

Physicians for
Human Rights

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Empty Promises: Syria Cessation of Hostilities Fails on Aid Delivery

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For 30 years, Physicians for Human Rights (PHR) has used science and medicine to document and call attention to mass atrocities and severe human rights violations.

PHR is a global organization founded on the idea that health professionals, with their specialized skills, ethical duties, and credible voices, are uniquely positioned to stop human rights violations.

PHR's investigations and expertise are used to advocate for persecuted health workers and medical facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

*Cover: A convoy of aid from the Syrian Arab Red Crescent enters the besieged rebel-held Syrian town of Madaya on January 14, 2016.
Photo: Louai Beshara/AFP/Getty Images*

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The cessation of hostilities between the Syrian government and opposition groups, which came into effect on February 27, has so far been successful in reducing violence, but has largely failed in its attempt to deliver humanitarian aid to desperate populations in Syria. Aid deliveries were not just meant to be a by-product of the cessation but were explicitly laid out in the agreement negotiated by the United States and Russia.¹ Despite this fact, in the first three weeks, the United Nations and partner organizations made only five deliveries, providing food, shelter, and medical supplies sufficient for just 30 percent of the nearly half a million people living in besieged areas.² At least 340,000 people – and three times as many by some counts – continue to wait for help in areas that have been cut off for months, even years, with virtually no access to vital food, medical supplies, and other humanitarian aid. In one area, malnourished children are increasingly showing the distended bellies typically found in famine settings.

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Five years of brutal conflict in Syria have devastated the country and created a humanitarian catastrophe unparalleled in our time, with an estimated 13.5 million people now needing basic assistance.³ The Syrian government's widespread attacks on civilian areas, largely with indiscriminate weapons such as barrel bombs, have killed at least 200,000 people and left millions injured and in need of urgent care. Deprivation – in part by the besieging of cities and towns – has further exacerbated the need for lifesaving aid, not least food and medical supplies. But health care services are scarce. The government has decimated the country's health infrastructure through targeted or indiscriminate bombings; detained, tortured, and killed doctors and other medical workers; forced thousands of health professionals to seek refuge in neighboring countries or Europe; and systematically obstructed delivery of humanitarian aid. It has refused to respond to or has denied requests for access by the UN Office for the Coordination of Humanitarian Affairs (OCHA) and created burdensome procedural processes to prevent pre-approved aid deliveries from occurring. Even when humanitarian aid has been permitted through, government forces have routinely stripped convoys of essential medical supplies.⁴

While there are unmet humanitarian needs across the country, needs in besieged areas are particularly acute and especially urgent. The government of Bashar al-Assad, and to a lesser extent the self-declared Islamic State (IS) and opposition groups, have besieged civilian populations as punishment for their presumed support to another party to the conflict. They have shut down delivery of food, medical, and other lifesaving aid to cities and towns for years, leaving residents in deplorable conditions, trying to subsist on plants, insects, and sometimes cats. Depriving populations of food, water, and humanitarian assistance is a war crime and a specific form of collective punishment of civilians, which is also unlawful. OCHA estimates that 486,700 people live in besieged areas in Syria, with 274,000 besieged by Syrian government forces, 200,000 besieged by IS, and 12,500 besieged by opposition groups.⁵ Siege Watch, a non-governmental organization that was founded in 2015 to monitor and report on Syria's besieged areas, cites a number closer to 1.1 million, with Syrian government forces besieging more than 800,000.⁶ The cessation of hostilities has done little to ease the suffering of this population.

This siege adds significantly to the conflict's death toll. Residents in Eastern Ghouta, located in the Damascus countryside no more than five miles from aid warehouses, reported in early 2016 that people are dying from wounds that could be treated with basic medical supplies. Medical staff in northern Homs reported at the same time that they are forced to reuse medical equipment without sterilizing it.⁷ The Syrian American Medical Society reported that in the month of December, 2015, 31 people died in Madaya from severe malnutrition or lack of access to medical care.⁸

The cessation of hostilities requires all parties “to immediately allow humanitarian agencies rapid, safe and unhindered access throughout Syria by [the] most direct routes, [and] allow immediate, humanitarian assistance to reach all people in need, in particular besieged and hard-to-reach areas.”⁹ Clearly, the parties are not adhering to this mandate. On February 28, the day after the cessation was implemented, UN Resident Coordinator in Damascus Yacoub El Hillo said that the UN and partner aid organizations planned on delivering lifesaving aid to 154,000 Syrians in besieged areas over the next five days.¹⁰ This did not happen. The subsequent five aid deliveries, which were delivered over the following three weeks, contained support for approximately 145,000 people and often did not contain sufficient quantities of aid to meet the populations’ needs.

Two separate deliveries were made to towns in Eastern Ghouta, east of Damascus. The first, to Saqba, Ein Terma, and Hazzeh, under siege by Syrian government forces since mid-2013, occurred on March 4. This delivery reportedly included food aid for only one in eight families in that area. As a result, the regional local council later suggested dividing food baskets in half in order to benefit as many people as possible.¹¹ The second delivery to Eastern Ghouta arrived on March 7, and benefited residents in Hamouriyeh, Jisreen, and Beit Sawa, also under siege by government forces since mid-2013. The local council in Jisreen said in a statement the next day that the food supplies they received would only support the area’s population of 10,000 for 10 days.¹²



Members of the Qatari Red Crescent prepare aid, in the form of diesel fuel, to deliver to families in need in the rebel-held town of Beit Sawa, on the outskirts of the capital Damascus on March 7, 2016.
Photo: Amer Almohibany/AFP/Getty Images

