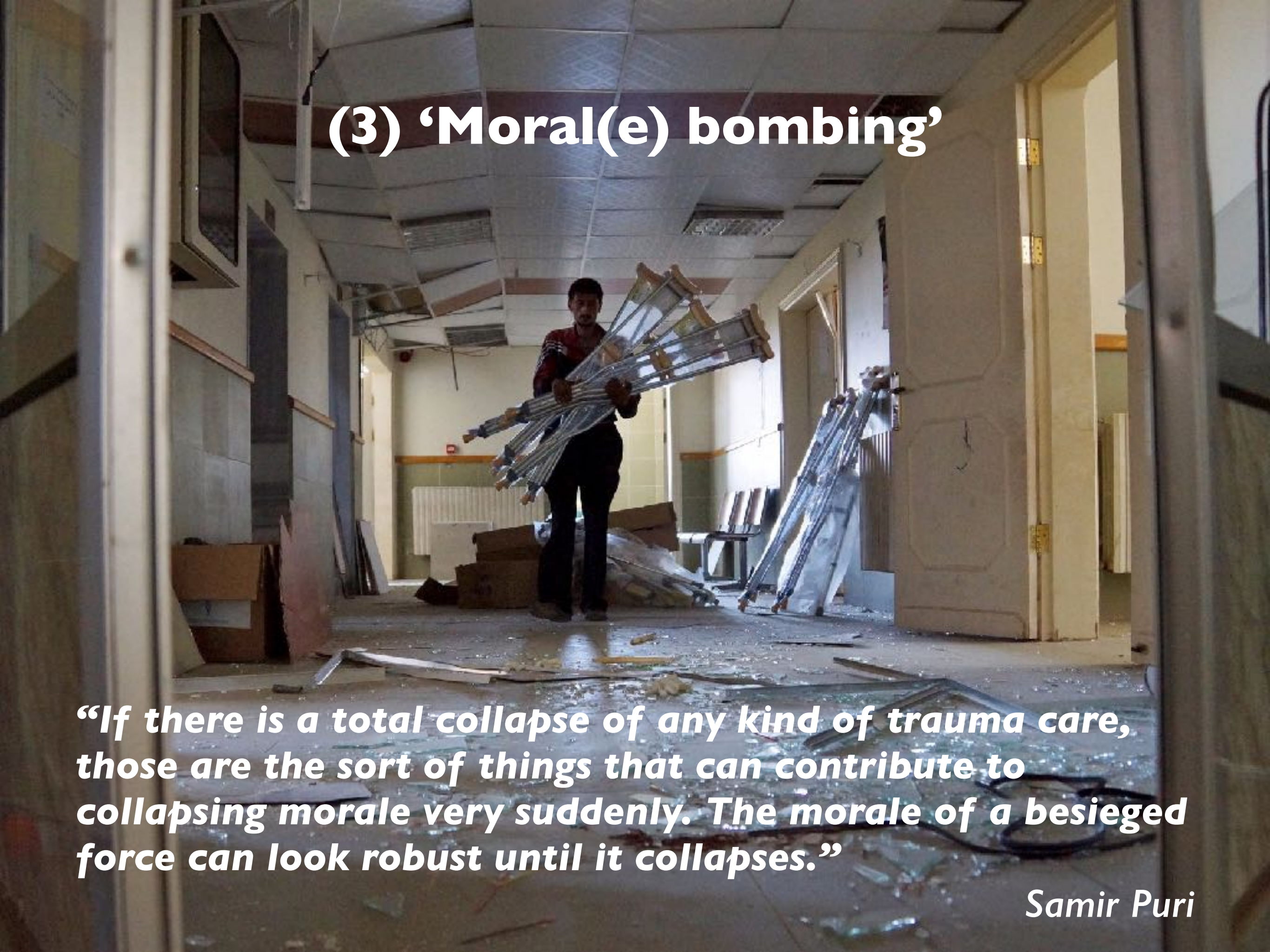
*Adham Sahloul, Syrian-American Medical Society
‘Obituary: A Hospital in Aleppo (2013-2016) [MIO/Sakhour Hospital]’
Time, 14 December 2016*



‘They are the artery of life in the city. Can you imagine a life in city without hospitals? Who will treat your kids? Who will make the surgeries for the injured people? So, they are targeting these hospitals because they know, if these hospitals were completely destroyed, the life will be completely destroyed.’

*Dr Rami Kalazi, neurosurgeon, Aleppo
August 2016*

(3) ‘Moral(e) bombing’

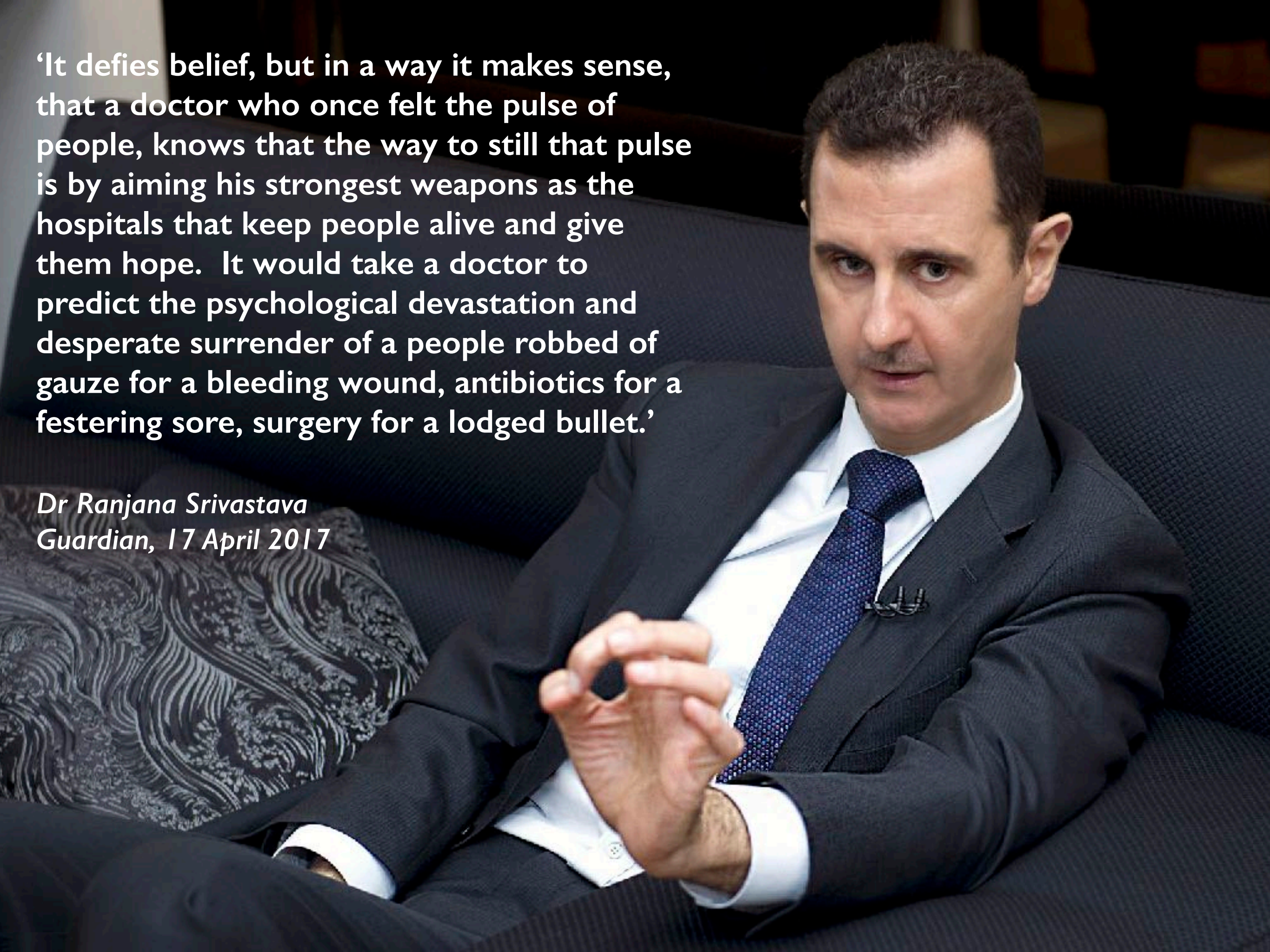
A photograph of a man in a red and black striped shirt and dark pants walking through a severely damaged hallway. He is carrying a large bundle of metal rods or pipes. The hallway is filled with debris, including broken glass, wood, and cardboard boxes. The ceiling is partially collapsed, and the walls are damaged. The scene suggests a state of chaos and destruction, likely the result of a conflict or bombing.

