

House Foreign Affairs Committee  
Tom Lantos Human Rights Commission

Hearing  
on  
The Ongoing Humanitarian Crisis in Syria

September 12, 2019 - 9:30 a.m.  
2200 Rayburn House Office Building

Statement of Amanda Catanzano  
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International Rescue Committee (IRC)

Chairman McGovern and Chairman Smith, and Members of the Commission, thank you for convening this hearing on the humanitarian crisis in Syria, a crisis which has lasted for over eight years and for which Syrian civilians have paid the highest price. Your commitment to elevating human rights and humanitarian issues is not just admirable, it's critical as we face an unprecedented displacement crisis and witness the shrinking of protection space worldwide. My colleagues will discuss the humanitarian crisis in the northwest and the view from Damascus. I will focus on northeast Syria, where in the aftermath of ISIS' brutal reign and the intense battles to drive them out, over 600,000 have been displaced from their homes and 1.65 million depend on humanitarian assistance to survive<sup>1</sup>.

### **IRC in Northeast Syria**

The IRC has been operating in Syria since 2012. Currently, 2,190 dedicated IRC staff work in Syria and refugee-hosting states in the region. In 2018 alone, we provided emergency aid and long-term services to 1.25 million uprooted Syrians and the communities that host them - including 954,000 inside Syria. In total, we have reached more than 5 million people in the region.

We have operated in northeast Syria since 2013. Last year, our team of nearly 800 staff and volunteers reached over a half million people in need, including a quarter million children - ensuring access to healthcare, providing protection, and offering vital skills training and livelihoods support to help our clients rebuild their lives.

Generous US government funding helps support IRC work in northeast Syria. In particular, it helps us meet the needs of vulnerable women and children. We also rely on the US government to use its influence to alleviate bureaucratic obstacles and support policies that put civilians first.

ISIS no longer controls territory in northeast Syria, but significant challenges for civilians remain. Uncertainty defines the lives of those displaced and in need in northeast Syria as well as the work of humanitarians. This uncertainty is manifesting itself in three key ways.

First, **uncertainty surrounding the so-called US-Turkish "safe zone"** and how it could impact civilians and humanitarian access and risk catalyzing a wave of premature returns of displaced Syrians.

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<sup>1</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/NES\\_Snapshot\\_20190623.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/NES_Snapshot_20190623.pdf)

Second, **uncertainty about how to address staggering humanitarian needs in Al Hol Camp** and what the future holds for the nearly 70,000 people housed there, almost all women and children.

Finally, **beyond al Hol, uncertainty reins for the hundreds of thousands of Syrians displaced across the northeast**. How will they make informed and voluntary decisions about returning to places like Raqqa, which have been left in ruin, and how can governing authorities and humanitarian organizations ensure these areas are safe and offer access to services?

### **So-called “Safe Zone”**

On August 7, the US and Turkey announced they agreed to create a so-called “safe zone” along Syria’s northeastern border. The statement issued by the US Embassy in Ankara outlined three key issues which were agreed by both sides<sup>2</sup>:

1. Measures would be implemented rapidly in order to address Turkey’s security concerns (presumably vis-à-vis Kurdish forces that Ankara considers terrorists).
2. A joint operations center would be established in Turkey to coordinate and manage the establishment of the “safe zone”.
3. The “safe zone” shall become a peace corridor and the parties will ensure that displaced Syrians can return to the country.

Little more is known about the implementation of the zone, its geographic footprint, or its administrative arrangements. While the US has referred to a phased implementation, it remains unclear what each phase would entail. The People’s Protection Units (YPG) have already started withdrawing fighters and heavy weapons from areas along the border. And, it has been reported the first joint Turkish-US patrols commenced on September 8.<sup>3</sup> While the agreement has averted a long-threatened Turkish incursion, negotiations remain fraught. And Turkish President Erdogan quite publicly frustrated with the slow pace of progress.

One must not be fooled by the terminology. A true safe zone is an area protected from both ground and air attack – created primarily to protect civilians and improve their access to humanitarian aid. The US-Turkey initiative under discussion, however, as evidenced by the joint statement, makes no such commitment. It is a political and security arrangement, not a humanitarian one. We welcome the recent US nomenclature change from “safe zone” to “security mechanism”<sup>4</sup>. And we urge the US to encourage all allies to stop referring to this arrangement as a “safe zone” or as being at all humanitarian in nature.

