

# The United Nations Should Reveal the Medical Facilities That Have Been Targeted Which Were Listed in the Humanitarian Deconfliction Mechanism

The International Commission of Inquiry and the Office of the High Commissioner for Human Rights Are Responsible for Identifying the Perpetrators of Attacks

# SNHR

SYRIAN NETWORK FOR HUMAN RIGHTS

الشبكة السورية لحقوق الإنسان

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The Syrian Network for Human Rights (SNHR), founded in June 2011, is a non-governmental, independent group that is considered a primary source for the OHCHR on all death toll-related analyses in Syria.

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## I. Introduction on the Targeting of Medical Facilities Between the Beginning of the Popular Uprising Until the Syrian Regime Losing Control of Areas

Since the first moments of the popular uprising for change and democracy in Syria in March 2011, the Syrian regime confronted peaceful demonstrators by firing live bullets, injuring a number of the unarmed protesters. When these injured victims' friends and colleagues took them to state or private hospitals for treatment, they were pursued and arrested there by regime forces, with the owners and management of these hospitals threatened, and the hospitals vandalized by regime personnel in order to terrorize protesters and any medical personnel helping them into abandoning their activities. It became necessary to establish clandestine medical centers to aid the wounded, turning into alternatives to the government-run hospitals as the uprising evolved into an internal armed conflict and areas were liberated from regime control.

Over the past eight years, these medical centers and their personnel have been relentlessly and calculatingly targeted by the Syrian regime and its allies in order to inflict the greatest possible amount of terror and pain on Syrian society by targeting essential facilities that are indispensable to normal life. No regime or government has deliberately and intentionally targeted medical facilities in this way and on this scale since World War II. The Syrian and Russian regimes have continued to bomb hospitals up to the present day, encouraged by the lack of any meaningful reaction from the international community to such criminal acts, which constitute repeated and systemic war crimes.



All those involved in the popular uprising in Syria and later relief organizations in the areas outside the control of the Syrian regime and its allies exerted exceptional efforts to protect medical facilities, resorting to various strategies such as the use of basements in buildings, often reinforced with sand berms, the use of early warning systems, even up to using caves in mountainous areas as medical facilities. All these attempts were ultimately unsuccessful due to details of these facilities' locations being passed to the Syrian regime and its Russian ally by informers or through their being identified by reconnaissance planes that allowed the Syrian regime and its Russian ally to locate and target them. The Syrian Network for Human Rights' (SNHR) documentation team has identified numerous incidents of specific and precisely targeted bombardment of these medical facilities using guided missiles. Many medical facilities have been bombed repeatedly on different occasions according to our database archive of incidents of targeting these facilities, while ambulances and roads which they were expected to use have also been targeted.

Over the past eight years, SNHR has taken a particular interest in documenting violations against medical personnel and the targeting of medical facilities, detailing these attacks in [periodic monthly reports](#) and through extensive dedicated reports and research. We have confirmed, through documenting and archiving evidence of these attacks, that Syrian-Russian-Iranian alliance forces are the primary perpetrators of these violations, mainly through use of air power, which led to the partial or total destruction of many medical facilities and field hospitals, medical equipment, stores of medicine, and generators used to supply power to these facilities, causing the closure of numerous healthcare facilities, temporarily or permanently, as well as leaving hundreds of wounded or injured people, patients suffering from chronic diseases, and other groups requiring care without any access to the necessary medical facilities.

### **Methodology:**

This report highlights the usefulness or otherwise of the United Nations humanitarian deconfliction mechanism, and talks about its limited impact on the protection of medical facilities. The report also highlights the most notable attacks on medical facilities whose coordinates were shared with the mechanism.

All the attacks documented by SNHR were carried out by Syrian-Russian alliance forces, and we did not document any attacks by International Coalition forces on medical facilities listed in the mechanism.

We could not determine the number of medical facilities whose coordinates were part of the humanitarian deconfliction mechanism, but we were able to monitor several medical organizations that had shared the coordinates of the medical facilities they support which were subsequently subjected to numerous attacks.



We obtained all information related to the statistics of the medical facilities listed in the mechanism through statements by officials of the United Nations Office for the Coordination of Humanitarian Affairs.