“If there is a total collapse of any kind of trauma care, those are the sort of things that can contribute to collapsing morale very suddenly. The morale of a besieged force can look robust until it collapses.”

Samir Puri

‘It defies belief, but in a way it makes sense, that a doctor who once felt the pulse of people, knows that the way to still that pulse is by aiming his strongest weapons at the hospitals that keep people alive and give them hope. It would take a doctor to predict the psychological devastation and desperate surrender of a people robbed of gauze for a bleeding wound, antibiotics for a festering sore, surgery for a lodged bullet.’

*Dr Ranjana Srivastava
Guardian, 17 April 2017*



Hamburg, 1943



Aleppo, 2016





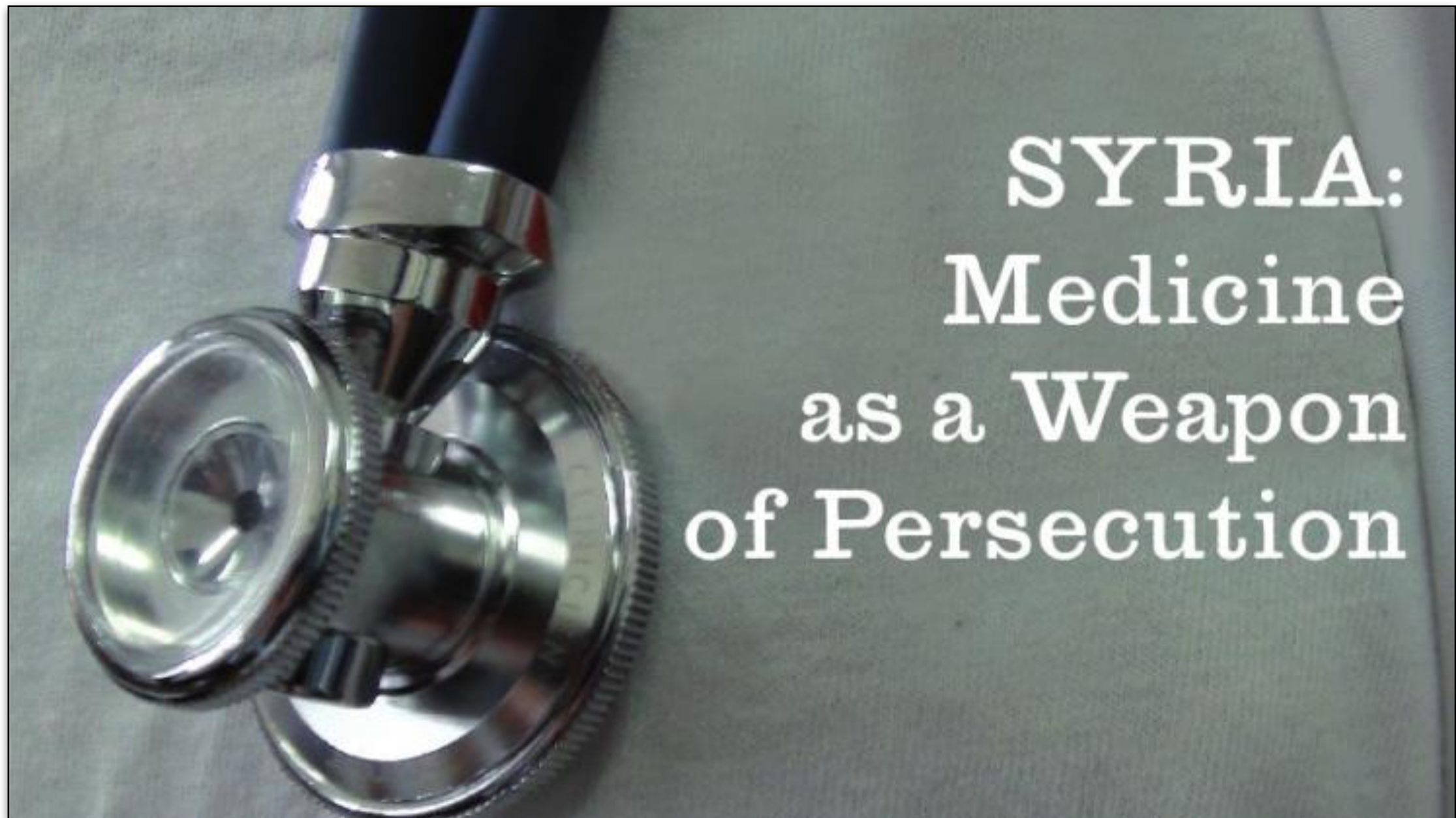
Hamburg, 1943



Aleppo, 2016

Flashback: Gaza 2014





Annie Sparrow:
‘Preventing medicine: a new weapon of mass destruction’

*‘Health care has become part of the battlefield in Syria. Hospitals are very much part of the war strategy that Syria employs along with its allies, including Russia’:
Jason Cone, MSF*

(4) 'Violence legislates'

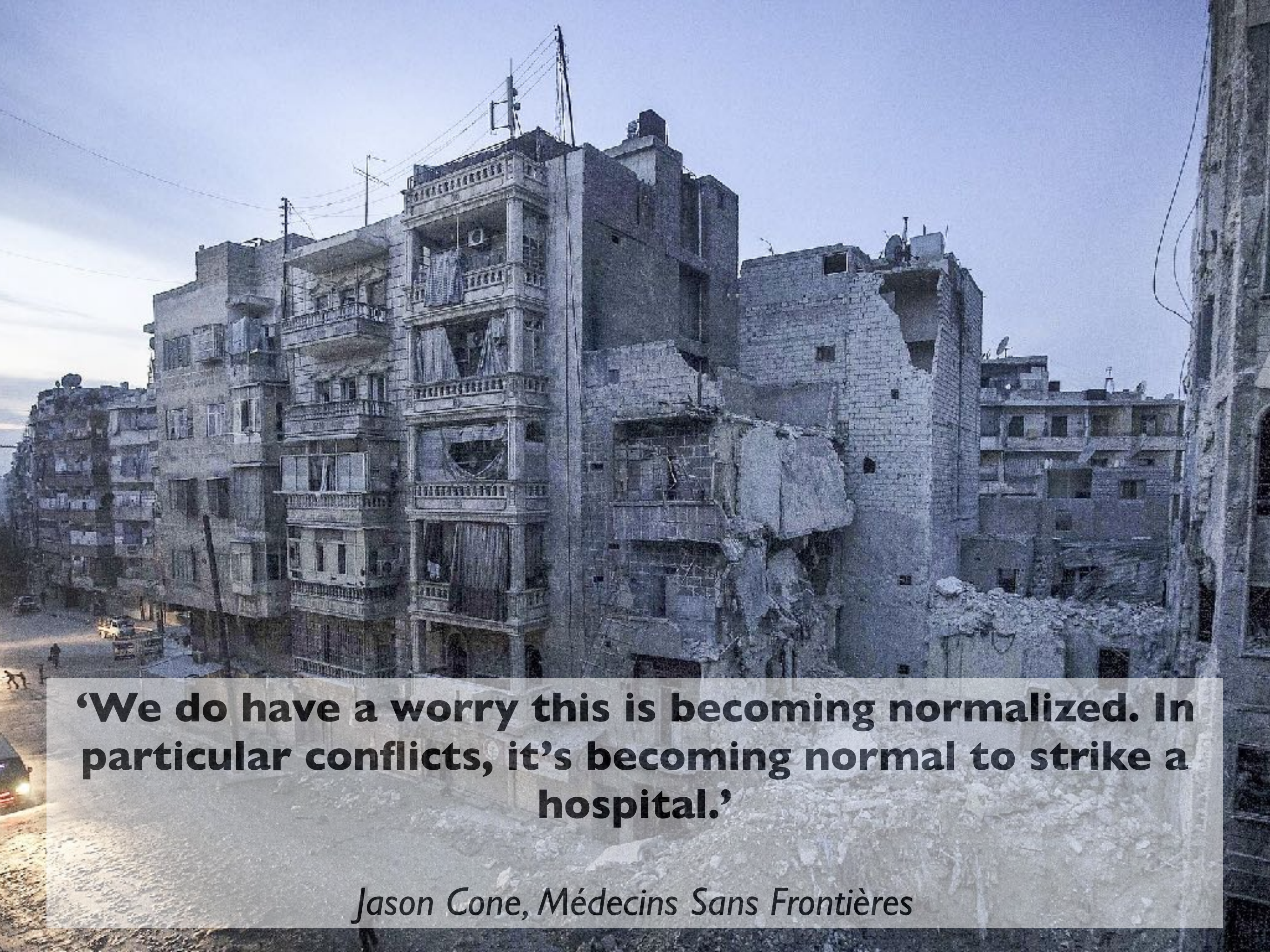
'Monday's direct attack on a humanitarian convoy delivering life-saving aid to Aleppo marks a descent to new depths of inhumanity. As world leaders gather this week in New York, the world's eyes are on them and history will judge their response to this criminal act.'

