

# **The Humanitarian Crisis in Syria: Views from the Ground**

Testimony by Dr. Zaher Sahloul, President of the Syrian American Medical Society (SAMS), to the House Foreign Relations Committee, Subcommittee on the Middle East and North Africa. May 21, 2014.

## **Introduction**

On behalf of SAMS, I would like to thank you all for this opportunity to testify about our experiences providing medical relief inside Syria and the relevant lessons we have learned. I would like to thank Chairman Rep. Edward Royce for inviting me to testify at this committee and for sponsoring House Resolution 520, demanding expanded humanitarian access and an end to attacks on civilians. I strongly urge the House of Representatives to pass this resolution.

Additionally, I commend Chairwoman Rep. Ileana Ros-Lehtinen for her strong condemnation of chemical weapons attacks in Syria, and commend Ranking Member Rep. Theodore E. Deutch for his demonstrated commitment to stopping the flow of weapons into Syria.

SAMS recognizes Rep. Brad Schneider for being a supportive friend in this crisis and recognizes Illinois Rep. Adam Kinzinger, who has worked closely with SAMS to develop proactive policy to end the Syrian crisis.

Furthermore, I would like to thank all members of the Subcommittee on the Middle East and North Africa for their continued support for the provision of humanitarian assistance to Syria.

## **Executive Summary:**

SAMS is a leading Syrian American Diaspora NGO providing cross-border medical relief to Syria from our offices in Turkey and Jordan. SAMS's programs focus on addressing the direct and indirect consequences of the Syrian crisis. Thanks to our generous donors, SAMS supports field and trauma hospitals, training courses for physicians, fuel and generators for hospitals, medical equipment and supplies, medical staff salaries, and rebuilding of hospitals destroyed by bombing.

Despite all of our efforts, the humanitarian situation in Syria continues to deteriorate. As barrel bombs rain on Syria's cities, millions of Syrians have fled their homes for safety elsewhere. According to the UN, 6.5 million Syrians are internally displaced and 2.7 million Syrians are living as refugees in neighboring countries. Much of the country's infrastructure has been destroyed, the economy is in shambles, food insecurity is rising, and the social and communal bonds between Syrians continue to degrade into sectarianism.

Worse, chemical weapons attacks against Syrian civilians continue. Chlorine gas attacks in northern Syria last month left 5 dead and 1000 in need of treatment.<sup>1</sup> These attacks are designed to terrorize local populations into submission or flight, compelling Syrians to seek refuge abroad before their villages are targeted. Chemical weapons attacks also act as an impediment to the efficiency of our operations, channeling our already-limited resources to chemical weapons programs instead of conventional trauma and primary care.

**SAMS calls for the following:**

1. The president should end barrel bombing and chemical weapons attacks by any means necessary.
2. Congress should increase funding for humanitarian assistance to the Syrian people to match expected increased need. This aid should be redirected to reach Syrian populations along the Turkish, Jordanian, and Lebanese borders that are inaccessible through cross-line or official humanitarian assistance operations.
3. The US government should provide training and financial support to healthcare workers operating inside Syria to encourage them to remain in the country in the face of the collapsing healthcare system.
4. The US government should rebalance funding to Syrian and Syrian diaspora NGOs as such organizations have strong connections with local NGOs, help empower non-violent Syrian civil society, understand local needs, and counteract the influence of extremist groups.
5. The US should pressure the UN Office for the Coordination of Humanitarian Affairs (UNOCHA) to provide direct assistance to local and diaspora NGOs for cross-border relief efforts. The US should also pressure UNOCHA to expedite its coordination of humanitarian assistance across the border.

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<sup>1</sup> CBRNTF. Report on Toxic Gas Attacks in the Suburbs of Idlib and Hama. Rep. Chemical, Biological, Radiological and Nuclear Task Force, 15 May 2014. Web. 19 May 2014. <<http://goo.gl/qKd0KI>>.



A child in the emergency room of a SAMS supported hospital who was a victim of a barrel bombing attack in a civilian neighborhood in Aleppo.

