

***Dr. Lina Murad Remarks***

***Tom Lantos Human Rights Commission Briefing: Five Years of War in Syria: Health Care Under Attack***

***March 31, 2016***

My name is Dr. Lina Murad, and I am a Board Member of the Syrian American Medical Society, or SAMS. SAMS works to support and train over 1,700 medical workers inside of Syria. We sponsor over 100 field hospitals and work to rebuild healthcare inside Syria. I have been on multiple medical relief and training missions inside Syria and neighboring countries to see firsthand the devastating impact of the war on Syria's healthcare infrastructure and civilian population.

Over the past five years, civilians in Syria have faced unimaginable horrors. They have been subjected to indiscriminate and targeted aerial attacks, starvation from living under siege, chemical weapons attacks, and other egregious violations of international law. SAMS recently documented over 161 chemical attacks in Syria since the beginning of the conflict.

Medical care has become a tool of war in Syria, as healthcare has been purposefully denied to Syrians in need through the prevention of aid delivery, the removal of medical supplies from aid convoys, the widespread destruction of medical facilities, and the targeting and arrest of medical personnel. Last year, a hospital was targeted on average every 4 days in Syria. After October 2015, when Russia intervened, that changed to a hospital being targeted every 2 days. Last year, SAMS-supported hospitals were attacked 71 times. 80% of these attacks were aerial attacks.

Our medical staff speak daily about how a hospital is the most dangerous place to be in Syria. On October 20, 2015, a SAMS polyclinic in Idlib was hit by Russian air-to-surface missiles, killing ten civilians and two of our brave medical staff. This hospital has been hit over a dozen times and forced to move its location four times. After the attack, Dr. Tennari, the director of the clinic, said, "When I am in the hospital, I feel like I am sitting on a bomb. It is only a matter of time until it explodes."

In January of this year, a SAMS-supported primary health care and OB/GYN facility in Latakia was forced to close due to heavy shelling and targeting. This facility treated a population of nearly 60,000, primarily mothers and newborn babies. Civilians in Syria have adapted their behaviors to survive this horrific reality - women almost exclusively choose to have C sections instead of giving birth naturally to avoid unexpected trips to a field hospital and limit the time they must spend there.

Security concerns have forced hospitals literally underground. 22 SAMS-supported facilities are underground, in Idlib, Aleppo, Homs, Hama, Rural Damascus, and Daraa. These hospitals are in basements and caves, for patient and physician safety.

Healthcare in the nearly 50 besieged areas of Syria is far worse than other areas of the country. In an area in which people do not have access to clean water, heating, electricity, fuel, and food, the health situation is devastating. Malnourished populations, unsanitary conditions, limited medical supplies, and the targeting and loss of medical professionals have compounded to create a crisis. Communicable diseases, chronic conditions, and traumatic injuries that can be successfully treated elsewhere often lead to death under siege, where care options are extremely limited.

20% of healthworkers supported by SAMS are besieged, practicing medicine in unimaginable conditions. Surgical equipment and medical supplies are routinely removed from aid convoys entering besieged areas. In besieged Madaya, medical workers are forced to use the same syringe for multiple patients because they simply don't have enough. There is also an incredible need for medications for chronic illnesses and vaccines. In the past year, not a single child in Madaya received a vaccine. In East Ghouta, patients who rely on dialysis supplies have been forced to deal with the uncertainty of the availability of treatment. In early February, the dialysis supplies in East Ghouta ran out. Three patients died while waiting for entry of a convoy to be approved, including a 12 year old girl.

While there has been an increase in one-time access to many of the besieged areas, this does not amount to an end to siege. In fact, Barzeh, a neighborhood in Damascus, has come under siege in the past two weeks. Barzeh is a link between Damascus and East Ghouta, and had a truce with the government since January 2014. Barzeh has a primary health care center but few healthworkers, as the truce allowed civilians living in Barzeh to travel to Damascus to obtain treatment. Now, as access to Damascus has been cut off, the 35,000 civilians inside Barzeh have extremely limited access to healthcare, and must travel to East Ghouta to obtain treatment. Even the dialysis patients in Barzeh are traveling to East Ghouta to obtain treatment with the extremely limited supplies.

In recent weeks, the ISSG and its Humanitarian Task Force have gained access to many areas that the UN has designated as besieged areas. However, areas including Darayya, Douma, and East Harasta have yet to receive the critical aid they need as convoys have not been allowed to enter. One-off convoys are not enough, as we have seen in Madaya. The problem must be addressed at its root, and the siege must be broken.

Further, it is critical that local Syrian leadership and inclusion are prioritized at all levels of the health sector response. Syrian health workers risk their own lives to treat civilians in need. The local and national organizations that work with them as colleagues should be incorporated into the decision-making processes at all levels of the Whole of Syria response. SAMS is the only Syrian co-lead of a cluster in the Turkey-based Whole of Syria response; this can be used as a model for other clusters. It promotes sustainability, the professional development of smaller organizations, and the inclusion of an important local perspective. Syrian diaspora have also been a critical part of the response; over the last two years alone, SAMS has received over \$15

million in private donations, all of which has gone to our medical services in Syria, and most of which has come from generous Syrian Americans.

Today, I am calling for 4 major priorities:

1. The cessation of hostilities has brought a dramatic decrease in violence, including attacks on healthcare and civilian areas in Syria. This is a positive shift and we hope that it will be sustained. However, there continue to be violations of the ceasefire. Since the beginning of the cessation of hostilities, the Syrian civil defense have documented over 200 violations; other activists have documented over 500 violations. All attacks on civilians, civilian infrastructure, and health facilities must end immediately.
2. Sufficient and sustained humanitarian access must be granted to all areas under siege, covering all four priority sectors: health, WASH, food, and NFIs. A process is urgently needed to ensure that medical evacuations are allowed in a consistent and sustained way in the besieged areas to allow critical medical care for those who need it. Civilians must be allowed freedom of movement - both the ability to remain in their homes and the ability to freely leave cities of their own accord.
3. There is an imperative need for continued cross-border work, including by local Syrian NGOs that are not able to be registered with the Syrian government. A substantial amount of medical and general humanitarian assistance is sent into Syria across the border of Turkey, where only cross-border aid can reach.
4. The U.S. government should prioritize funding and resourcing of NGOs that are most effective at delivering aid and supporting local staff. Syrian NGOs and civil society should also be included in formal consultations around the Syria response planning at the U.S. government and UN level. Last year, a fund was designated for Syrian and Syrian diaspora NGOs. It is essential that this fund continue for FY17 and that these appropriated funds are made available on an open and competitive basis.

We cannot bring the children, civilians, humanitarians, doctors, or others who died back to life. But we can advocate for their protection and the prevention of indiscriminate and targeted attacks that affect Syrians every day.