'Deliberate attacks on humanitarian workers and civilians are war crimes.' This must mark a turning point: the UN Security Council cannot allow increasingly brazen violations of international humanitarian law to continue with impunity.

Heads of state are gathered in New York this week for the United Nations General Assembly. Each one that accepts a lack of accountability for perpetrators and facilitators of war crimes **colludes in the ongoing dissolution of international humanitarian law.'**

Declaration issued by 101 humanitarian organisations, including CARE International, CIVIC, Oxfam, Physicians for Human Rights, Save the Children, SAMS

22 September 2016



‘We do have a worry this is becoming normalized. In particular conflicts, it’s becoming normal to strike a hospital.’

Jason Cone, Médecins Sans Frontières

DOES ANYONE IN SYRIA FEAR INTERNATIONAL LAW?



By Ben Taub August 31, 2016



The Syrian war has become a conflict in which war crimes carry no consequences for the perpetrators—present or, seemingly, future.

Photograph by Zain Al-Rifai / REX / AP

‘Nowhere has the supposed deterrent of eventual justice proved so visibly ineffective as in Syria. Like most countries, Syria signed the Rome Statute [1998], which, according to U.N. rules, means that it is bound by the “obligation not to defeat the object and purpose of the treaty.” But, because Syria never actually ratified the document, the International Criminal Court has no independent authority to investigate or prosecute crimes that take place within Syrian territory. The U.N. Security Council does have the power to refer jurisdiction to the court, but international criminal justice is a relatively new and fragile endeavor, and, to a disturbing extent, its application is contingent on geopolitics. In 2014, when a measure to give the I.C.C. jurisdiction in Syria came before the council, Russia and China blocked it.’

The New Yorker, 31 August 2016

American Immunity

War Crimes
and the
Limits of
International
Law

PATRICK HAGOPIAN

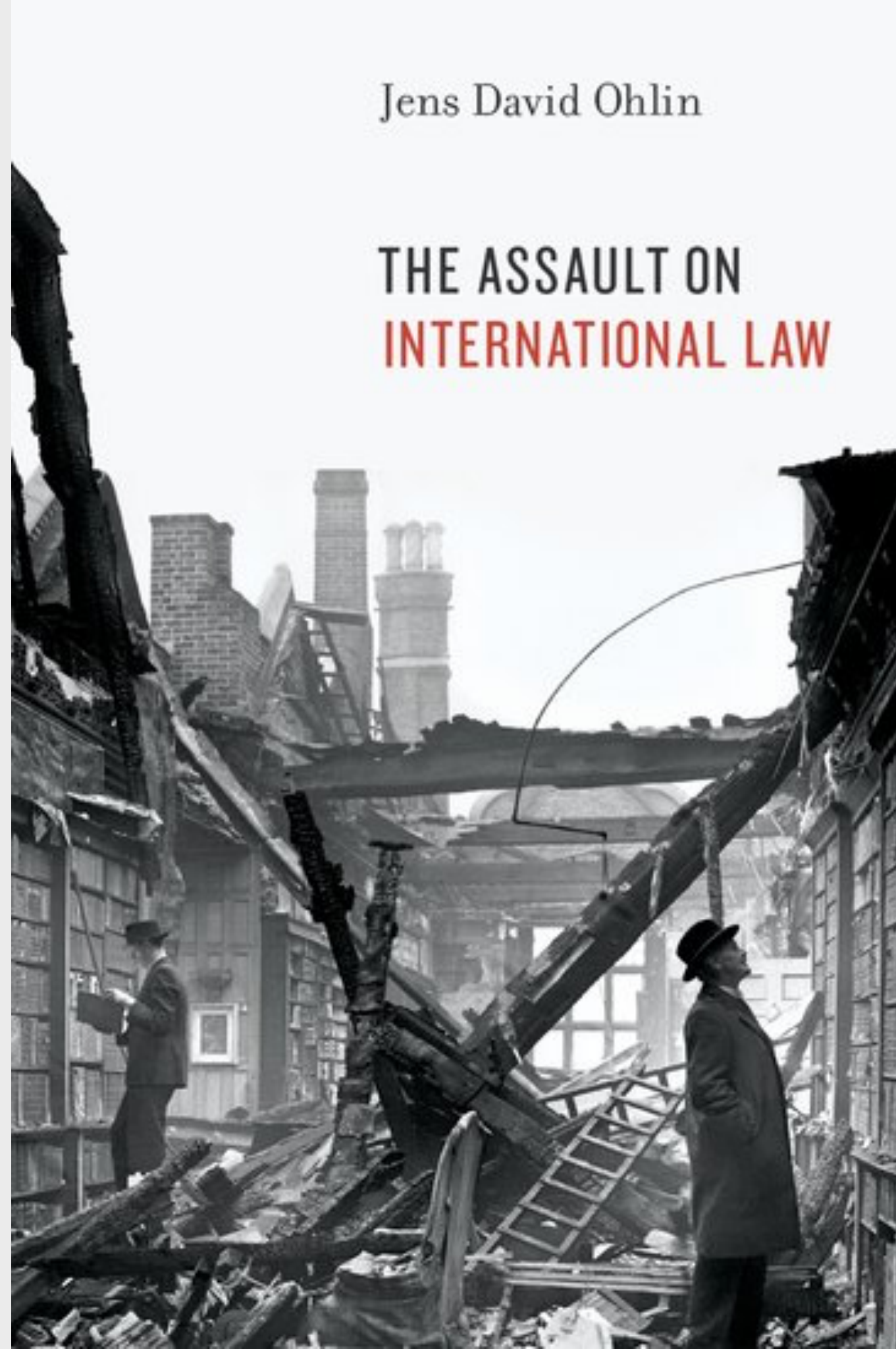
Based on a close reading of American military violence in Korea and Vietnam, Hagopian argues that **immunity has enabled the United States 'to police a system of law universally binding on others from which it reserves the right at any moment to exempt itself.'**

‘The United States has a long history of skepticism towards international law, but 9/11 ushered in a particularly virulent phase of American exceptionalism...

‘Although American politicians and their legal advisors are often the public face of this attack, the root of this movement is a coordinated and deliberate attack by law professors hostile to its philosophical foundations, including Eric Posner, Jack Goldsmith, Adrian Vermeule, and John Yoo. In a series of influential writings, they have claimed that since states are motivated primarily by self-interest, compliance with international law is nothing more than high-minded talk. These abstract arguments provide a foundation for dangerous legal conclusions: that international law is largely irrelevant to determining how and when terrorists can be captured or killed; that the US President alone should be directing the War on Terror without significant input from Congress or the judiciary; that US courts should not hear lawsuits alleging violations of international law; and that the US should block any international criminal court with jurisdiction over Americans.’

Jens David Ohlin

THE ASSAULT ON INTERNATIONAL LAW

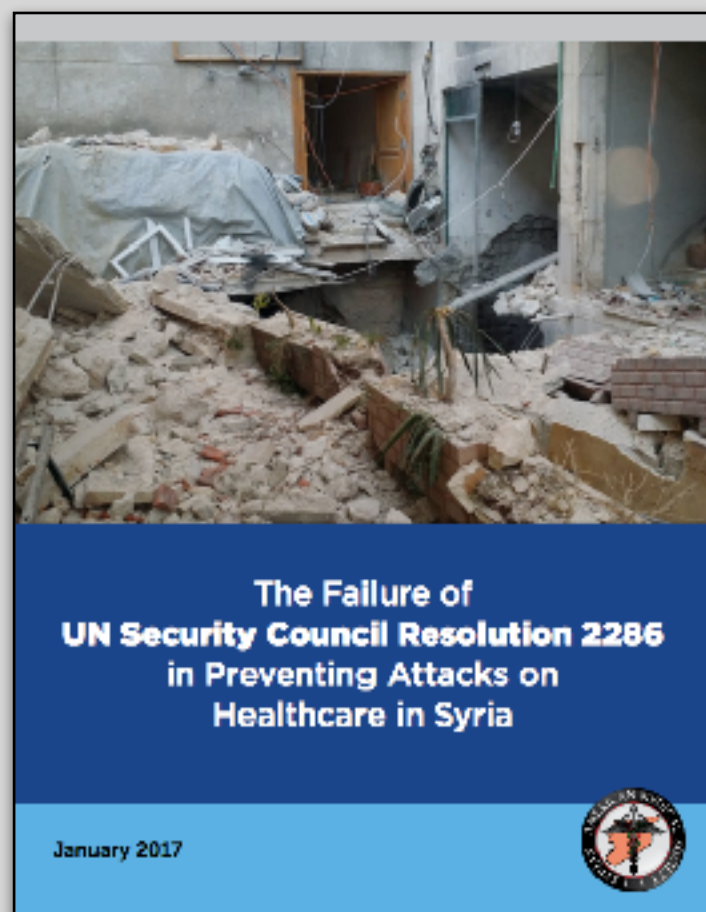


“A hospital is a place of life. **M10 was not destroyed by bombs. It was killed by the worst weapon of all—the world’s silence.**”

Dr Ousama Abo El Ezz

Aleppo Field Co-ordinator

Syrian-American Medical Society



“The failure of the international community to hold the perpetrators of these attacks accountable sends a dangerous message: that **there are no lines, no limits, and no boundaries to the atrocities** that are being committed against the Syrian people.”