### **A Devastating Toll:**

The ongoing armed conflict in Syria has entered its fourth year unabated. It is estimated that more than 150,000 people have been killed, among them 11,420 children.<sup>2</sup> 11,000 prisoners have been tortured to death,<sup>3</sup> and at least 1,400 people died from suffocation due to exposure to Sarin nerve gas and other internationally prohibited chemical agents.<sup>4</sup>

According to UNOCHA, more than 9.3 million Syrians, or close to half of the population, are in need of assistance and that number is increasing every day. According to UNICEF, 1.2 million children have become refugees and another 3 million children are internally displaced within Syria.<sup>5</sup> Approximately 2.8 million children lack consistent access to education, resulting in a lost generation of Syrian youth.<sup>6</sup> Currently, more than 2.7 million Syrians are registered as refugees

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<sup>2</sup>"Press Release: Major New Report Shows 11,420 Children Killed in Syrian Conflict: 7 out of 10 by Explosives, 1 in 4 by Bullets | Oxford Research Group." Press Release: Major New Report Shows 11,420 Children Killed in Syrian Conflict: 7 out of 10 by Explosives, 1 in 4 by Bullets | Oxford Research Group. Web. 19 May 2014.  
<[http://www.oxfordresearchgroup.org.uk/publications/middle\\_east/press\\_release\\_new\\_report\\_stolen\\_futures\\_hidden\\_death\\_toll\\_child\\_casualties\\_](http://www.oxfordresearchgroup.org.uk/publications/middle_east/press_release_new_report_stolen_futures_hidden_death_toll_child_casualties_)>.

<sup>3</sup>Ibid.

<sup>4</sup>Warrick,Joby. " More than 1,400 killed in Syrian chemical weapons attack, U.S.Says." *The Washington Post*. 30 August 2013.  
<[http://www.washingtonpost.com/world/national-security/nearly-1500-killed-in-syrian-chemical-weapons-attack-us-says/2013/08/30/b2864662-1196-11e3-85b6-d27422650fd5\\_story.html](http://www.washingtonpost.com/world/national-security/nearly-1500-killed-in-syrian-chemical-weapons-attack-us-says/2013/08/30/b2864662-1196-11e3-85b6-d27422650fd5_story.html)>

<sup>5</sup> UNICEF. " Under Siege/ The devastating impact on children of three years of conflict in Syria" .:  
<[http://www.unicef.org/publications/files/Under\\_Siege\\_March\\_2014.pdf](http://www.unicef.org/publications/files/Under_Siege_March_2014.pdf)>

<sup>6</sup> "Syria is one of the most dangerous places in the world to be a child." *UNICEF United States Fund*.  
<<http://www.unicefusa.org/mission/emergencies/conflict/syria>>

by the UNHCR in neighboring countries and at least 6.5 million are internally displaced.<sup>7</sup> Every day, 9,500 more Syrians are forced to flee.<sup>8</sup> In Lebanon, one out of three people is a Syrian refugee.<sup>9</sup> In Jordan, the Al-Zaatari camp is now the country's fourth largest city and the second largest refugee camp in the world.<sup>10</sup> This year, Syria will replace Afghanistan as the nation with the highest refugee population in the world.<sup>11</sup>

### **The Impact of the Syrian Crisis on the Public Healthcare System:**



The Al-Kindi Medical Campus north of Aleppo after it was completely destroyed

The ongoing conflict has devastated the country's healthcare system. The Geneva Convention prohibits warring parties from attacking doctors, ambulances, or hospitals displaying a Red Cross or Red Crescent emblems; such targeting is considered a war crime. In Syria, no such

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<sup>7</sup> The United Nations Refugee Agency " Syria Regional Response Plan." <http://data.unhcr.org/syrianrefugees/regional.php>

<sup>8</sup> "UN-backed report reveals record 33.3 million people displaced by war last year." *UN News Center*. 14 May 2014. <<http://www.un.org/apps/news/story.asp?NewsID=47787#.U3pBGfIdVlo>>

<sup>9</sup> Hubbard, Be. " Lebanon Hosts Over a Million who fled Syria, UN Reports." *The New York Times*. Web. 3 April, 2014. <<http://www.nytimes.com/2014/04/04/world/middleeast/syrian-refugees-one-million.html>>

<sup>10</sup> "UNHCR - Refugees Daily." *UNHCR - Refugees Daily*. Web. 19 May 2014. <<http://www.unhcr.org/cgi-bin/texis/vtx/refdaily?pass=463ef21123&id=5372fee98>>.

