

Testimony of Mohamed Tennari, MD

**Idlib Coordinator
Syrian American Medical Society
House Committee on Foreign Affairs
The Continued Use of Chemical Weapons by the Assad Regime
June 17, 2015**

*Translators used to help prepare written statement: Kathleen Fallon and Jihad Alharash
Translator at hearing: Mouaz Moustafa*

Chairman Royce, Ranking Member Engel, and members of the House Committee on Foreign Affairs: on behalf of the Syrian American Medical Society and the people of Syria, thank you for organizing this important hearing. I have traveled from the province of Idlib in northern Syria in order to testify before you about the chemical attacks I have witnessed in my community.

I am the medical director of a field hospital in my hometown of Sarmin, Idlib. I am also the Idlib Coordinator for the Syrian American Medical Society (SAMS). SAMS is a nonpolitical, medical relief organization that supports Syrian doctors, sponsors hospitals, and provides medical and humanitarian assistance inside of Syria. Last year alone, SAMS reached over 1.4 million Syrians through its medical work and operated 95 medical facilities in Syria, including my hospital in Sarmin. I am a radiologist by training, but since the conflict in Syria began, I have been working in general emergency medicine to help trauma victims affected by the daily bombings and attacks.

I helped to establish the field hospital in Sarmin four years ago, after the conflict in Syria began. We are currently using the fourth building to house the field hospital – the first two were flattened to the ground. The government in Syria systematically targets hospitals and ambulances in non-government controlled areas; our field hospital, which operates under the principle of medical neutrality, has been hit by government air attacks 17 times. Physicians are actively targeted in Syria simply for saving civilian lives; I myself was arrested by the Syrian government and held for two months at the beginning of the crisis in 2011. Not all of my medical colleagues are lucky enough to be alive – according to the organization Physicians for Human Rights, over 624 health workers have been killed since the beginning of the crisis. I have more friends who have been killed than I have who are alive.

Over the last four years, we have seen horrific and indiscriminate violence against civilians, in the form of barrel bombs, missile strikes, shelling, and more. However, three months ago, my province of Idlib began experiencing a new type of attack: chlorine-filled barrel bombs. I remember hearing helicopters from my home on the night of Monday, March 16 as I watched a movie on TV. It was around 8:45pm, and as I heard the sound of helicopter wings, an announcement blared through my walkie-talkie and through mosque speakers of Sarmin that explosive barrel bombs had been dropped. They said that the barrels were filled with poisonous gas – it was a chemical attack.

I immediately left my house and drove to the field hospital. Sarmin had never before experienced a chemical attack. As soon as I left my house, I could smell bleach-like odor. When I arrived at the hospital, a wave of people had already begun to arrive. They were all experiencing symptoms of exposure to a choking agent like chlorine gas. Everyone was decontaminated with water before coming into the hospital, and their clothes were taken off of them. Dozens of people experienced difficulty breathing, with their eyes and throats burning, and many began secreting from the mouth. We lay people on the floor as the beds filled up. Our small field hospital became chaotic. We tried our best to give people oxygen and hydrocortisone nebulizers to stabilize their breathing. Moderate cases were injected with hydrocortisone, and the severe cases required Atropine injections. The first wave of 50 people came from the Qaminas village where the barrel was dropped, less than 10 minutes away from Sarmin. We saw 20 additional people from the western neighborhood of Sarmin – the wind had blown the chemical agent in that direction.

I continued to hear the loud wings of helicopters over the chaotic sounds of my hospital. As we were finishing treating these victims, another wave of patients arrived at our hospital. Two more barrel bombs had been dropped, this time on the southeastern neighborhood of Sarmin itself, along the main corniche. Thirty more people spilled into my field hospital, and there would have been many more had the radio not alarmed our town to the attacks.

Among the people who entered, I saw my friend Waref Taleb. He ran an electronics repair shop in town, and recently helped to fix my phone. He, his wife, his mother, and his three young children – all under the age of three – were a sickly pale color when they arrived, a sign of severe lack of oxygen and chemical exposure. In the most severe cases of chlorine exposure, your lungs fill with fluid and you suffocate. We immediately intubated Waref and gave him CPR and rinsed off his wife and gave her Atropine. His mother was already dead when she arrived. We worked quickly to treat three-year-old Aisha, two-year-old Sara, and one-year-old Mohammad, giving them oxygen and injecting them with Atropine. Mohammad was foaming at the mouth. We were forced to treat Sara and Aisha on the body of their dead grandmother because we had no free

beds. As quickly as we worked, we could not save them. In a short period of time, Waref and his wife's symptoms progressed rapidly, and they too died.