The Syrian government has also prevented many deliveries from including critical aid such as food and medical supplies. While the UN Security Council granted OCHA in July 2014 full authority to deliver aid across Syria without the government’s explicit permission or approval, OCHA continues to request permission for each delivery to ensure the security of their personnel.¹³ As a result, the Syrian government regularly disallows food and medical supplies from being included in shipments. Since the cessation of hostilities, the UN has carried out two deliveries to Moadamiya, a town south of Damascus with 44,000 residents that government forces have besieged since August 2012. The first delivery, on February 29, supplied humanitarian aid to the town’s 8,500 families. The Red Crescent reported that the delivery contained food, blankets, tent coverings, medical supplies, soap, and cleaning detergents.¹⁴ However, several local sources, including the local coordinating committee and medical workers, reported that neither food aid nor medical supplies were delivered.¹⁵ On March 2, the World Health Organization reported that they returned to Moadamiya that morning to deliver antibiotics and painkillers, but surgical supplies had not been approved.¹⁶ It is unclear how much medication was delivered, but a local media organization reported the supplies would only last four days.¹⁷

In Madaya, a town northwest of Damascus besieged since July 2015, residents continue to suffer from severe malnutrition, despite having received UN aid deliveries in January, February, and most recently on March 18. Doctors from the town reported that the food aid they received in January and February was nutrient-poor and high in carbohydrates. Without access to protein- and vitamin-rich food supplies, residents continue to display aggravated incidents of malnutrition, and some have suffered kidney and liver failure.¹⁸ Incidents of kwashiorkor,¹⁹ a specific form of malnutrition caused by a protein deficiency, have spiked. On March 11, the Medical Authority in Madaya and Baqin (a neighboring town) reported around 200 cases of the condition in the past month and requested the UN deliver animal protein, eggs, vegetables, and fruit in order to treat these cases.²⁰ Food parcels sent to Madaya on March 18 were supposed to contain five cans of tuna – the only food included that could treat kwashiorkor as all other food was high in carbohydrates.²¹ However, the Local Coordinating Committees in Syria reported that of 7,800 food parcels delivered, 3,000 did not contain any tuna and 1,000 contained only one can.²² The UN is well-aware of the dire conditions inside Madaya. Stephen O’Brien, UN humanitarian chief, reported in mid-January that 400 residents in Madaya were in need of immediate medical evacuation.²³ Since then, only 10 have been evacuated. The Syrian government continues to refuse additional requests.²⁴

Willfully impeding aid in an attempt to starve civilians as a method of warfare is a war crime. Add these transgressions to the already long list of war crimes committed by the Syrian government and other parties to this conflict.

Jan Egeland, Special Advisor to UN Special Envoy for Syria Staffan de Mistura, said in a statement on March 17 that permits had yet to be acquired for six besieged areas that have not been reached in 2016 (and many since much earlier).²⁵ One location is Daraya, a town of about 8,500 southwest of Damascus that has been besieged by government forces since November 2012. Residents there report they have not received UN aid in three years.²⁶ Egeland described the situation in Daraya as “very dire, very difficult for civilians.”²⁷ Aid has also not reached Douma, a town in Eastern Ghouta about six miles from Damascus that has been completely besieged by government forces since mid-2014. Siege Watch estimates that 200,000 people currently live in Douma, entirely cut off from aid despite the fact that, according to Egeland, the town “should be very easy to reach.”²⁸ Similar procedural delays and lack of approval or response from the Syrian government prevented 97 UN-requested convoys from delivering aid throughout 2015.²⁹

International humanitarian law requires all parties to a conflict to allow rapid and unimpeded delivery of humanitarian aid to those in need. Willfully impeding aid in an attempt to starve civilians as a method of warfare is a war crime.³⁰ Add these transgressions to the already long list of war crimes committed by the Syrian government and other parties to this conflict. Numerous UN Security Council resolutions (2139, 2165, 2191, 2254, 2258, and 2268) over the past two years have demanded that these international laws be upheld by all parties to the Syrian conflict. Yet that has not happened, and millions of civilians living in besieged and hard-to-reach areas are paying the price. Immediately granting rapid, safe, and unhindered access to all people in need across Syria is not just a vital confidence-building measure that will strengthen the possibility of a political resolution to this conflict. It is the only hope for the millions of lives that currently hang in the balance.

Recommendations

Physicians for Human Rights demands implementation of the following steps immediately:

To all parties to the conflict:

Immediately lift all sieges and grant humanitarian agencies rapid, safe, and unhindered access to all people in need across Syria through the most direct routes. Prioritize those most in need, especially those currently in besieged and hard-to-reach areas. Additionally, allow medical evacuations from besieged and hard-to-reach areas.

To the Syrian government:

Promptly approve UN OCHA-submitted requests for humanitarian aid deliveries and remove procedural delays that continue to hamper the delivery of lifesaving aid. Furthermore, approve the inclusion of medicines and medical supplies, including surgical supplies, in all aid deliveries, and prevent security forces and other officials monitoring aid convoys from removing pre-approved medical supplies.

To the UN Security Council:

Require OCHA to provide a daily public status update on all requests for aid deliveries submitted to the Syrian government. This status update should include pending requests and the length of time they have been pending; denied requests and reasons for denial; approved deliveries and their contents; supplies stripped out from convoys in transit; and completed convoys including details of the type of aid provided and number of beneficiaries.

To UN and partner aid agencies coordinating and delivering humanitarian aid:

Ensure aid deliveries include supplies sufficient for the entire population in need. Furthermore, ensure that the type of aid delivered will alleviate current inhumane living conditions and will not aggravate malnutrition and other illnesses.

ENDNOTES

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