<sup>11</sup> Nichols, Michelle. "Syrians Set to Replace Afghans as Largest Refugee Population: U.N." *Reuters*. Thomson Reuters, 25 Feb. 2014. Web. 19 May 2014. <<http://www.reuters.com/article/2014/02/25/us-syria-crisis-un-idUSBREA1O1MA20140225>>.

norms or conventions are respected. Instead, healthcare professionals, hospitals and ambulances have been systematically targeted since the beginning of the crisis.

According to the World Health Organization (WHO), only 27% of hospitals in Syria appeared to be fully functioning due to the destruction of facilities and a lack of staff, equipment, and medicine.<sup>12</sup> More than 460 healthcare workers have been killed.<sup>13</sup> More than 15,000 physicians have fled to other countries.<sup>14</sup> In Aleppo, a city of more than 2.5 million people, only 300 physicians remained, including only 16 surgeons and 3 Orthopedic surgeons.<sup>15</sup> Rescue workers have also been targeted. The Syrian Red Crescent has lost at least 34 volunteers killed in the line of duty while transporting patients or delivering humanitarian supplies.<sup>16</sup>

Key metrics, such as rates of access to safe and affordable healthcare, vaccinations, neonatal mortality, maternal mortality, and women's health benchmarks have all plummeted as a result of the conflict. The WHO has confirmed the resurgence of infectious diseases like Polio and Leishmaniasis and the emergence of epidemics of Measles, Typhoid, Hepatitis, H1N1 and Tuberculosis. SAMS estimates that at least 200,000 civilians have died due to non-communicable chronic diseases (NCD)<sup>17</sup> such as untreated cancer and renal failure.

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<sup>12</sup> "World Health Organization Fact Sheet, The Syrian Arab Republic." *World Health Organization*. Web. <[http://www.who.int/hac/crises/syr/sitreps/syria\\_country\\_fact\\_sheet\\_13march2014\\_final.pdf?ua=1](http://www.who.int/hac/crises/syr/sitreps/syria_country_fact_sheet_13march2014_final.pdf?ua=1)>

<sup>13</sup> "Physicians for Human Rights." - *New Map Shows Government Forces Deliberately Attacking Syria's Medical System*. Web. 19 May 2014. <<http://physiciansforhumanrights.org/press/press-releases/new-map-shows-government-forces-deliberately-attacking-syrias-medical-system.html>>.

<sup>14</sup> "Syria's Medical Community Under Assault." - *Syria's Medical Community Under Assault*. Physicians for Human Rights, May 2014. Web. 19 May 2014. <[https://s3.amazonaws.com/PHR\\_other/Syria%27s-Medical-Community-Under-Assault-May-2014.pdf](https://s3.amazonaws.com/PHR_other/Syria%27s-Medical-Community-Under-Assault-May-2014.pdf)>.

<sup>15</sup> *Ibid.*

<sup>16</sup> *Ibid.*

<sup>17</sup> Murugen, Jerusha. "Syria's Other Crisis." *CNN*. Fareed Zakaria GPS, 30 Sept. 2013. Web. 19 May 2014. <<http://globalpublicsquare.blogs.cnn.com/2013/09/30/syrias-other-crisis/>>.



Syrian child with severe malnutrition due to the siege of Moaddameyya district near Damascus

SAMS and other Syrian Diaspora NGOs are struggling to provide lifesaving medical and humanitarian relief that targets populations that are inaccessible to UN agencies. SAMS prioritizes addressing the needs of patients and healthcare workers inside Syria and in neighboring countries. We strive to abide by the humanitarian principles of medical neutrality, impartiality, and independence, and to follow best practices in humanitarian and nonprofit operations.





An emergency room in a SAMS supported hospital that was partially destroyed by guided missile, is fortified for the next barrel bomb with IV fluid, Ambu Bags, defibrillators, and sand bags.