In general, this report draws upon the ongoing daily monitoring of news and developments by SNHR's team, and on our extensive network of various credible sources that have been built up over the course of our work since 2011. When we receive information or learn some news about violations via the internet or media outlets, our team works to follow up these reports and attempts to verify information and collect evidence and data. In some cases, researchers are able to visit the incident location promptly, although this is a rarity in light of the incredibly high security risks involved, and given the frequency of daily incidents and the scarcity of human and material resources to carry out this work. Therefore, the opportunities available to access evidence vary between one case and another, and consequently the level of certainty in classification of each incident varies. SNHR's customary policy in such cases is to rely on accounts from survivors who experienced the violation firsthand or those who saw or photographed the violation, in addition to analyzing available materials from open sources such as the Internet and media outlets. We also talk with medical personnel who treated the injured in these incidents, examined the deceased victims' bodies, and identified the cause of death.

## **II. The Humanitarian Deconfliction Mechanism Didn't Play Its Hoped-For Role of Deconflicting Medical Facilities in the Syrian Conflict**

The Office for the Coordination of Humanitarian Affairs (OCHA) established a specific mechanism in a practical effort to provide protection to humanitarian personnel, including information on the offices, facilities and locations of humanitarian missions, IDP sites, routes leading to humanitarian facilities, and mobile clinics to protect them from bombardment and targeting; the humanitarian deconfliction mechanism provides the International Coalition forces, Russia, Turkey and the chairs of the International Syria Support Group (Government of the United States and the Russian Federation) with data on static humanitarian facilities' locations, or on humanitarian mission movements to mitigate, insofar as possible, the risks of their being targeted / hit by an air strike. [The founding statement](#) of this humanitarian deconfliction mechanism states that participation in it by organizations is voluntary and does not guarantee the safety of personnel, facilitates or sites in the event of participation. Using the humanitarian deconfliction mechanism does not constitute a legally binding agreement between the concerned parties.

Turkey and Russia were not part of the humanitarian deconfliction mechanism in 2014, but concluded a joint agreement to deconflict movement and static locations provided by humanitarian organizations.



The same humanitarian deconfliction mechanism has been implemented in other nations that saw armed conflicts, such as Afghanistan, Yemen and Mali, where it achieved significant successes, with thousands of medical facilities deconflicted and thus protected from attacks and bombings. In Syria, however, since Russia is a major force, as well as being a permanent member of the Security Council, and protector of the Syrian regime, Russia and the Syrian regime have placed themselves above the law and constantly violated several rules of customary law and UN Security Council resolutions. The Syrian, Russian and Iranian regimes have consistently behaved like rogue regimes in Syria, with no one apparently able or willing to stop their overt and flagrant violations, which have allowed them to effectively disregard and triumph over international law.

After medical facilities were repeatedly targeted and bombed by Russian and Syrian warplanes, the sense of intense frustration and total despair at the lack of any protection for these facilities by the international community despite such protection supposedly being guaranteed under international law prompted some organizations to try to test coordination and work with the UN humanitarian deconfliction mechanism in the hope that this might succeed in deconflicting some medical facilities or at least clearly expose the perpetrators of these bombings which constitute war crimes. A number of officials with medical organizations working in Syria told us that they had shared details of between 20 percent and 50 percent of the medical facilities they run, being careful to only share details of easily identified medical facilities which the Syrian and Russian regimes could locate easily by use of reconnaissance planes or local informants.

We have not been able to find out all the medical facilities registered as being included in the humanitarian deconfliction mechanism because the mechanism does not announce these, and has no website publishing data or statements on its activities, while it is difficult for us to discover all the facilities that have been deconflicted amongst all the medical facilities in Syria. By trying to identify these facilities, SNHR aims to compare these with SNHR's own database listing the medical facilities that have been bombed to maintain a record of the number of medical facilities that were bombed which were registered within the mechanism. We have been able to discover the mechanism's inclusion of a number of medical facilities that had been deconflicted before they were bombed, but they are only a few cases and do not represent a comprehensive or even approximate record.



On November 13, 2018, the [New Humanitarian](#) agency, formerly IRIN news, a press agency established by the United Nations in 1995, which subsequently became an independent entity in 2015, quoted a UN official as stating that at least 778 locations in Syria were listed within the mechanism in the recent period of more than seven years, most of which were added in 2018.

For example, since the Syrian Regime and Russian forces began their attack on and around Idlib governorate on April 26, up to July 12, 2019, we have been able to identify nine attacks on medical facilities listed in the humanitarian deconfliction mechanism. Our investigation is ongoing to determine the total record of the medical facilities that were bombed despite being listed in the mechanism since its establishment in September 2014.