A picture I took of deceased Aisha, Sara, and Mohammad Taleb on March 16

We learned from civil defenders who rushed the Taleb family to the hospital that the barrel bombs filled with chlorine had hit their house as they hid in the basement. In our daily barrel bomb attacks, it is safest to go to the basements of houses, but for a chemical attack like this, basements are the worst place you can be. Chlorine is heavier than air. One of the barrel bombs fell through a shaft in their home, filling the ventilation with chlorine as it broke open.

Their basement became a makeshift gas chamber.



The basement of the Taleb family's house after being hit by chlorine-filled barrel bomb, taken the day after the attack

Altogether that night, my hospital saw 120 people. There were only five physicians, including myself, and about 15 nurses working at the hospital. Many civil defenders and medical staff, including me, experienced symptoms of chemical exposure from such close contact with the patients. As I worked, my chest became tighter and tighter, my throat burned, and I had a hard time breathing. The young nurse who took care of baby Mohammed had symptoms of a critical level. The entire hospital smelled like bleach that night.

I wish that I could say that this night was unique, but it was not. Since March 16, SAMS has documented 31 chlorine attacks in the Idlib governorate, with over 580 Syrians affected by exposure, and 10 deaths from suffocation. My hospital has seen victims from 11 of these attacks so far. On April 16, one month after the attack that killed the Taleb family, I testified about my experiences in front of the United Nations Security Council in a meeting hosted by Ambassador Samantha Power. Less than two hours after the Security Council meeting, I got word from my hospital that they were receiving victims from yet another chemical attack in Idlib city.



Victims from the chlorine attack on Al Kastan on June 9

There is a consistent pattern to the chlorine attacks and their effects. The majority of the attacks happen in the middle of the night or early morning, when the temperature is low enough to prevent quick evaporation of the toxic gas. For each attack, eyewitnesses have described hearing the sound of helicopters before the barrels were dropped, and there are many eyewitnesses who have seen the barrels falling from helicopters. For every attack, people described hearing the sound of barrels hitting the ground without explosion – normal barrel bomb attacks typically cause a large and loud explosion. After attacks, victims described smelling a bleach-like odor. Patients of all ages experienced similar symptoms, consistent with exposure to a choking agent, including redness and burning of the eyes, shortness of breath, coughing, and for severe cases, frothing at the mouth. When choking agents are inhaled, fluid ultimately fills the lungs and the victims suffocate.

As with “conventional” barrel bomb attacks, the chlorine-filled barrel bombs are dropped on civilian areas, and have hit houses, town centers, and residential areas. This is a form of collective punishment by the government. Though the chlorine-filled barrels have killed far less than barrel bombs filled with explosives and shrapnel, they have added a new type of psychological torture to the people of Idlib. The fear and confusion

caused by chemical attacks has driven new waves of mass displacement throughout Idlib. Each day, we worry about what the next day will bring. This is no way to live.

In response to chemical attacks in Syria, the international community sends us more Atropine. This is disappointing. This means that the world knows that the Assad government will use chemical weapons against us again and does nothing to prevent it. What we need is not Atropine- what we urgently need is protection from the bombs. What we need is to prevent another family from slowly suffocating together after being gassed in their home. With this in mind, I call on the House Committee on Foreign Affairs for the following:

- **Protection from and prevention of aerial attacks.**

Every chlorine attack that has occurred in Idlib since March 16 – 31 attacks so far – has been by Syrian government helicopters dropping chlorine-filled barrel bombs on civilian areas. Aside from chlorine, we also continue to see “conventional” barrel bombs being used systematically by the government. Over the last two months, these attacks, which particularly target medical facilities, have escalated in Idlib, Aleppo, and Hama provinces. On March 26, my field hospital in Sarmin saw five victims from a chlorine attack. One of the victims was seven-year-old Manal Qaq, who was suffering from chlorine exposure. We treated her with oxygen, washed her off, gave her Atropine, and she was lucky enough to survive. However, the next day, her entire family of 12, including her young brothers, was killed in a barrel bomb attack.

As a physician, I can tell you that the number one cause of trauma injuries in Syria is barrel bombs, and our number one need is international protection from these aerial attacks, with a no-fly zone if necessary. Congress must work closely with the administration to prioritize civilian protection from aerial attacks, particularly from the barrel bombs dropped by helicopters.

- **Action to enforce the Chemical Weapons Convention, of which weaponized chlorine is a violation.**

In September 2014, the Organization for the Prohibition of Chemical Weapons (OPCW) confirmed that chlorine gas was used “systematically and repeatedly” in Syria. The OPCW has begun another fact-finding investigation to look into these recent attacks in Idlib; I met with the OPCW to give my first-hand accounts in May, and there is no doubt in my mind

that they will once again confirm what I know to be true: chlorine continues to be used systematically as a weapon in Syria. The U.S. State Department has said that the Syrian government's use of chlorine with the intent to kill or harm would violate the Chemical Weapons Convention. It is an ironic and twisted fact that the government of Syria was allowed to join the Chemical Weapons Convention in October of 2013, yet since then has time and time again violated the rules of the convention by deliberately using chlorine against its own civilians, and faces no consequences. Congress must push the administration to revisit the U.S.-Russia deal of September 2013 with the intention of adding further measures to prevent the use of weaponized chlorine and show that these flagrant and deadly violations have consequences.