### **The International Response to the Syrian Humanitarian Crisis: Reactive, Disconnected, and Inadequate**

Thus far, the response of the international community has been woefully inadequate to meet the needs of the Syrian people. The UN and many international NGOs have issued multiple reports addressing the numerous aspects of the crisis, while failing to provide practical, proactive and sustainable solutions. The United Nations Security Council (UNSC) has neglected to address the needs of the estimated 242,000 Syrians living in besieged areas inside Syria.<sup>18</sup> Most aid

<sup>18</sup> *Humanitarian Bulletin Syrian Arab Republic*. Rep. Issue. 44. UN OCHA. Web. 19 May 2014.  
<<http://reliefweb.int/sites/reliefweb.int/files/resources/Syria%20Humanitarian%20Bulletin%2044.pdf>>

provided through the United Nations Response Plan has been directed to areas under Syrian Government control, neglecting Syrians in need of assistance who are living in opposition-held areas. Recent reports show that at least 85% of food aid and 70% of medicine aid provided through UN agencies were sent to areas controlled by the Syrian government, compared to 50% of aid distributed by the UN last year.<sup>19</sup>



Local doctors in a SAMS hospital in Aleppo insert a chest tube into a child victim of barrel bombing.

International relief organizations such as the International Committee for the Red Cross and the Red Crescent, OXFAM, Save the Children, and the UN, are usually the main providers of medical and humanitarian relief in most disasters zones. However, such organizations are noticeably absent from relief efforts inside Syria. These large, established agencies are hampered by the real or perceived challenges of operating in a complex conflict zone. Security

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<sup>19</sup>Sengupta, Somini. "U.N. Seeking More Ways to Distribute Aid in Syria." *The New York Times*. The New York Times, 17 May 2014. Web. 18 May 2014. <[http://www.nytimes.com/2014/05/18/world/middleeast/un-seeking-more-ways-to-distribute-aid-in-syria.html?\\_r=0](http://www.nytimes.com/2014/05/18/world/middleeast/un-seeking-more-ways-to-distribute-aid-in-syria.html?_r=0)>.



concerns, roadblocks, bureaucratic hurdles, inflexible policies, inaccurate needs assessments, and an absence of a UNSC resolution for cross-border relief, have resulted in the absence of these organizations where they are needed most. Tens of thousands of Syrian civilians have died from preventable causes, not because of direct injuries from violence, but due to malnutrition, starvation, and a shortage of medications. Only recently, following UNSC Resolution 2139, has UNOCHA stepped up efforts to coordinate relief with Diaspora and international NGOs.



Volunteer doctors crossing the border as part of a SAMS medical missions to Syria

With a few exceptions, Syria's neighbors have provided basic shelter and health services to those in need and have absorbed millions of Syrian refugees forced to flee their country. In Turkey, the government has spent more than 2.5 billion dollars on Syrian refugees, providing free shelter, food, medical care, education and other services to more than 740,000 Syrian refugees living in the country.<sup>20</sup> In Jordan, the government has provided shelter and shared its scarce resources with the 600,000 Syrians taking refuge in the country. Syrian children enroll in Jordanian schools and Syrian patients receive medical care in state hospitals. In Lebanon, local NGOs and civic organizations mobilized to provide much-needed services to Syrian refugees in spite of the delicate demographic and political balance in their small country. Host to over a million Syrian refugees, Lebanon's capacity for humanitarian aid is overstretched, and more help is needed to address refugees' basic needs of shelter, medical care, psychosocial support, and education. Iraq became a refuge for a large population of Kurdish Syrian refugees fleeing from Northeastern Syrian Governorates.

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<sup>20</sup> "Turkey RRP6: Monthly Update - March" UNHCR, March 2014. Web. May 18, 2014.  
<<http://data.unhcr.org/syrianrefugees/download.php?id=5429>>

In spite of their limited capacity, local NGOs, especially the Syrian Red Crescent, stepped up their efforts to provide lifesaving humanitarian and medical relief to local Syrian populations and the internally displaced. Syrian Diaspora NGOs, including SAMS, are providing services in most areas inside Syria and coordinating effectively with local NGOs and civic councils to build an infrastructure for medical and humanitarian assistance. They have successfully addressed many obstacles stemming from the lack of capacity, access, security, and the lack of support from more established international NGOs and the UN.

So far the United States has provided more than 1.7 billion dollars in humanitarian assistance, making it the largest donor of humanitarian aid to Syria. Most of the humanitarian aid goes through UN agencies, although an increasing percentage is being awarded to international and regional NGOs. Local NGOs should receive an increased percentage of the funding because they have the expertise necessary to assess the needs on the ground. These NGOs have access to besieged areas, while the UN does not. Syrian organizations like SAMS engage directly with physicians on the ground and can utilize aid more effectively by establishing medical points and field hospitals as soon as violence intensifies in a given area. This flexibility is important when responding to chemical attacks because it minimizes casualties.