Dr Ahmad Tarakji

President

Syrian-American Medical Society






The Death of the Clinic

‘The clinic’ – a topological figure that extends from the body of the wounded through the evacuation chain to the hospital itself – is often no longer a space of immunity – of safety – an exception to the exception but has become a central target of contemporary military and paramilitary violence.

Sovereign power and biopolitics

‘The health worker’s claim to impartiality may itself be a stance against the state’s insistence that it is the sole arbiter of who can live and who can die. The local health worker’s claim to an international norm ... may be understood as a direct challenge to the state’s claim to sovereignty.... Can “medical neutrality” accurately describe a situation where there is no neutral ground upon which to stand?’

*Adia Benton and Sa’ed Atshan, “‘Even War has Rules’: On Medical Neutrality and Legitimate Non-violence”, *Cult. Med. Psychiatry* 40 (2016) 151-158*



**once 'sacred' for their selfless
devotion to saving lives;**

HOMO SACER

THE SACRED OR THE ACCURSED MAN

Precarity ≠ Passivity



Those who inhabit the clinic and the space of exception are not reduced to ‘bare life’, and they neither suffer in silence nor stand alone.

SYRIANS TELL UN INVESTIGATORS: EXPOSE RUSSIAN, IRANIAN WAR CRIMES IN ALEPPO

On Wednesday 11 January, Fadel Abdul Ghany, Chairman of the Syrian Network for Human Rights and Husam Alkatlaby, Executive Director...

READ MORE



Paper trails

Bill Wiley

commissioned by Britain's Foreign Office in 2011 to train Syrian human rights activists and lawyers to research and record war crimes



“I said I would do it on the understanding that we wouldn’t do human rights training, because it’s a waste of time and money. Everybody’s doing it and it’s bullshit, What we’ll do is take these [Syrian] activists – young, enthusiastic, self-appointed, social-media-savvy, with considerable personal courage – and we’ll sensitise them to the sort of evidence that is required to inform an international criminal case, so they’re not running around collecting stuff that’s of no use for a criminal process.”

THE ASSAD FILES

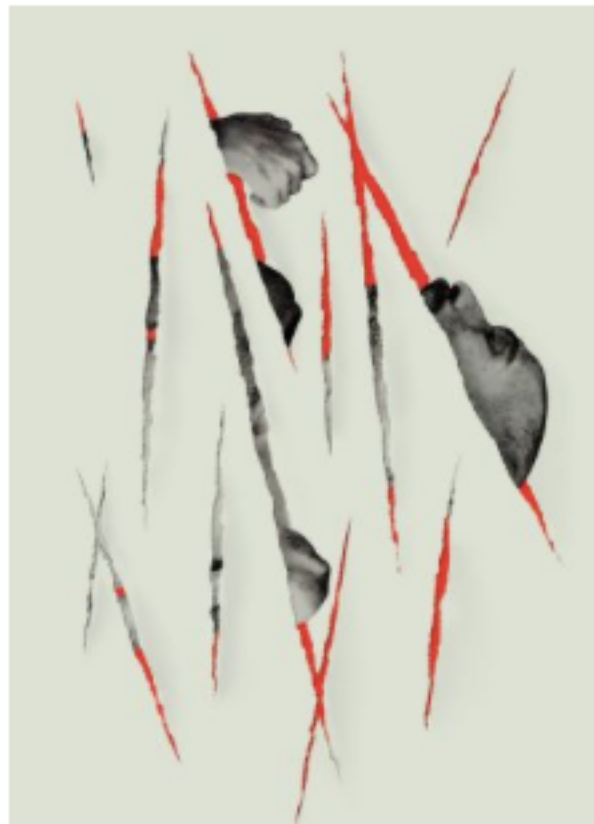
Capturing the top-secret documents that tie the Syrian regime to mass torture and killings.

BY BEN TAUB

اقرأ المقال بالعربية Read in English



The investigator in Syria had made the drive perhaps a hundred times, always in the same battered truck, never with any cargo. It was forty miles to the border, through eleven rebel checkpoints, where the soldiers had come to think of him as a local, a lawyer whose wartime misfortunes included a commute on their section of the road. Sometimes he brought them snacks or water, and he made sure to thank them for protecting civilians like himself. Now, on a summer afternoon, he loaded the truck with more than a hundred thousand captured Syrian government documents, which had been buried in pits and hidden in caves and abandoned homes.



Some half a million people have been killed in Syria's civil war. An additional five million have fled, emptying the country.

ILLUSTRATION BY MIKE MCQUADE

‘In the past four years, people working for the [**Commission for International Justice and Accountability**] have smuggled more than six hundred thousand government documents out of Syria...

‘The commission’s work recently culminated in a four-hundred-page legal brief that links the systematic torture and murder of tens of thousands of Syrians to a written policy approved by President Bashar al-Assad, coördinated among his security-intelligence agencies, and implemented by regime operatives, who reported the successes of their campaign to their superiors in Damascus. The brief narrates daily events in Syria through the eyes of Assad and his associates and their victims, and offers a record of state-sponsored torture that is almost unimaginable in its scope and its cruelty.’

Chris Engels and Bill Wiley examine a tracer map inside the evidence room of the Commission for International Justice and Accountability

Paper trails



“It is highly bureaucratised,... It generates an awful lot of paper, because it is a culture in which decision-making by subordinates is implicitly discouraged, so people are forever reporting upwards, trying to get others to take responsibility for decision making, and covering their ass ... that produces paper.”

Military hospitals

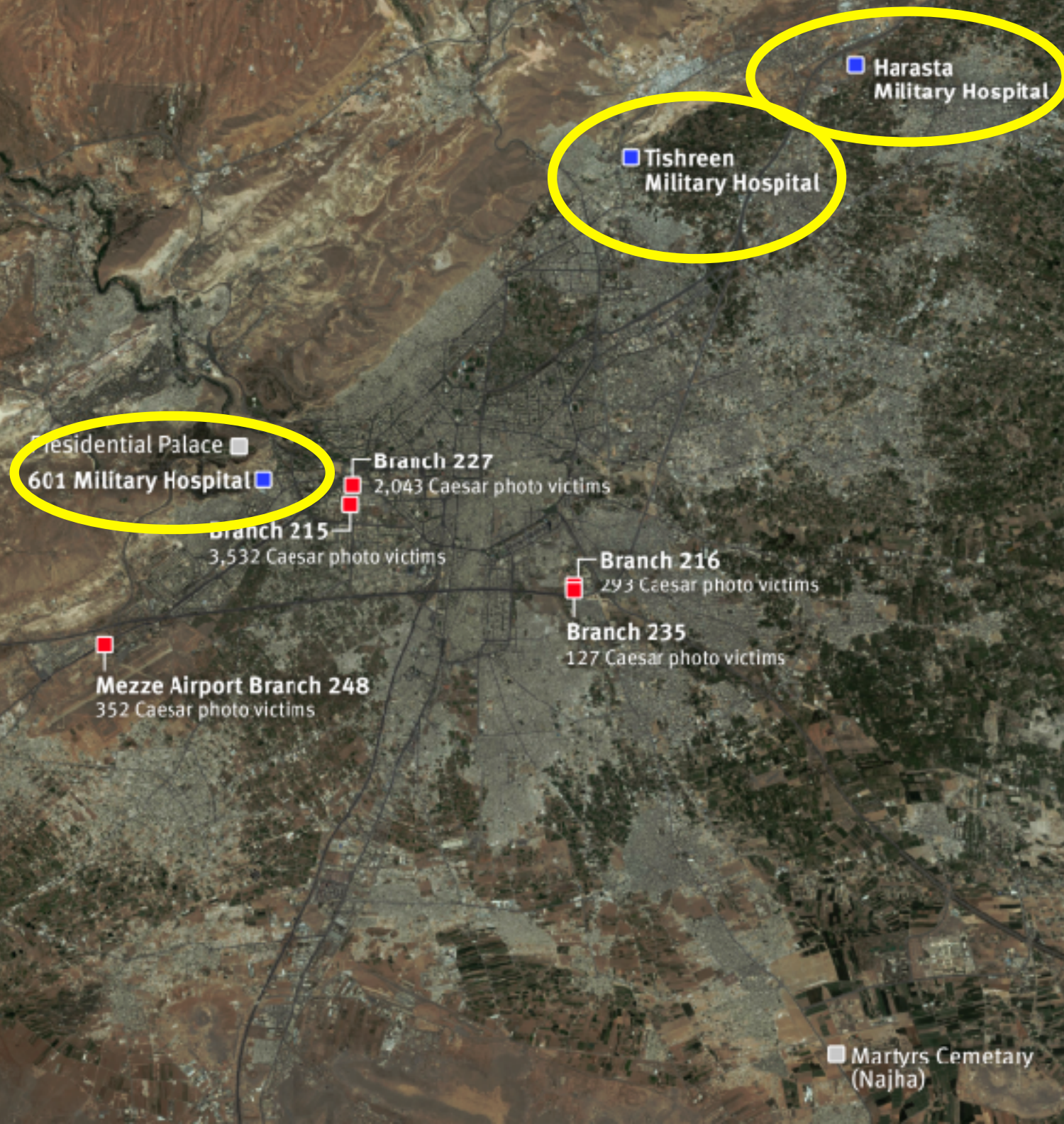
The largest number of victims from the Caesar photographs are from five security branches, all located in Damascus