Why does this matter? Because dressing up this political and security-focused mechanism in the humanitarian language of “safe zone” risks sending misleading and dangerous signals to displaced Syrians about the safety and services available in these areas. Further, it could create a justification for neighboring states to expedite the return of Syrian refugees, many who are not even from the northeast originally, to this area. The subtext of this zone as a step toward refugee returns is not thinly-veiled. It was spelled out, in fact, as an explicit objective of the agreement in the US-Turkish joint statement. In

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<sup>2</sup> <https://tr.usembassy.gov/statement-on-joint-military-talks-regarding-syria/>

<sup>3</sup> <https://www.reuters.com/article/us-syria-security-turkey/turkish-military-enters-syria-to-begin-joint-us-safe-zone-patrol-idUSKCN1VT05H>

<sup>4</sup> [https://beta.washingtonpost.com/world/middle\\_east/turkey-us-begin-safe-zone-joint-patrols-in-north-syria/2019/09/08/9061d632-d21a-11e9-8924-1db7dac797fb\\_story.html](https://beta.washingtonpost.com/world/middle_east/turkey-us-begin-safe-zone-joint-patrols-in-north-syria/2019/09/08/9061d632-d21a-11e9-8924-1db7dac797fb_story.html)

the weeks since the announcement, President Erdogan has made clear statements that refugee returns to border areas is high on his agenda.

Moreover, the lack of clarity around oversight of this mechanism raises practical concerns about how it could affect ongoing, life-saving humanitarian work. Many humanitarian agencies have offices and other facilities inside the estimated area of the zone. We are uncertain as to how unhindered humanitarian access will be guaranteed to ensure supplies and services reach those residing in the zone (numbering anywhere from about half a million to a million people depending on the estimates of the zone's footprint) as well as those outside of it. And who is responsible for and who will be held accountable for the protection of the civilians and aid workers (including freedom of movement) inside the zone?

Given that the United States is party to this security mechanism, Congress has a role to play in ensuring that civilian protection is put at the forefront of negotiations and that implementation does not hinder humanitarian access or the response effort. Moreover, Congress should insist the mechanism not be used to justify involuntary or uninformed returns, forced displacement or to prevent Syrians from seeking international protections.

### **Al Hol Camp**

Another issue of concern in northeast Syria, and one that has received recent media attention, is the purgatory-like existence for the nearly 70,000 people, 94% of whom are women and children, in al Hol Camp. Beyond Syrians and Iraqis, there are approximately 10,000 (including 7,000 children) foreign nationals representing 50 countries in al Hol. These individuals are held in a separate and securitized area of the camp known as the Annex<sup>5</sup>.

In the first three months of this year, al Hol Camp's population swelled rapidly from around 10,000 to over 70,000, as people fled from in and around Baghuz. At the peak of the influx, thousands of women and children were arriving at the camp each night in desperate condition<sup>6</sup>. They had been living in appalling conditions under ISIS and many were the victims of ISIS depravity. As such, they were arriving not just malnourished and in poor health, but traumatized from the violence they witnessed and experienced. And while the acute emergency has passed, they continue to live uncertain existences.

We certainly acknowledge that tensions and grievances in al Hol, especially the Annex, are running high. But it is critical to unpack what drives this tension. IRC operates inside the camp. Residents and staff have expressed to us directly the following as the key drivers of frustration and tensions.

First, many of the women are separated from their husbands and adolescent sons with no idea where they are or if they are alive or dead. Women with whom IRC speaks list this anxiety as their top grievance. Also adding to the stress and strain is the lack of clarity camp residents have about their own status and future. Syrians and Iraqis face murky timelines and processes about their departure from the camp and have little reliable information about conditions back home. Foreigners face even more uncertainty as few countries are willing to repatriate their citizens. Thousands of foreign children are at risk, as their parents' countries of origin refuse to take responsibility for them, threatening to create a

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<sup>5</sup> <https://reliefweb.int/report/syrian-arab-republic/north-east-syria-al-hol-camp-service-mapping-snapshot-01-august-2019>

<sup>6</sup> <https://www.rescue.org/press-release/al-hol-camp-breaking-point-another-12000-women-and-children-arrive-just-48-hours>

generation of stateless children with no prospects or hope for a future. We recognize and appreciate US leadership in this regard.