A mere 20 years ago, the world witnessed a horrific humanitarian tragedy in Rwanda. Our capabilities to respond to such crises have significantly increased in the years that followed. It is the responsibility of the United States and its citizens to advocate for greater humanitarian access, so that such tragedies are never repeated. During my trip to Aleppo last month, I witnessed the impact of indiscriminate barrel bombings attacks on Syria's largest city. I visited Aleppo numerous times between October and November. Since the barrel bombing campaigns began in November, the once vibrant center of Syria is now a ghost town. Because of the constant fear, people left their homes, leaving entire neighborhoods deserted.

When people hear about barrel bombs in the news, it is difficult for them to visualize the amount of damage these improvised explosives can inflict. Barrel bombs consist of an oil drum loaded with explosives and shards of metal. The Syrian government is using them in a systematic and indiscriminate manner. The purpose of these bombs is to harm civilians and to target medical facilities. Barrel bombs are indiscriminate weapons of war and their use is a violation of international law. More specifically, UN Security Council Resolution 2139 calls on all parties in the Syrian conflict to stop the use of indiscriminate weapons of war, including barrel bombs. Human Rights Watch reported that since late February, the city of Aleppo has been attacked by at least 85 barrel bombs, including direct attacks on hospitals in the city.<sup>[1]</sup> SAMS's field hospitals in Aleppo and elsewhere in Syria have suffered barrel bomb attacks.

In Aleppo, a building adjacent to a SAMS field hospital was hit by an explosive barrel. Many patients and their family members were injured in the attack. Several floors of the hospital were damaged and the water and fuel systems were destroyed. During the evacuation of the hospital, a second barrel bomb was dropped on a nearby building.

Because of the systematic targeting of hospitals in Syria, local communities now view them as a threat, rather than a lifesaving service. For example, when a barrel bomb exploded near one of our field hospitals in Hama, the local population attributed the bombing to the existence of a hospital. Although the facility was not damaged, community members threatened members of the hospital staff and our facility was forced to close temporarily and then to relocate. It was not easy to find a new location as villages and towns actively resisted hosting the facility because civilians know that medical facilities are specifically targeted.

As a result, our field hospitals are now forced to work underground or as mobile clinics. Our hospital staff has adapted with the help of the local population. Community members notify SAMS doctors when barrel bomb attacks are imminent, so the doctors can safely take cover. However, such measure never suffice. Patients and doctors in underground operating rooms can not hear approaching helicopters, and can not escape in time.

SAMS, our partners, and other local and international NGOs, cannot continue to treat Syrians while our facilities and staff members are targeted by barrel bombs. SAMS calls on the president and allied world leaders to ensure that all parties in the Syrian conflict comply with UN Security Council Resolution 2139, which demands the end of “indiscriminate employment of weapons in populated areas including shelling and aerial bombardment, such as the use of barrel bombs.” I urge the president to partner with the international community to end barrel bomb attacks by any means necessary, and ensure that they can not be used in Syria to actively obstruct the provision of humanitarian aid and medical care.

Barrel bombs are not the only weapons used to destroy medical facilities inside Syria. Our hospitals and medical personnel endure shelling from MiG airplanes on a daily basis. This is no accident. Medical facilities and medical personnel are actively targeted. Efforts by international organizations like Physicians for Human Rights and the International Committee for the Red Cross to monitor attacks on medical facilities corroborate this statement. In the Syrian conflict, targeting medical facilities and medical personnel is a tactic of war. In most conflict situations, the International Committee for the Red Cross recommends that its logo be displayed on all ambulances and facilities to protect them from attacks. In Syria, however, the ICRC recommends the opposite, because Red Crescent logos ensure that medical facilities and staff are targeted. The targeting of medical facilities and personnel is a direct of violation of the Geneva Convention.