■ Security branch where detainees were held

■ Military hospital where detainees' bodies were sent



1 2 3
KILOMETERS



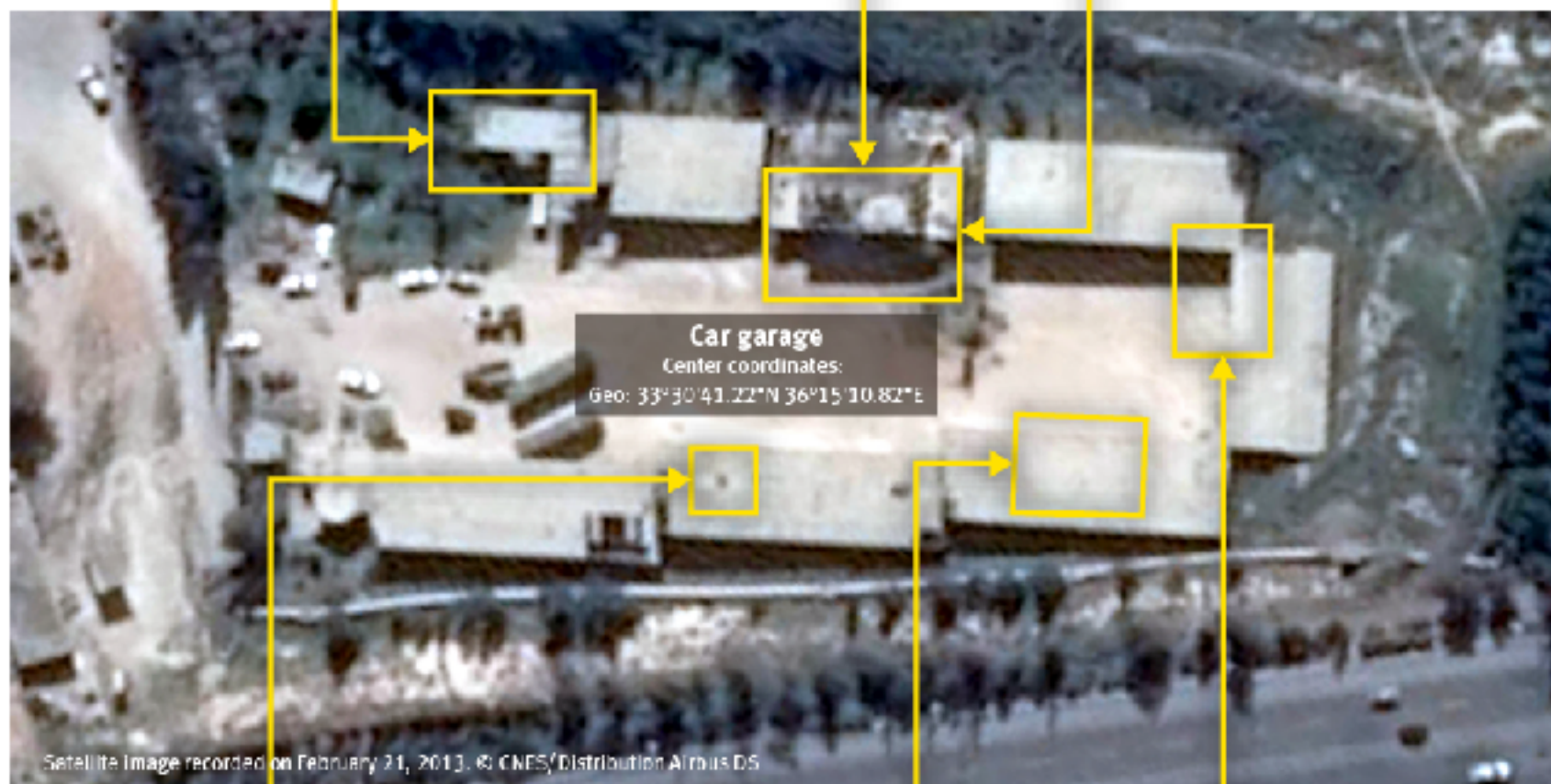
Human Rights Watch
December 2015

DECEMBER 16, 2015

If the Dead Could Speak

Mass Deaths and Torture in Syria's Detention Facilities

Confirmed locations of Caesar Photographs taken at the car garage of 601 Military Hospital



‘At least five branches of the Syrian security forces have operated wards inside Hospital 601 since 2011, according to the U.N. Commission of Inquiry, a body set up to monitor the conflict. “Detainees, including children, have been beaten, burned with cigarettes, and subjected to torture that exploits preexisting injuries,” it said in a 2013 report. The commission concluded that many patients had been tortured to death inside the facility.’

Louisa Lovelock, “The hospitals were slaughterhouses”: A journey into Syria’s secret torture wards’, Washington Post 3 April 2012

Paper tigers

In August 2011 the United Nations established an Independent **International Commission of Inquiry on the Syrian Arab Republic**, which has issued 20 investigatory reports to date.

In February 2017 the United Nations established **a special unit to ‘analyse information, organise and prepare files on the worst abuses that amount to international crimes’ in Syria.**
It too has no prosecutorial mandate.

On 21 December 2016 the UN General Assembly ‘adopted a draft resolution on “**International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Those Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011**”.

By the terms of that text, adopted by a recorded vote of 105 in favour and 15 against, with 52 abstentions, the Assembly decided to establish that Mechanism under the auspices of the United Nations to closely cooperate with the Independent International Commission of Inquiry on the Syrian Arab Republic **to collect, consolidate, preserve and analyse evidence of violations of international humanitarian law and human rights violations and abuses and to prepare files in order to facilitate and expedite fair and independent criminal proceedings, in accordance with international law standards, in national, regional or international courts or tribunals that have or may in the future have jurisdiction over these crimes, in accordance with international law.**

The **Rome Statute (1998)** established the **International Criminal Court** with jurisdiction over 'the most serious crimes' of genocide, crimes against humanity, **war crimes**, and the crime of aggression.

Its jurisdiction is limited to acts carried out in the territory of a state that is party to the Statute [Syria is not] unless the crimes are referred to the ICC by the UN Security Council.

Cour
Pénale
Internationale

International
Criminal
Court



Carla del Ponte resigned from the three-member UN Independent Commission of Inquiry on Syrian Arabic Republic on 6 August 2017

‘It was all about the inaction of the security council because if you look at all the reports we have published, we have obtained nothing in terms of injustice. It is unbelievable.... [I cannot remain a member of a commission] which has no powers, no possibility of seeking justice for the victims.’

SYRIA NEWS

REAL NEWS AND UPDATES ABOUT SYRIA

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Guide to Understanding How ‘Unhospitals’ Cannot Be Bombed

🕒 February 11, 2016 👤 Miri Wood 📁 Syria 💬 3

‘Considering MSF’s vast concern over hospitals that no one can prove exist, this Peace Prize winner was not “appalled,” when the al Kindi Oncology Hospital of Aleppo, which definitively existed, and was definitively destroyed, by the moderate terrorists of the “[Free Syrian Army]”...’

Al-Kindi Hospital, Aleppo



‘Government forces converted al Kindi Hospital into barracks, and the hospital stopped functioning in November 2012. After the government takeover, the inoperative hospital switched hands multiple times...’