While we can't state with total certainty that the sharing of the coordinates for these medical facilities with Russian forces facilitated their being bombed, the record of Russia's criminal regime in Syria indicates that it will not hesitate to use these coordinates and take advantage of them to bomb these medical facilities and even to share them with the Syrian regime.

Following the bombing of any medical facility listed with the humanitarian deconfliction mechanism, it was imperative that the mechanism should at the very least confirm that the facility in question was bombed, and should perhaps later help to determine more accurately who was responsible for these attacks, or should provide the Independent International Commission of Inquiry and the Office of the High Commissioner for Human Rights with the data and evidence in their possession in order to identify and expose the party responsible for bombing those medical facilities. The mechanism's failure to meet even this fundamental requirement means, in the SNHR's view, that there is no benefit in sharing the coordinates of these facilities with the humanitarian deconfliction mechanism and indeed that doing so may be considered an actively harmful step since it further facilitates the possible risk of the Russian and Syrian regimes being given the coordinates of these medical facilities. This is particularly dangerous since this data is shared by the Office of Humanitarian Affairs in Turkey with the Office of Humanitarian Affairs in Damascus, which may be put under pressure and blackmail by the Syrian regime, infamous for its continuous looting of humanitarian relief funds and for using these monies to benefit the regime rather than for any humanitarian purposes, as detailed [in a number of previous SNHR reports](#), thereby saving the regime the trouble of searching for these facilities through reconnaissance aircraft or its local informants.

This seems to be the specific reason why a number of medical organizations, as well as the



Syrian Civil Defense Organization, have refused to participate in the humanitarian deconfliction mechanism. The SNHR has also recommended that no data should be shared with the mechanism.

The official form which medical organizations wishing to join the humanitarian deconfliction mechanism are required to fill in shows clearly the amount and quantity of accurate information that medical organizations must include about each medical center under their auspices, including, for example, data on the occupancy rate, stationary images, and the location of each center.

We have been told by some doctors that medical organizations have been put under certain pressure to be compelled to participate in the mechanism but we have not been able to adequately verify these statements to date because of the time frame required to do so and the far shorter time required to issue reports. We continue to investigate these claims and will refer further to them, should they be substantiated, in our subsequent reports.

On May 29, 2018, the United Nations' Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, [Mark Lowcock](#), issued a statement concerning forthcoming investigations by the United Nations into attacks on deconflicted medical facilities. Mr. Lowcock's statement confirms that the deconflicted facilities were vulnerable to attacks and that the United Nations was aware of those attacks. The reports issued by the Independent International Commission of Inquiry were supposed to include more extensive investigations into those incidents and to confirm the identity of the warplanes responsible, particularly the Russian ones, for those attacks. The Office of the High Commissioner for Human Rights must also, at the very least, repeatedly issue statements condemning such attacks.

In May 2019, on the sidelines of [a Security Council meeting](#), Mr. Lowcock stated in a briefing that those responsible for attacks on medical facilities had access to sophisticated weapons, including a modern air force and so-called smart or precision weapons, adding that the attacks targeted deconflicted facilities are similar to attacks in the Eastern Ghouta in 2018.



### III. The Most Notable Attacks on the Deconflicted Medical Facilities, According to the Syrian Network for Human Rights' Database

The SNHR documented 17 attacks at the hands of Syrian-Russian alliance forces between September 2014 and July 12, 2019. These incidents targeted nine facilities listed in the humanitarian deconfliction mechanism. Most of these attacks occurred in 2018 and 2019. As we noted in the methodology section earlier, this statistic doesn't represent all attacks that targeted deconflicted health facilities, but only those which we were able to document.

The following are the most notable of these attacks:

#### **Sham Surgical Hospital**

On Wednesday, February 14, 2018, fixed-wing warplanes, which we believe were Russian, fired a number of missiles at [Sham Surgical Hospital](#) to the north of Hass village in Idlib governorate southern suburbs. The attack on the hospital, which was supported by the Syria Relief and Development Organization (SRD), [caused massive destruction](#) to the [hospital building](#), as well as causing significant [material damage](#) to [its equipment](#) and [an ambulance belonging](#) to the hospital, putting [the hospital](#) out of service. The village was under the joint control of factions of the Armed Opposition and Hay'at Tahrir al Sham at the time of the incident.