Furthermore, the targeting of medical facilities and personnel directly impacts the efficacy of US humanitarian aid. The US government donates the most humanitarian aid to Syria, be it through the United Nations or direct funding to international relief organizations. This funding is used to provide medical facilities in Syria with medicine, medical supplies, and equipment. US government funding has made it possible to deliver equipment such as X-ray machines, ICU-ventilators, dialysis machines, operating tables, monitors, and blood bank equipment to facilities across Syria. Every time a facility is targeted, expensive equipment is damaged or destroyed, valuable medications are lost, and simple but lifesaving supplies like gauze and bandages are ruined. It is in the best interests of the US government to ensure that its funds are not wasted on

the equipment and supplies lost to barrel bomb attacks. When our facilities are attacked, medical staff first search through the rubble for survivors, and then try to salvage supplies, medication, and equipment. Without these, they can not treat the victims of the barrel bombs or the shelling. Ending barrel bomb attacks would ensure that US government aid is effectively utilized in meeting the US objective of saving Syrian lives and mitigating the human cost of this crisis.

The use of chemical weapons has also contributed to the destruction of cities and villages on a massive scale. There are documented cases of chemical weapons use by the Syrian regime in more than 10 attacks. In three of these attacks 5 civilians were killed and 1000 admitted with respiratory and neurologic symptoms most likely due to the exposure to chlorine gas. The report of three chlorine attacks in Hama and Idlib provinces in April demonstrate the increased use of chlorine gas in this crisis. The healthcare system in Syria is on the verge of collapse. With the help of the few NGOs that remain in Syria, SAMS's field hospitals treat victims of chemical weapons attacks in hard-to-access areas. When chemical attacks devastated Rural Damascus last August and claimed over one thousand innocent Syrian lives, SAMS volunteers were at the scene saving lives. Before the attacks, SAMS trained area doctors in trauma care and provided them with protective gear, antidotes, and oxygen generators. One of our volunteers gathered samples from the chemical weapon attack victims as evidence of these heinous crimes.

In late April, SAMS received 16 cases of victims of a chlorine gas attack in the suburbs of Idlib. SAMS physicians treated all 16 victims with no reported deaths. SAMS staff also treated victims of chemical weapons attacks in Hama, where barrel bombs containing chlorine gas were dropped. Our hospitals in southern Syria have also received cases of poisonous gas attacks. On March 27, one of our field hospitals admitted 25 cases. Victims had symptoms of suffocation from being exposed to fumes with a strange odor and a white color. SAMS and its doctors saved 21 of these victims.

We believe that chemical weapon attacks will continue to kill and severely harm countless innocent Syrian civilians unless strong measures are taken immediately. The funding that is currently available to medical aid organizations will be insufficient to sustain the treatment of victims of chemical attacks, barrel bombings, and indiscriminate shelling. We strongly urge the House of Representatives to approve the \$1.1 in assistance requested for FY15 budget, if not more.

The systematic and continuous targeting of medical facilities and medical personnel has led to the disintegration of the health care system in Syria. Local production of medicines has fallen by 90%. According to SAMS internal assessments and the WHO, medications, including anesthetics, analgesics, antibiotics, intravenous fluids, and medicines for the treatment of chronic diseases, are in short supply.<sup>21</sup> There has been a 75% decrease in pharmaceutical

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<sup>21</sup> "Health: Syrian Arab Republic 2013." World Health Organization, 6 June 2013. Web. 19 May 2014. <[http://www.who.int/hac/syria\\_dashboard\\_6june2013\\_final\\_small\\_.pdf](http://www.who.int/hac/syria_dashboard_6june2013_final_small_.pdf)>

production since 2010, and 25 pharmaceutical plants have been destroyed.<sup>22</sup> Not only has pharmaceutical production been damaged, the health infrastructure as a whole has been severely affected. In Dar'a, 44% of facilities are out of service and 33% are partially damaged, where 28% of the population is in need of aid.<sup>23</sup> In Rural Damascus, 50% of public hospitals are not in service and 30% are partially damaged. 44% of the population of Rural Damascus is in need of aid where only 20% of public hospital facilities are functioning and have no damage.<sup>24</sup> WHO reports that Al-Qutaifa and Jeroud public hospitals are the only two public hospitals serving Rural Damascus where approximately 1,255,833 Syrians are estimated to be in need of humanitarian aid. Tens of thousands of Syrian doctors, nurses, and hospital staff have fled the country to escape the violence. Medical professionals in Syria face heightened risks given the repeated targeting of healthcare facilities and staff. According to the UNFPA, an estimated 30,000 Syrian physicians have fled the country.<sup>25</sup> In some communities in Syria, the shortage of doctors is especially dire. For example, Eastern Ghota had 1,000 doctors before the war and as of December 2013, only an estimated 30 remain.<sup>26</sup>