Physicians for Human Rights



21 December 2013: two truck bombs

*Re-taken and destroyed by Syrian Arab Army
October 2016*





As the fall of Aleppo approached, Russia undertook to send two mobile hospitals to treat patients from eastern Aleppo. The Defence Ministry dispatched 'a special 100-bed clinic with trauma equipment for treating children' and the Emergencies Ministry promised to provide a 50-bed clinic capable of treating 200 outpatients a day.



On 5 December 2016 the Defence Ministry's mobile hospital (set up in West Aleppo to treat patients from eastern Aleppo) came under mortar fire from the opposition-held area to the east.



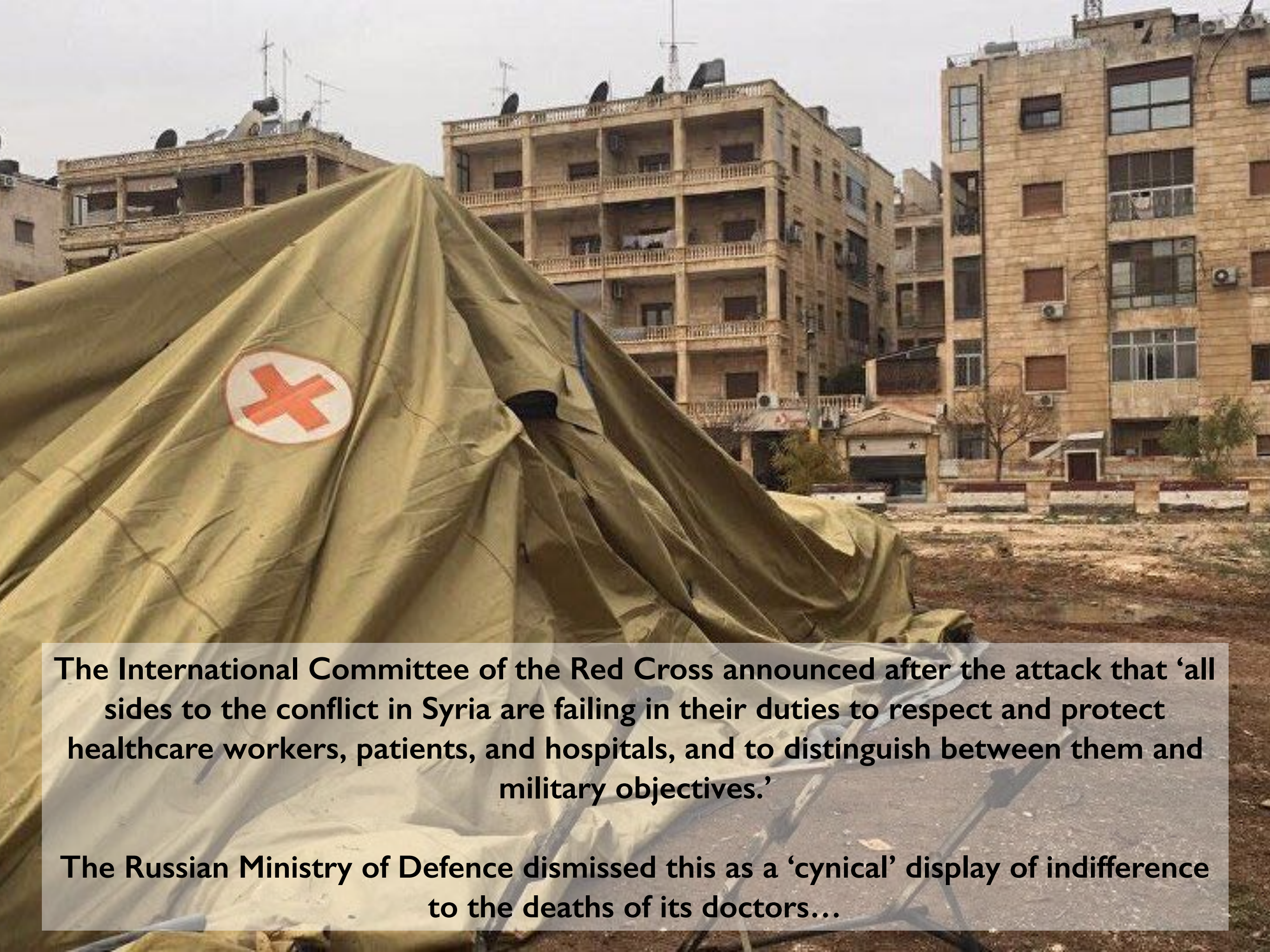
Russian mobile hospital

One Russian doctor and two paramedics were killed.

The background of the image is a photograph showing the aftermath of a bombing. In the center, a large, dark, charred metal structure, likely a part of a building, stands amidst a field of rubble. To the left, there is a pile of debris covered with a yellowish-brown tarp. To the right, a skeletal metal frame of a structure is visible. In the background, several multi-story residential buildings with balconies and satellite dishes are visible under a hazy, overcast sky. Palm trees are also present on the left side of the background.

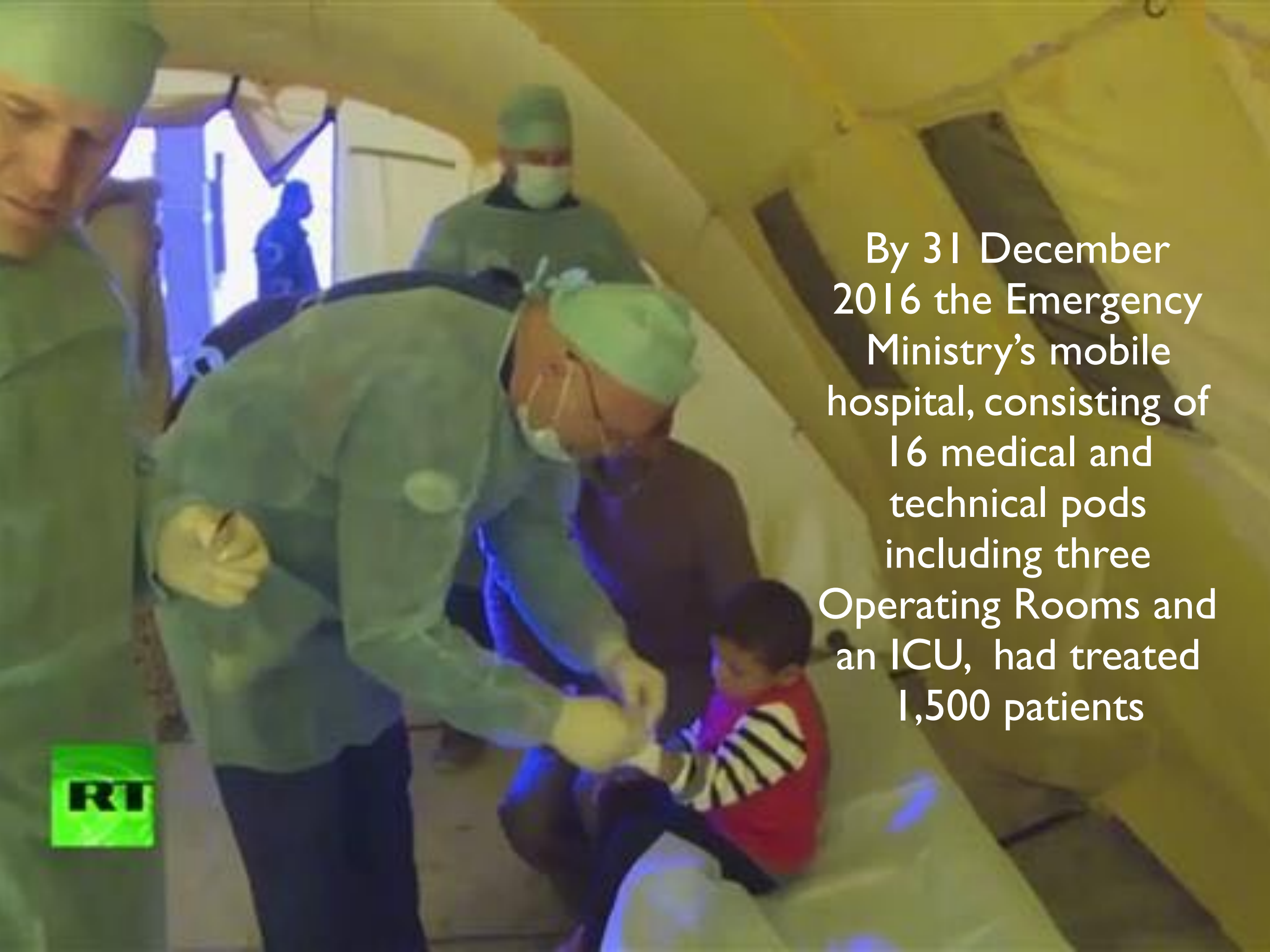
Terrorists Used Precision Fire on Hospital in Aleppo, They Had Exact Coordinates

© Sputnik/ Mikhail Alayeddin



The International Committee of the Red Cross announced after the attack that ‘all sides to the conflict in Syria are failing in their duties to respect and protect healthcare workers, patients, and hospitals, and to distinguish between them and military objectives.’