- **An increase in effective assistance designed to protect hospitals and medical facilities.**

Hospitals and medical staff are critical in providing life-saving treatment to chemical exposure and trauma victims. Safe medical facilities and available health workers mean the difference between life and death for dozens of Syrians every day, and the Syrian government is aggressively targeting hospitals, ambulances, and doctors. Out of necessity, we have found creative ways to reinforce and protect our facilities to minimize the damage of aerial attacks - namely, we have begun rebuilding our field hospitals underground and in caves. The U.S. government should prioritize the funding and resourcing of NGOs that are most effective at assisting and supporting these local protection-oriented programs. Syrian-led and Syrian diaspora-led NGOs in particular have a strong understanding of local needs, connections with local civil society, and ability to efficiently and effectively provide assistance. In addition to assistance allocated to reinforcing and rebuilding secure underground hospitals, Syrian medical facilities are particularly in need of CT scans, MRIs, ventilators, and high quality gas masks.

On behalf of SAMS and the Syrian people, I want to thank the Committee for its leadership in addressing the important topic of ongoing chemical attacks in Syria. I hope that my accounts show the dire need for immediate civilian protection in Syria – and I hope that you are moved to take urgent action to end the barrel bombs and chemical attacks in Syria.

**Table of SAMS-Reported Chlorine Attacks on Idlib Governorate
Between March 16, 2015 – June 9, 2015**

Date	Village	Approx. Time of Attack	Affected by Exposure	Fatalities	Notes
3/16/2015	Qaminas	8:45pm	70	0	18 critical cases; wind carried gas to Sarmin
3/16/2015	Sarmin	10:50pm	50	6	Barrel bomb hit house; 19 civil defense treated for chemical exposure. Six members of Taleb family were killed.
3/23/2015	Sarmin	2:00am	3	0	Mild to moderate cases
3/24/2015	Binnish	8:30pm	30	0	Most victims women, children, and elderly
3/24/2015	Qaminas	9:00pm	8	0	Mild to moderate cases
3/26/2015	Sarmin	1:45am	5	0	Fewer people affected because precautions taken
3/29/2015	Idlib City	2:30pm	~47	0	
4/16/2015	Idlib City	11:00pm	~40	0	Barrel bomb hit center of Idlib City- Pullman Garage
4/25/2015	Al Nairab	2:50am	0	0	Barrel bomb hit tall building
4/26/2015	Kafr Awed	11:00pm	51	0	
4/27/2015	Al Nairab	12:15am	4	0	All cases were mild
4/29/2015	Saraqeb	3:00pm	12	0	One barrel bomb fell in eastern area near hospital; the other in south of city
5/2/2015	Al Nairab	1:20am	12	2	A 6-month-old baby died. Five days after the attack, the father of the baby died.
5/2/2015	Saraqeb	3:00am	~55	0	Mild to moderate cases, with most severe symptoms frothing at mouth
5/3/2015	Kansafra	1:25pm	25	0	
5/6/2015	Al Bashiria	2:25am	0	0	One barrel bomb dropped on edge of town
5/7/2015	Al Janudiya	12:20pm	50	0	Majority of victims were women and children
5/7/2015	Kafr Bateekh	2:20am	25	0	
5/7/2015	Kansafra	11:30am	4	0	
5/10/2015	Al Bashiria	7:00am	0	0	No injuries because of displacement in town
5/15/2015	Meshmshan	7:30am	20	0	Majority of victims were

					children
5/16/2015	Sarmin	3:45am	5	0	One barrel bomb hit city center of Sarmin
5/17/2015	Meshmshan	3:00am	3	0	
5/17/2015	Al Kastan	3:00am	9	0	
5/19/2015	Al Bashiria	5:30am	7	0	
5/19/2015	Meshmshan	4:30am	30	2	Two severe victims transferred to Turkey and later died from chlorine exposure
5/19/2015	Idlib City	2:00am	4	0	Moderate cases
6/7/2015	Al Kastan	3:50am	8	0	3 victims were slipping in and out of consciousness
6/8/2015	Saraqeb	4:15pm	2	0	
6/9/2015	Saraqeb	3:15pm	0	0	
6/9/2015	Al Bashiria	4:00am	3	0	

**Map of SAMS-Reported Chlorine Attacks on Idlib Governorate
Between March 16, 2015 – June 9, 2015**