In the meantime, camp residents contend with inconsistent access to clean water, healthcare, trauma and mental healthcare, and other essential services. Inequalities exist in most camps – but are extreme in Al Hol. While some of these conditions are beginning to improve for the general population of the camp, the situation remains grave - especially for Annex residents. They face a dangerous catch-22 in which few services are available inside the Annex – where there is no market, few if any child-friendly spaces, no psycho-social support or 24-hour health facilities. But Annex residents also face extreme movement restrictions that constrain their access to these services outside of the Annex. As such, women are regularly forced to give birth alone in their tents.

Under International Humanitarian Law (IHL), all residents in the camp are entitled to sufficient access to humanitarian assistance. Children enjoy additional protected status under both IHL and international human rights law. Yet, we fear a narrative of “radicalization” is hindering humanitarian access and the impartial delivery of aid to all those in need – including foreign women and children. When, in fact, lack of access and aid is a key factor driving the tension and violence.

Lastly, young mothers, who make up the vast majority of adult camp residents, face uncertainty about the health and wellbeing of their young children – too many of whom died en route to the camp and continue to suffer and die inside the camp.

Between December and August, over 300 children under the age of 5 died in al Hol. Nearly one third of these children died in the Annex - a rate two or even three times higher than in other parts of the camp. Many of these children – lacking access to adequate healthcare - died not in clinics or hospitals but in their tents<sup>7</sup>. Although mortality decreased in May from absolute peaks mid-March, it started gradually increasing again in June and July. We fear mortality rates will continue to increase in the coming months due to cold weather.

The future of these women and children is in limbo. While the debate about their worthiness to receive aid or be treated decently rages on, it is clear that leaving them to languish in a camp in desperate conditions with no information or adequate access to services will not contribute to their rehabilitation or relieve their trauma. This is particularly tragic considering IRC has already seen improvements in children and mothers’ wellbeing and mother-infant bonding as well as a reduction in child aggression when we are able to provide these kind of services.

To address this untenable situation, Congress should engage on the following:

- **Ensuring sufficient resources to provide basic services for all camp populations** without discrimination. Gaps exist across all sectors, with the most critical needs in the Annex.
- **Prioritizing sufficient support and resources to treat trauma and distress, including in the Annex.** This would serve dual purposes of addressing mental health challenges and defusing camp tensions.
- **Encouraging local authorities to share with camp residents information about their sons and husbands as well as their own status and future options.**

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<sup>7</sup> <https://www.nytimes.com/2019/09/03/world/middleeast/isis-alhol-camp-syria.html>

- **Supporting the Trump Administration’s efforts to push governments to repatriate their citizens.** These foreign nationals should be afforded the rights enjoyed by all other citizens and any deprivation of liberties should be grounded in due process of law.
- **Ensuring women and especially children are treated as victims of this conflict, in accordance with international law and standards,** and those who are repatriated are provided with additional support, including the provision of education and psychosocial support and follow up case management.

## Durable Solutions

While al Hol camp gets a lot of attention in the press, there are thousands displaced in camps and communities across the northeast facing uncertain futures. A final priority is finding long-term solutions for these civilians, as well as ensuring that conditions in areas retaken from ISIS are suitable for safe and sustainable returns. As more people seek to return, it is crucial for the US and the international community to keep the focus on rehabilitation of these areas and ensure that key services such as healthcare, education and livelihoods opportunities are available.

Raqqa City, where IRC was one of the first organizations to program, is a case in point. The lengthy campaign to drive out ISIS devastated the city and forced most of its residents to flee in search of safety. By its own assessment, the US military fired 35,000 artillery rounds in five months in Raqqa – more than in any other conflict since the Vietnam War<sup>8</sup>. At the end of Coalition operations in October 2017, only 3,000 residents remained in Raqqa city – down from about 229,000 people in late 2016<sup>9</sup>.