The Russian Ministry of Defence dismissed this as a ‘cynical’ display of indifference to the deaths of its doctors...

A photograph showing a medical team in green scrubs and masks attending to a patient on a gurney. The patient is wearing a red and black striped shirt. The scene is set in a clinical environment, likely a mobile hospital unit. The text overlay on the right side of the image provides statistics about the unit's performance by the end of 2016.

By 31 December
2016 the Emergency
Ministry's mobile
hospital, consisting of
16 medical and
technical pods
including three
Operating Rooms and
an ICU, had treated
1,500 patients

East Aleppo: escape and return

‘Turn down any street and one house might be a mess of metal rods and stone; the next still standing but inaccessible because the stairwell has been bombed; the next burned out and missing all its windows and doors. **The al-Bayan hospital has lost almost its entire facade: it looks like an open doll’s house.** Brown armchairs sit in a waiting room, shelves are full of files.... People’s disfigured lives are on display.’

Ruth Maclean, Guardian, 28 March 2017



Nearby 65-year-old Abu Ahmad is selling sweet pastries. A few months before the battle was won by the Russian- and Iranian-backed Syrian government, a piece of shrapnel tore his belly open. At the hospital opposite his shop, he says, staff thought there was no hope for him and left him on the ground to die. Luckily one doctor noticed him and saved his life.... **“If we are stubborn enough to do what we have to do, this will be a hospital again,”** he continues, pointing at the hospital where he was left for dead. But the doctors and nurses supported the opposition, Abu Ahmad says, and will not return.

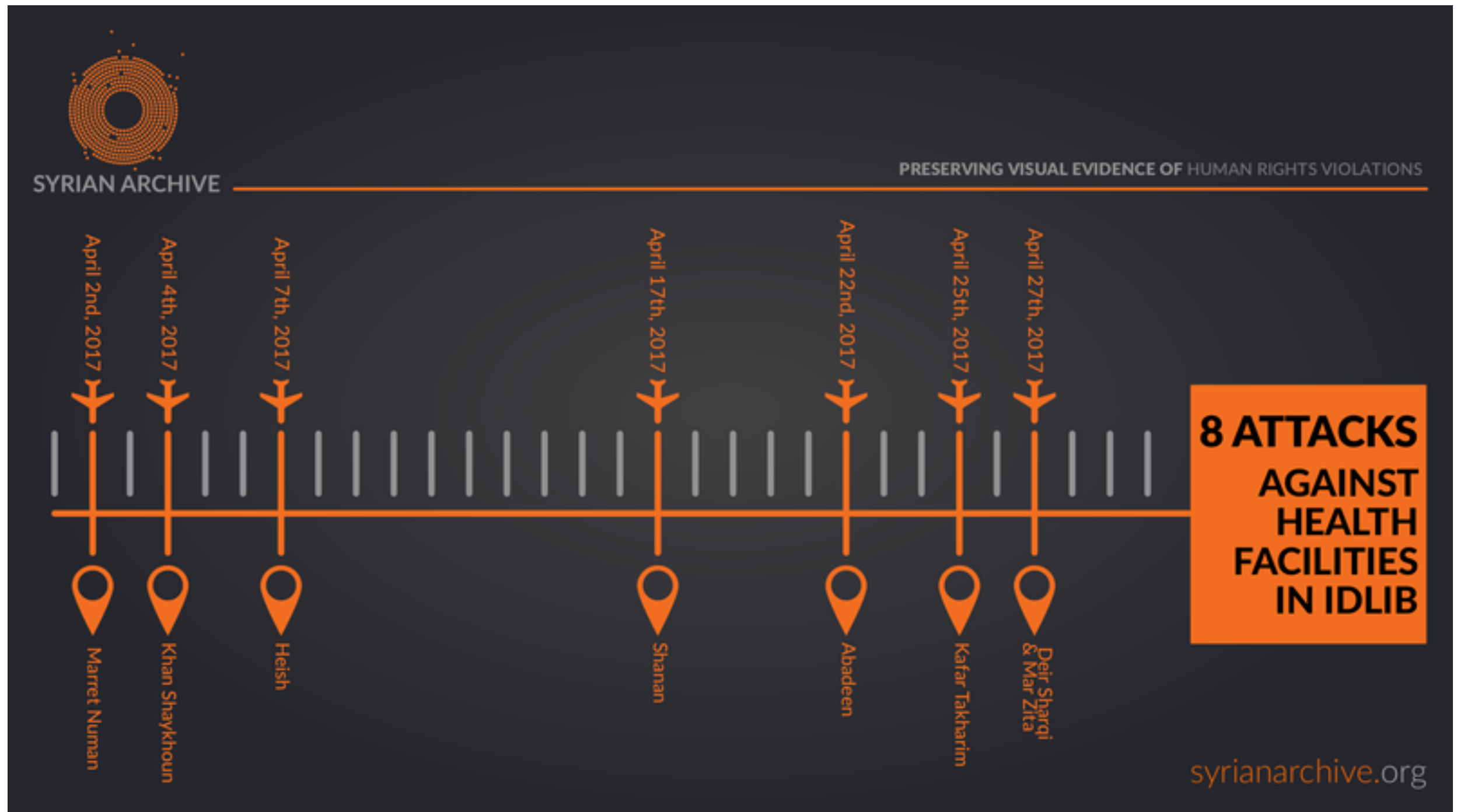
Ruth Maclean, Guardian, 1 May 2017



#SAVE_IDLIB
before it's too late

‘Wave of Hospital Bombings Paralyzes Medical System in Idlib, Syria’

Union of Medical Care and Relief Organizations, 27 April 2017



Forced displacement: Idlib and Hama

‘An escalation in the targeted bombing of medical facilities since September 19 has forced the closure and evacuation of hospitals throughout northwestern Syria, leaving people trapped in a war zone without access to health care.’

MSF, 28 September 2017

19 September: Hand in Hand hospital in Kafr Naba suffered major damage from air strikes and was put out of service

19 September: Al Rahma Hospital in Khan Sheikhoun was attacked and put out of service

19 September: Al Toon Maternity Hospital was attacked and put out of service

26 September: Hama Central/Sham Hospital bombed and put out of service: *‘the only major hospital in the area still performing life-saving surgeries’*

27 September: Two major hospitals in Jisr al-Shugar were evacuated

Sources: UOSSM; MSF

Baby incubators were covered in rubble and debris following an airstrike on the village of Al-Tah, in the northwestern Syrian province of Idlib/CNN/.



Burning vehicles are seen under the debris of Al-Rahma Hospital/CNN, 19 September 2017

‘Six other MSF-supported hospitals and health centers in Idlib and Hama governorates have received a total of 241 wounded from September 20 to 27...

An unusually high number [100] of the wounded have been severe cases [which] signals that people are trying to avoid a place that is a likely target: unless it is absolutely necessary, people are staying away from hospitals for fear of being bombed there.

Of the wounded patients, 129 (more than 50 percent) were women and children under 15 years old, indicating that there is a significant civilian toll in the bombings.’

