



**Tom Lantos Human Rights Commission Briefing**

***Briefing Series on Syria***

**Five Years of War in Syria: Health Care Under Attack**

**Thursday, March 31<sup>st</sup>, 2016**

**1:00 – 2:00 PM**

**Prepared Briefing**

**By**

**Jason Mills**

**Former Head of Mission, Doctors Without Borders/Médecins Sans Frontières**

Thank you Co-Chairman McGovern and members of the Tom Lantos Human Rights Commission for providing Doctors Without Borders/Médecins Sans Frontières — also known as MSF — the opportunity to share our field perspective regarding the humanitarian situation in Syria, and its implications in the region and beyond.

My name is Jason Mills. I have worked with MSF since 2007, and have participated in field missions in South Sudan, Chad, Ethiopia, Bangladesh, Sudan and Sierra Leone, before spending the last 12 months in Turkey, on the Syrian border, as head of mission overseeing MSF operations in northern Syria and for refugees in Turkey.

**By way of an overview, I would like to discuss the following points:**

- 1. The humanitarian situation inside Syria;**
- 2. The increasing lack of protection of health facilities, medical personnel and patients in conflict;**
- 3. The right of people to flee violence, and to the protections they are afforded under international law.**

**And I would like to conclude with a few specific questions for this Commission to consider.**

## **1. The humanitarian situation inside Syria**

Civilians are under relentless attack in Syria's five-year-old conflict. According to MSF's estimates – up to 1.9 million people under siege, and medical facilities in heavily populated areas have come under rampant bombing. International borders are closed to refugees, further entrapping people fleeing for their lives.

In 2015, MSF gathered patient data from 70 MSF-supported medical facilities in besieged areas of northwestern, western, and central Syria. We sought to document war-related wounds and death witnessed by our network of medical professionals in the country.

The findings were staggering: 154,647 war-wounded people and 7,009 war-dead; 30 to 40% of the patients treated were women and children.

As the health system falters and needs increase, we know that children are not being vaccinated, women do not have access to safe obstetrical care, and medical generalists have had to become surgeons.

In 2015 alone, 63 MSF-supported hospitals and clinics were bombed or shelled on 94 separate occasions, destroying 12 facilities and killing 23 staff members, including at least four instances of double tap attacks where the rescues teams are targeted. So far this year, there have been 7 further strikes on 6 MSF-supported medical facilities. I personally witnessed the devastation of this war in Kobane, where we attempted to build an interim hospital after the near total destruction of the town. The facility was destroyed before it could even open.

Attacks against medical personnel and facilities go **beyond** indiscriminate violence. They are a **clear, unambiguous** violation of international humanitarian law.

These and other findings from MSF's operations in Syria are available in our report, which will be available on the Tom Lantos Human Rights Commission website following this briefing.

## **2. The increasing lack of protection of health facilities, medical personnel and patients in conflict;**

Secondly, it is not just in Syria where MSF is witnessing the burden of war being placed on the shoulders of civilians and those that care for them.

Over the past 6 months, MSF and MSF-supported hospitals in Afghanistan and Yemen have experienced a string of deadly aerial attacks, conducted by states or coalitions engaged in operations in these countries.

Whether medical facilities are targeted to deprive enemy-controlled territory of key infrastructure, or as a strategy to make life unbearable for civilians, the outcomes are constant: medical providers, patients, and care takers are killed or injured; unhindered humanitarian access is not respected; health facilities cease functioning; and civilians are deprived of life-saving medical care, making life even more unbearable in these already unbearable settings.

This egregious breach of the protection of health facilities and medical personnel in war is shocking, especially as a **majority of UN Security Council members are actively involved in the conflict in Syria. If there is no accountability** for attacks of facilities, **is this not tacit approval?**

Permanent Members of the UN Security Council, 4 of whom are actively involved in the war in Syria, must answer for their failure to uphold their most basic responsibilities toward civilians.

The Council's own resolutions prohibit attacks on civilians, attacks on medical facilities, sieges, and starvation tactics, and yet this is exactly how the war is being waged with their participation.

### **3. The right of people to flee violence, and to the protections they are afforded under international law**

Finally, the killing of civilians and general deprivation of services we are witnessing in Syria are directly linked to the movement of populations.

My MSF colleagues are also supporting operations in Jordan, Iraq and Lebanon, and further afield in France, Greece and the Balkans, treating the displaced and victims of this and other conflicts.

In the Mediterranean Sea, MSF provided life-saving rescue operations for 8 months last year, in which we rescued 20,129 people in over 120 separate search and rescue operations.

In Europe, we are witness to the lack of safe and legal options for people to flee, the razor wire fences, capriciously closed borders, squalid, and inhumane reception conditions. Complicated, ever-changing registration procedures are aggravating the already miserable conditions imposed on thousands of people fleeing war, poverty and oppression. Fleeing has been made more dangerous, and the suffering has only increased, for people on the move.

As UN Secretary-General Ban Ki-moon stressed earlier this week, it is not just the responsibility of the countries closest to this conflict to host individuals seeking safety. It is a global burden, and it is our collective responsibility. As I have tried to describe above, we have witnessed that these families do not flee because they want to. They flee in search of safety and hope, and they undertake extreme measures to seek out a safer future for their families.

There was a refugee family in Turkey I spoke with, and their explanation for why they left ISIS controlled Syria hurts to hear.

One day their small child came home from playing soccer with blood on his shoes. They asked him what happened but he refused to speak. They found out the ball had been replaced with a human head. It was in that moment that they decided enough was enough, and that they needed to get out.

### **Conclusion**

In conclusion, I would like you to consider the following in light of the realities on the ground, and the lack of protection civilians in these conflicts are facing:

**Is it not the right of these individuals trapped in conflict to safely access medical care?**

**Is it not our responsibility to express our commitment to the protection of health facilities globally?**

**Should these people who have lost everything not be provided care with dignity and respect?**

**Should these families not have the right to flee?**

**Congress is uniquely poised to demonstrate the American peoples' appreciation for and commitment to these global standards that protect those in need.**

As we see an increasing disregard across diverse conflict zones for the protection of these basic principles, it is imperative that the US use its voice to reiterate the need to safeguard the protection of the medical mission – of health workers, health facilities, and of civilians seeking medical care. In today's climate, such statements would be bold. Congress should lead this charge. I urge you to lead by example.