#### **Al Zerba Dispensary:**

On Monday, May 6, 2019, fixed-wing Syrian Regime warplanes fired two missiles at al Zerba Dispensary, supported by the Syrian American Medical Society (SAMS), in al Zerba town in Aleppo governorate southern suburbs, resulting in the death of two civilians who were in front of the center, in addition to partially destroying the dispensary [building](#) and [inflicting moderate material damage](#) to its cladding and equipment. The town was under the control of Hay'at Tahrir al Sham at the time of the incident.

#### **Tarmala Specialist Hospital and Tarmala Dialysis Unit**

This hospital and unit are located within a single block in Tarmala village in the southern suburbs of Idlib governorate. The hospital, which provided orthopedic and general surgery services, served approximately 4,160 people per month, while the dialysis unit provided services to 59 people per month. The facilities, which came under the remit of the deconfliction mechanism under the auspices of the United Nations, were supported by the [Syrian American Medical Society](#), known by its acronym 'SAMS'. Work was suspended at both facilities on May 4 due to heavy bombardment of the area. The building containing the two facilities was put completely out of service after being attacked twice.



On Sunday, May 5, 2019, fixed-wing warplanes, which we believe were Russian, fired a number of missiles which landed around 100 meters from the building, with the explosions causing moderate material damage to the building and equipment inside it.

On Tuesday, May 14, 2019, fixed-wing 'Sukhoi 24' Syrian Regime warplanes launched several air raids throughout the day; three of these targeted an area close to the hospital, while another one targeted the hospital building directly, [causing massive](#) destruction to the structure of the hospital whose [equipment](#) had been removed before it was bombed, putting it out of service. We further note that Russian air force planes carried out an air raid using missiles near the building the next day. Tarmala village was under the joint control of factions of the Armed Opposition and Hay'at Tahrir al Sham at the time of both incidents.



Destruction inflicted on the Tarmala Specialist Hospital and Tarmala Dialysis Unit in air raids by Syrian Regime warplanes – May 14, 2019 – By Suhail al Ali



### **Kafr Zita Dispensary:**

The dispensary, which is located in Kafr Zita city in the northern suburbs of Hama governorate, provides general medicine and pediatric services, and is supported by the Syrian American Medical Society (SAMS), benefiting approximately 1,600 people.

On Wednesday, May 8, 2019, fixed-wing warplanes, which we believe were Russian, fired a missile at the center, [partially destroying](#) the [center building](#), as well as [inflicting significant material damage](#) to its equipment. The city was under the joint control of factions of the Armed Opposition and Hay'at Tahrir al Sham at the time of the incident.



Damage inflicted by Russian air attack on Kafr Zita Dispensary, Hama – May 8, 2019

### **Surgical Unit in Kafr Zita, the former 'Martyr Hasan al A'raj Hospital':**

The surgical unit, located in a cave in Kafr Zita city in the northern suburbs of Hama governorate, was established in 2015; it includes sections for general surgery and orthopedic surgery, and benefits approximately 1,500 people per month. The unit, which is supported by [Physician Across Countries](#) (PAC), was attacked twice in one day.

On Sunday, May 5, 2019, fixed-wing warplanes, which we believe were Russian, fired missiles at the unit, after which Syrian Regime helicopters dropped barrel bombs that fell directly on and around the unit, [partially destroying](#) its structure, as well as inflicting moderate [material damage](#) to [the equipment](#), putting it out of service. Kafr Zita city was under the joint control of factions of the Armed Opposition and Hay'at Tahrir al Sham at the time of both incidents.



## **Nabd al Hayat Hospital:**

The hospital is located in a cave on the outskirts of Hass village in the southern suburbs of Idlib governorate. The hospital, which contains sections for general and orthopedic surgery, and for atrial, urinary and internal diseases, serves approximately 6,000 people. The hospital is supported by Syria Relief and Development Organization (SRD).

On Sunday, May 5, 2019, at around 15:00, fixed-wing warplanes, which we believe were Russian, fired a number of missiles directly targeting Nabd al Hayat Hospital, [causing severe material damage to the hospital and its equipment](#). We note that the hospital's patients and medical staff were evacuated following the military escalation against the area by the Syrian-Russian Alliance forces. We further note that the area in which the hospital is located has been subjected to several raids before and since this date. Hass village was under the joint control of factions of the Armed Opposition and Hay'at Tahrir al Sham at the time of both incidents.