MSF 28 September 2017

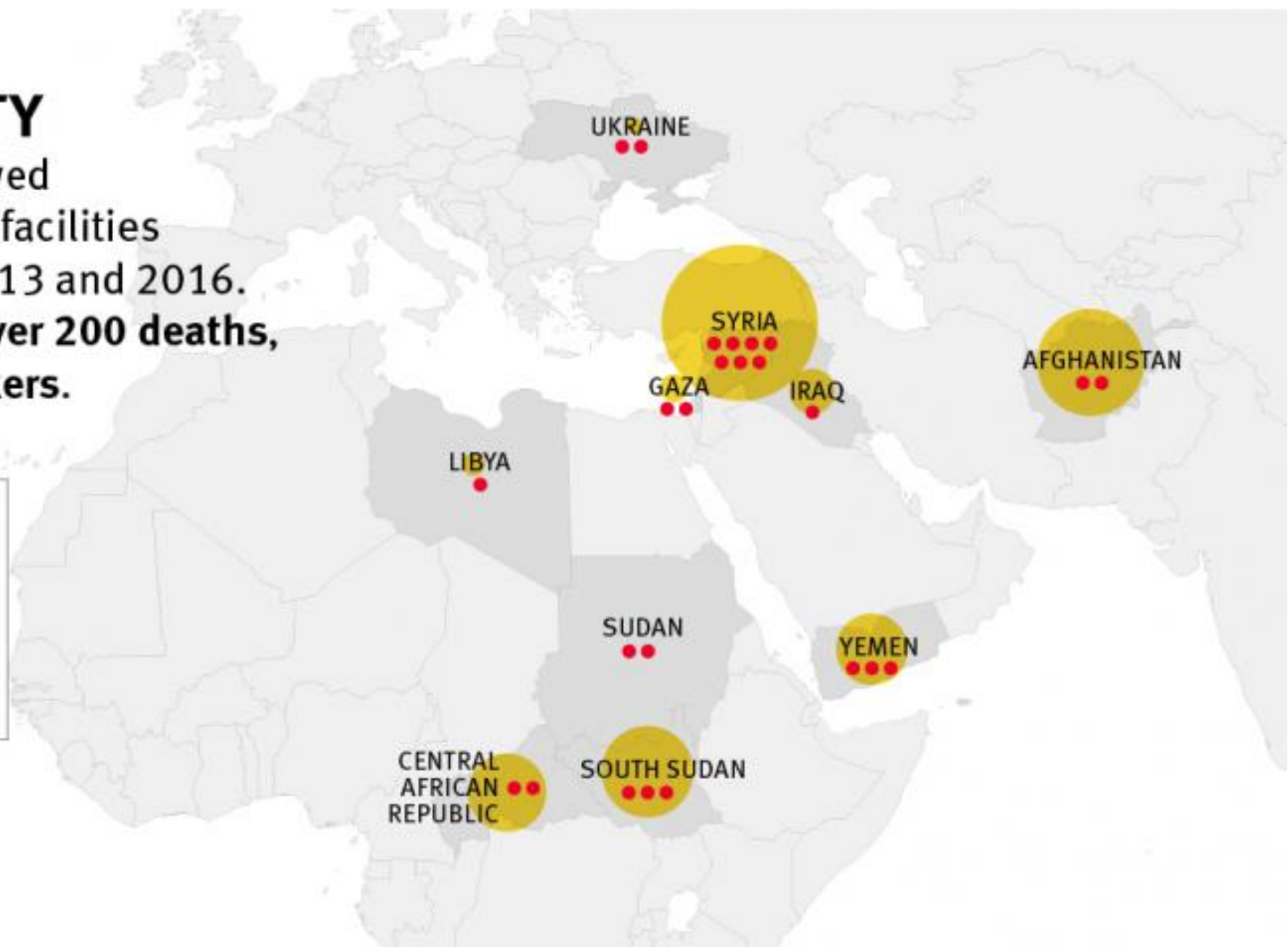
BOMBING THE INNOCENT CIVILIANS IN THE INHABITED DISTRICTS
THEN BOMBING THE WOUNDED CIVILIANS IN **HOSPITALS**

WHAT WOULD BE NEXT?



NO ACCOUNTABILITY

Human Rights Watch reviewed
25 major attacks on health facilities
in 10 countries between 2013 and 2016.
These attacks resulted in **over 200 deaths**,
including of **41 health workers**.



HRW, 24 May 2017



FIRE LINE

INTELLIGENCE FOR FIRE, RESCUE, AND EMS

8 February 2017

(U//FOUO) Terrorists Call for Attacks on Hospitals, Healthcare Facilities

(U//FOUO) Recent calls over the past year for attacks on hospitals in the West by media outlets sympathetic to the Islamic State of Iraq and ash-Sham (ISIS) highlight terrorists' perception of hospitals as viable targets for attack. Targeting hospitals and healthcare facilities is consistent with ISIS's tactics in Iraq and Syria, its previous calls for attacks on hospitals in the West, and the group's calls for attacks in the West using "all available means." While we have not seen any specific, credible threat against hospitals and healthcare facilities in the United States, we remain concerned that calls for such attacks may resonate with some violent extremists and lone offenders in the Homeland because of their likely perceived vulnerabilities and value as targets.*

- » (U//FOUO) The pro-ISIS Nashir Media Foundation released a series of messages on 29 December 2016 encouraging lone offenders in the West to conduct attacks on hospitals, cinemas, and malls.² In early June 2016, ISIS called for a "month of calamity," encouraging followers in Europe and the United States to attack schools and hospitals in an audio message released via Twitter.³ Additionally, in its January 2016 issue of *Rumiyah* magazine, ISIS provided tactical guidance and encouraged lone offenders to conduct arson attacks on hospitals.⁴

- » (U) ISIS, through its Amaq news agency in November 2016, took credit for an attack on a hospital in Quetta, Pakistan that resulted in at least 74 deaths and 100 injuries.^{5,6,7} Aid organizations and coalition governments have alleged since early 2015 that ISIS has systematically targeted hospitals, healthcare facilities, patients, and healthcare workers in Iraq and Syria, resulting in hundreds of deaths and injuries and reducing the overall capacity of healthcare delivery infrastructure.⁸⁻¹²



(U) Casualties evacuating Pakistan hospital after an attack claimed by ISIS.¹

(U) Possible Indicators of the Targeting of Hospitals and Healthcare Facilities

(U//FOUO) Some of these activities may be constitutionally protected, and any determination of possible illicit intent should be supported by additional facts justifying reasonable suspicion. These activities are general in nature and any one may be insignificant on its own, but when observed in combination with other suspicious behaviors—particularly advocacy of violence—they may constitute a basis for reporting.

- » (U//FOUO) Consumption and sharing of media glorifying violent extremist acts in attempting to mobilize others to violence;
- » (U//FOUO) Loitering, parking, standing, or unattended vehicles in the same area over multiple days with no reasonable explanation, particularly in concealed locations with optimal visibility of potential targets or in conjunction with multiple visits;
- » (U//FOUO) Photography or videography focused on security features, including cameras, security personnel, gates, and barriers;
- » (U//FOUO) Unusual or prolonged interest in or attempts to gain sensitive information about security measures of personnel, entry points, peak days and hours of operation, and access controls such as alarms or locks;
- » (U//FOUO) Individuals wearing bulky clothing or clothing inconsistent with the weather or season, or wearing official uniforms or being in restricted areas without official credentials;
- » (U//FOUO) Individuals presenting injuries consistent with the use of explosives or explosive material without a reasonable explanation; and
- » (U//FOUO) Unattended packages, bags, and suitcases.

(U) Possible Mitigation Strategies

- » (U//FOUO) Limit access in restricted areas and require employees to wear clearly visible identifications at all times;
- » (U//FOUO) Ensure personnel receive training and briefings on active shooter preparedness, lockdown procedures, improvised explosive device (IED) and vehicle-borne IED awareness and recognition, and suspicious activity reporting procedures; and
- » (U//FOUO) Conduct law enforcement and security officer patrols in loading, waiting, and patient triage areas, and around drop-off and pick-up points where there are large numbers of people concentrated in restricted spaces.

(U) Report Suspicious Activity

(U) To report suspicious activity, law enforcement, Fire-EMS, private security personnel, and emergency managers should follow established protocols; all other personnel should call 911 or contact local law enforcement. Suspicious activity reports (SARs) will be forwarded to the appropriate fusion center and FBI Joint Terrorism Task Force for further action. For more information on the Nationwide SAR Initiative, visit <http://na.incirc.gov/resources.aspx>.

* (U//FOUO) DHS and the FBI define a **lone offender** as an individual motivated by one or more violent extremist ideologies who, operating alone, supports or engages in acts of violence in furtherance of that ideology or ideologies that may involve influence from a larger terrorist organization or a foreign actor.

IA-0080-17

(U) Prepared by the Office of Intelligence and Analysis (OIA), FBI Directorate of Intelligence, and National Counterterrorism Center. Coordinated with NPPD and the Office of Health Affairs. This product is intended to assist federal, state, local, tribal, territorial, and private sector first responders in effectively detecting, preventing, preempting, or responding to terrorist attacks against the United States.

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‘Recent calls over the past year for attacks on hospitals in the West by media outlets sympathetic to the Islamic State of Iraq and ash-Sham (ISIS) highlight terrorists’ perception of hospitals as viable targets for attack. Targeting hospitals and healthcare facilities is consistent with ISIS’s tactics in Iraq and Syria, its previous calls for attacks on hospitals in the West, and the group’s calls for attacks in the West using “all available means.” While we have not seen any specific, credible threat against hospitals and healthcare facilities in the United States, we remain concerned that calls for such attacks may resonate with some violent extremists and lone offenders in the Homeland because of their likely perceived vulnerabilities and value as targets.’