As a result of the conflict, many Syrians die every day from otherwise manageable chronic conditions. The disruption of health care affects patients who rely on stable access the most, like patients undergoing dialysis treatments or undergoing treatment for cancer. According to field assessment conducted by SAMS 200,099 Syrians have succumbed to chronic conditions like diabetes, hypertension, and cancer. Before the crisis, Syria boasted a robust healthcare system that ensured patients treatment for chronic conditions. This is no longer the possible and chronic diseases, like kidney diseases, are affecting patients across Northern Syria. Many patients are dying from lack of dialysis treatments. There are consistently fewer and fewer sessions available for these patients. Equipment is outdated and malfunctioning along with a diminishing number of specialists and technicians. The few remaining facilities do not have the proper resources and supplies to adequately carry out operations. According to reports from SAMS partners on the ground and from SAMS physicians that went on medical missions to Syria, in Al Raqqa, 24 dialysis patients died this past November, and 37 patients died between December 18 and January 29 because of the lack of adequate health care. In Al Raqqa for instance, only 11 machines are still operating and they are supposed to serve the large amount of patients that comes to facility daily to seek treatment.

SAMS's mobile clinics around Syria have reported warning signs of potential future epidemics. The three SAMS mobile clinics treated 4,427 total cases between February and April 2014. The caseload received by these clinics is important to track the spread of diseases and

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<sup>22</sup> "Impact on Public Health Infrastructure & Workforce, as of 1st of October 2013." World Health Organization, October 2013. Web. 19 May 2014.

<[http://www.who.int/hac/crises/syr/syria\\_impact\\_infrastructure\\_health\\_workforce\\_1october2013.pdf?ua=1](http://www.who.int/hac/crises/syr/syria_impact_infrastructure_health_workforce_1october2013.pdf?ua=1)>

<sup>23</sup> *Ibid.*

<sup>24</sup> *Ibid.*

<sup>25</sup> Rep. UNFPA, June 2013. Web. 19 May 2014.

<[http://www.who.int/hac/crises/syr/syria\\_impact\\_infrastructure\\_health\\_workforce\\_1october2013.pdf?ua=1](http://www.who.int/hac/crises/syr/syria_impact_infrastructure_health_workforce_1october2013.pdf?ua=1)>.

<sup>26</sup> "Syria's Medical Community Under Assault." - *Syria's Medical Community Under Assault*. Physicians for Human Rights, May 2014. Web. 19 May 2014. <[https://s3.amazonaws.com/PHR\\_other/Syria%27s-Medical-Community-Under-Assault-May-2014.pdf](https://s3.amazonaws.com/PHR_other/Syria%27s-Medical-Community-Under-Assault-May-2014.pdf)>.



epidemics. For instance, through caseload, SAMS has been able to document 83 cases of scabies, 34 cases of measles and 22 cases of Leishmaniasis in the past three months alone.

By continuing as the largest contributor of humanitarian aid to civilians in Syria, the United States can help curb the spread of epidemics and can continue to save lives. By supporting relief organizations and local NGOs, the US government can ensure that aid reaches the largest amount of beneficiaries, and that it reaches critical areas and the areas under siege. SAMS is pleased that the UN has finally started coordination efforts and SAMS supports this initiative and is an active member of the coordination meetings and working groups. However, SAMS urges the administration to channel most of the aid directly through relief organizations in order to maximize the effectiveness of this support.

We respectfully ask that the administration increase aid to Syria given the increased human suffering caused by barrel bombs and chlorine attacks and that this funding continue to go through relief organizations directly. We also ask that more funding be allocated towards capacity building for local NGOs. It is important that we begin to train local NGOs so that they will be ready to rebuild Syria soon after the crisis ends.

The future of Syria depends on the action we take today. Not acting to prevent further attacks on innocent civilians, medical facilities, and humanitarian actors today will only exacerbate the future medical and social problems that will prevail in a post-conflict Syria. It is the duty of the US government and all American citizens to enforce the Geneva conventions and to protect the lives of Syrian civilians. We call upon the US government to first and foremost put an end to barrel bombs and chemical attacks using any means at its disposal.