Destruction inflicted on Nabd al Hayat Hospital in Hass village, Idlib, in a Russian air raid – May 5, 2019 – By Saed al Din Zaidan



## IV. The Opinion of Prominent Syrian Organizations on the Work of the Humanitarian Deconfliction Mechanism

Dr. Mohamad Katoub, a doctor at the Syrian American Medical Association (SAMS)<sup>1</sup>, told us: **“The SAMS has spared no effort to protect the medical facilities, but the policy of attacking the facilities continued and took the form of a tactic used by the Syrian regime and its allies, so we contacted our cadres and the hospital departments we support to get their approval one by one to join the deconfliction mechanism. Although we have no confidence in the Syrian regime and the Russian forces, we began to feel that there is no point in concealing the coordinates because there is a high technical capability among the military reconnaissance units to determine their location. Therefore, we participated in the deconfliction mechanism in early 2018. It was agreed to share the [details of] static facilities rather than mobile convoys. The work goes by filling out a form that includes the GPS coordinates and photos of the facility from several directions, in addition to a description of the facility and its work mechanism, and a description of the building, the area, what the building overlooks, and what is nearby, with all the previous coordinates compared with satellite images to verify their validity. Then we share this information with the United Nations through the Office for the Coordination of Humanitarian Affairs (OCHA) and in turn, it shares these coordinates and information with the international actors.”**

Dr. Mohammad said that at least 35 of the SAMS’ medical facilities had been shared with the deconfliction mechanism, nine of which were targeted, with some of them targeted more than once. He added that joining the mechanism did not generally contribute to any reduction in the rate of attacks: **“If we compare the rate of attacks between 2017 and 2018, we find that the deconflicted facilities are less bombarded than the non-deconflicted ones, but this does not mean that the mechanism has contributed to the protection of facilities because the deconflicted facilities are basically a small proportion of the total number of facilities, and recently during the recent military campaign on the Idlib region, eight attacks on deconflicted locations took place out of 25 attacks on medical facilities in general, which is a high percentage. “**

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<sup>1</sup> We contacted him via his Facebook account on June 8 and via e-mail on June 17.



The SNHR also contacted Ahmad al Dbais<sup>2</sup>, an official with the Union of Medical Care and Relief Organizations (USSOM), an organization that shared the details of its medical facilities' locations with the humanitarian deconfliction mechanism: **“Our participation in the mechanism came after several meetings with the UN Office for the Coordination of Humanitarian Affairs, which said that the Syrian regime and Russia claim that they bomb hospitals because they do not know their locations and that they do not abide by the protection of hospitals that are not registered with the Syrian Ministry of Health. This was their claim. We shared data about seven primary health centers, a psychiatric hospital, and Bab al Hawa hospital amongst them. There was a targeting of a center in Jisr al Shoghour in Idlib suburbs; the attack was 50 meters away - we informed the international mechanism of the attack but we haven't heard of any investigation being conducted so far, while another attack took place on al Za'farana Center in the northern suburbs of Homs.”**

Ahmad said that during the recent military campaign on the Idlib region, he documented damage to 25 medical centers throughout the region, not all of which belong to the USSOM, finding that the coordinates for eight of them had been shared with the mechanism: **“The participation in the mechanism did not change the frequency of targeting the hospitals by the Syrian regime and Russian forces. The recent attacks were focused on all centers, regardless of whether they were deconflicted. The Syrian-Russian alliance forces have disregarded the international mechanism and must be held accountable for these crimes.”**

## V. Conclusions and Recommendations

- The Syrian and Russian regimes continue to bomb medical facilities using their air forces, which no one else has in that region, with the deliberate bombing of medical facilities constituting a war crime.
- The humanitarian deconfliction mechanism has not contributed to the protection of medical facilities in the Syrian conflict; rather, it may have provided access for the Russian or Syrian regimes to the data provided by Syrian medical organizations on these facilities.
- The humanitarian deconfliction mechanism did not publicly request any investigation by the Office of the High Commissioner for Human Rights and the International Commission of Inquiry into the bombings of facilities listed in the mechanism.
- The failure to publicly expose the perpetrators of the bombing of medical facilities and personnel has contributed significantly to the perpetrators' confidence in repeating these crimes blatantly and with apparent impunity.

