

SYRIAN CRISIS AND ITS EFFECTS ON MEDICAL COMMUNITY

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The Syrian conflict is a civil war complicated by brutal violence where neither side has any regard for civilian casualties, nor does it respect the protected status of health personnel and facilities resulting in near complete deterioration of the healthcare system in the affected areas. There is growing shortage of medical supplies and skilled health professionals along with outbreaks of vaccine-preventable diseases and the inability to adequately treat chronic and non-communicable illnesses.¹

The humanitarian situation has worsened in Syria with intensified fighting, high levels of violence, widespread disregard for the rules of international laws and gross human rights abuses committed by all parties. The active conflict is increasingly hindering the delivery of humanitarian aid especially in Northern Syria where supply roads are disrupted or closed and the humanitarian organizations have been forced to downscale or suspend operations in several areas due to insecurity. Civilians continue to be the primary victims of the conflict. Rape and sexual violence, enforced disappearance, forcible displacement, recruitment of child soldiers, summary executions and deliberate shelling of civilian targets have become a common place.²

An estimated nine million Syrians have fled their homes since the outbreak of civil war in March 2011, taking refuge in neighboring countries or within Syria itself. According to the United Nations High Commission for Refugees (UNHCR), over 3 million people have fled to Syria's immediate neighbors Turkey, Lebanon, Jordan and Iraq. Internally displaced persons (IDPs) within Syria are 6.5 million. Meanwhile, about 150,000 Syrians have declared asylum in the European Union, while member states have pledged to resettle further 33,000 Syrians. The vast majority of these resettlement spots i.e. 85% are pledged by Germany.³

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Health facilities have been seriously affected in Syria amidst the bombings and destruction both by the governmental and opposition forces. Medical problems include not only those atrocities incurred during the fighting but also injuries that occurred while fleeing out of the country. There are many examples like a 14-year-old boy who was tortured with 40 cigarette burns because he wanted to keep going to school in a region of Syria controlled by the Islamic State, a girl with an untreated jaw fracture from car accident during her family's trek across the Balkans, patients with old shrapnel wounds and burns from bomb detonations, many people with sore feet from long walks, and children who are dehydrated and hypothermic after long trips on crowded trains.⁴

Seventy-five percent of Syrian refugees are women and children, and 716,492 are women and girls of reproductive age. In the camp setting, rape, prostitution and underage forced marriages are rampant. Hundreds of women and girls have been sold under the guise of "temporary marriage." As economic resources are depleted in a camp setting, girls are married off at younger and younger ages. Survival sex becomes the only way to support themselves and their families.⁵ There is an increase in the gender-based violence that women and girls are experiencing. These forms of violence are experienced as intimate partner violence (IPV), early marriage, survival sex and the threat and fear of violence from the local community.⁶

In Aleppo only a quarter of the city's 1.2 million residents remain, more than two-third hospitals have stopped functioning, and 95% of doctors have been either killed or have fled. Only 10 out of 33 hospitals remain functioning which are understaffed and lack facilities like CT and MRI scanners for diagnosing and treating traumatic brain injuries.⁷

There has been gross violations of the Geneva Convention based International Humanitarian Law which protects medical spaces and health workers from interference and attack during armed conflicts. Such violations have earlier occurred in Afghanistan, the Democratic Republic of Congo, Rwanda, So-

malia, and former Yugoslavia. As a result of gradual deterioration of the security situation in January 2014 Medecin Sans Frontiere was forced to reduce its activities due to the abduction of five staff members by Islamic State group.⁸

If the international community does not rise to stop the attacks on medical professionals and infrastructure, civilians will continue to suffer and die. In addition, lasting peace cannot be achieved unless the perpetrators of these crimes are held accountable. The effects of these violations and absence of accountability will go far beyond Syria. The longer the international community fails to enforce humanitarian laws, the greater are the chances that these violations will become the “new normal” in armed conflicts around the world, eroding the long-standing norm of medical neutrality. Left unchecked, attacks on medical care will become a standard weapon of war.⁷

Instead of isolating the Syria diplomatically and silently observing it dismantle, the Organization of Islamic Cooperation (OIC) must wake up to attend to the call of the time and find a means to bring the warring factions and government forces on the negotiating table. The United Nations should mobilize a peace keeping force in Syria to implement International Humanitarian Laws for protecting civilians, health care workers and to prevent the targeting of hospitals and other health facilities.

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CONFLICT OF INTEREST
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