The conflict has left destroyed and insufficient infrastructure. Forty percent of the housing was damaged and uninhabitable<sup>10</sup>. The electricity network remains unrepaired, leaving Raqqa city residents and aid workers dependent on communal generators which provide power for only 8 – 10 hours per day<sup>11</sup>. The near omnipresence of explosive remnants of war (ERW) – including unexploded ordinance dropped by Coalition airstrikes and landmines and improvised explosive devices (IEDs) planted by ISIS – makes merely traveling around the city a grave risk for residents and aid workers. Data from 2017 identified the sub-district where Raqqa city is located to have the highest level of conflict incidents in the whole country, and 618 blast wound casualties due to explosive remnants of war and landmines were reported between November 2017 and June 2018<sup>12</sup>. Without concerted efforts to clear neighborhoods systematically, the persistent fear of explosions precludes the re-establishment of normalcy in the city.

The health sector offers a glimmer of hope. In October 2017, there were no functioning health facilities in Raqqa. Now, all neighborhoods have health facilities including five hospitals and six primary care facilities – including those supported by the IRC. But the glimmer is dimmed by a recent Reach assessment. It surveyed households with a family member in need of medical treatment and found that across 75% of Raqqa’s neighborhoods, half or less of these households were able to access the

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<sup>8</sup> <https://www.marinecorpstimes.com/news/your-marine-corps/2018/02/06/these-marines-in-syria-fired-more-artillery-than-any-battalion-since-vietnam/>

<sup>9</sup> <https://reliefweb.int/report/syrian-arab-republic/ar-raqqa-crisis-overview-november-2016-october-2017>

<sup>10</sup> <https://urban-syria.org/>

<sup>11</sup> Reach Situation Overview Raqqa, March 2019

<sup>12</sup> <https://www.acaps.org/node/194/crisis-analysis/40369/move/up>

treatment. Respondents indicated treatment was too costly and the distance to facilities too great<sup>13</sup>. Moreover, electricity shortages prevent healthcare facilities from operating at full capacity and there is a chronic shortage of medical personnel, including gynecologists, pediatricians, and especially psychiatrists given the level of distress and trauma among Raqqa's residents who lived for years under the brutality of ISIS.

Despite these challenges, residents are returning to Raqqa – by some estimates the city's population is now about 160,000. But the extent and lingering impact of the destruction as well as funding and security constraints on humanitarian organizations raises real questions about the safety and sustainability of these returns. In fact, across all of Syria, Raqqa already has the highest ratio of unstable returns – 17% of Raqqa returnees interviewed indicated that they were displaced again after only one month back in the city<sup>14</sup>.

But Raqqa is only part of the story. Across the northeast, many areas that had been under ISIS control have been devastated and will need support from the international community if civilians are to return and re-establish a sense of normalcy.

As a party to the conflict, the US has a special responsibility to support those who have been displaced due to fighting to recover and regain control of their lives. Congress can use its influence in the immediate term to make sure the people of northeast Syria are not left behind:

- **Scale up funding for humanitarian assistance** to populations in need in northeast Syria, with a focus on meeting basic needs (particularly the underfunded health and livelihoods sectors) and supporting the capacity building and sustainability of local organizations.
- **Ensure US funding is not used for humanitarian responses or IDP returns to areas until they are fully cleared of ERWs, landmines, and IEDs.** Mine Risk Education should be scaled up, particularly for returning IDPs and refugees.
- **Encourage US civilian and military departments and agencies to ensure the local authorities with whom they work adhere to international law and IHL** and that all IDP returns are voluntary, informed, and safe.
- **Encourage the State Department and USAID to develop a long-term strategy** to meet the needs of displaced and non-displaced populations in Northeast Syria that goes beyond emergency responses.

I offer my sincere thanks to the Commission for its enduring commitment to Syria and Syrians and for giving me the opportunity to share the uncertainty facing my IRC colleagues and our clients in northeast Syria. I look forward to answering your questions.

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<sup>13</sup> [http://www.reachresourcecentre.info/system/files/resource-documents/reach\\_syr\\_factsheet\\_hsos\\_regional\\_factsheet\\_northeast\\_syria\\_may2019.pdf](http://www.reachresourcecentre.info/system/files/resource-documents/reach_syr_factsheet_hsos_regional_factsheet_northeast_syria_may2019.pdf)

<sup>14</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/reach\\_syr\\_situationoverview\\_raqqa\\_aba\\_june2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/reach_syr_situationoverview_raqqa_aba_june2019.pdf)