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<sup>2</sup> We contacted him via his Facebook account on June 7



- Each of the incidents included in this report undoubtedly constitutes a violation of Security Council resolutions numbers 2139 and 2254, which call for an end to indiscriminate attacks, as well as constituting a violation of articles 7 and 8 of the Rome Statute by the crime of intentional murder, which constitute war crimes.
- Each of the attacks included in this report constitutes a violation of Security Council resolution number 2286, which calls for an end to violations and abuses committed in armed conflicts against medical personnel and humanitarian personnel who perform specifically medical duties, as well as against their means of transport and equipment, and against hospitals and other medical facilities.
- We stress that most of the bombing incidents included in the report targeted unarmed civilian individuals, and therefore the aggressor forces violated the provisions of international human rights law that protects the right to life. In addition, these crimes were committed in the context of a non-international armed conflict; this amounts to and possesses all the constituent elements of a war crime.

### **Recommendations:**

#### **UN Security Council:**

- The Security Council should take further action after resolutions 2139 and 2254, having failed to impose any obligation to stop indiscriminate shelling which must be adhered to by all parties to the conflict, as well as to abide by the rules of international humanitarian law.
- The Syrian issue must be referred to the International Criminal Court and all those involved in perpetrating crimes should be held accountable, including the Russian regime, after having been proven to be involved in committing war crimes.
- Expand the existing sanctions to include the Syrian, Iranian and Russian regimes that are directly involved in committing war crimes and crimes against humanity against the Syrian people.
- Include the militias fighting alongside the Syrian government that have committed large-scale massacres, such as the Iranian militias, Lebanese Hezbollah and other Shiite brigades, as well as the National Defense Army, and Shabbiha on the international terrorism list.
- Stop treating the Syrian government as a legitimate official party after its perpetration of crimes against humanity in terms of relief efforts, and stop providing it with the largest part of the financial assistance and other support, which largely fails to reach the intended beneficiaries, instead being given to the loyalists of the Syrian government.



## **International Community:**

- Prepare for political, economic and military intervention to protect civilians in Syria and to protect medical facilities through an alliance outside the Security Council, following its repeated failure in Syria and the continuation of perpetrating war crimes and crimes against humanity by the Syrian regime and its allies.
- In light of the split within the Security Council and its utter inability to take any effective action, action should be taken at the national and regional levels to form alliances to support the Syrian people by protecting them from daily killing, and to lift sieges, as well as increasing support for relief efforts. Additionally, the principle of universal jurisdiction should be enacted in local courts regarding these crimes in order to ensure that fair trials are held for all those who were involved.
- SNHR has repeatedly called for the implementation of the 'Responsibility to Protect' doctrine in dozens of studies and reports and as a member of the International Coalition for the Responsibility to Protect (ICRtoP) after all political channels through the Arab League's plan and then Mr. Kofi Annan's plan have proved fruitless, along with the Cessation of Hostilities statements and Astana agreements that followed. Therefore, steps should be taken under Chapter VII of the Charter of the United Nations, while the norm of the 'Responsibility to Protect', which was established by the United Nations General Assembly, should be implemented. The Security Council is still hindering the protection of civilians in Syria.
- Renew pressure on the Security Council to refer the case in Syria to the International Criminal Court.
- Work on fulfilling justice and achieving accountability in Syria through the United Nations General Assembly and the Human Rights Council and to activate the principle of universal jurisdiction.

## **The Humanitarian Deconfliction Mechanism**

- Create a website that contains a complete database of all facilities listed in the mechanism, with reference to the facilities that were targeted, even without specifying who is responsible for the bombing; this will help investigators in United Nations organs and relevant and specialized international and local organizations. The Syrian Network for Human Rights will on this basis cross-check these with SNHR's database, and we can identify those responsible for the bombing.

## **Independent International Commission of Inquiry (COI)**

- Clearly identify the perpetrators of violations and specifically those attacks perpetrated by Russian forces. We have noted a great absence in any attribution of direct responsibility to Russian forces in recent reports.



- Request that the humanitarian deconfliction mechanism provide all the data it possesses on the medical facilities listed in it.

## **OHCHR**

- Issue reports and statements that clearly condemn the targeting of medical facilities that have recently occurred and identify the perpetrators, avoiding following the path pursued by the completely politicized Security Council.
- Request from the humanitarian deconfliction mechanism all the data it possesses on the medical facilities listed in it.

## **The Syrian Regime:**

- Stop treating the Syrian state as the private property of the ruling family.
- Stop terrorizing Syrian society by killing personnel providing the public with medical, ambulance, and rescue services.
- Cease shelling of hospitals, protected objects and civilian areas, and respect customary humanitarian law.
- Bear all legal and material consequences, and compensate the victims and their families from the resources of the Syrian state.

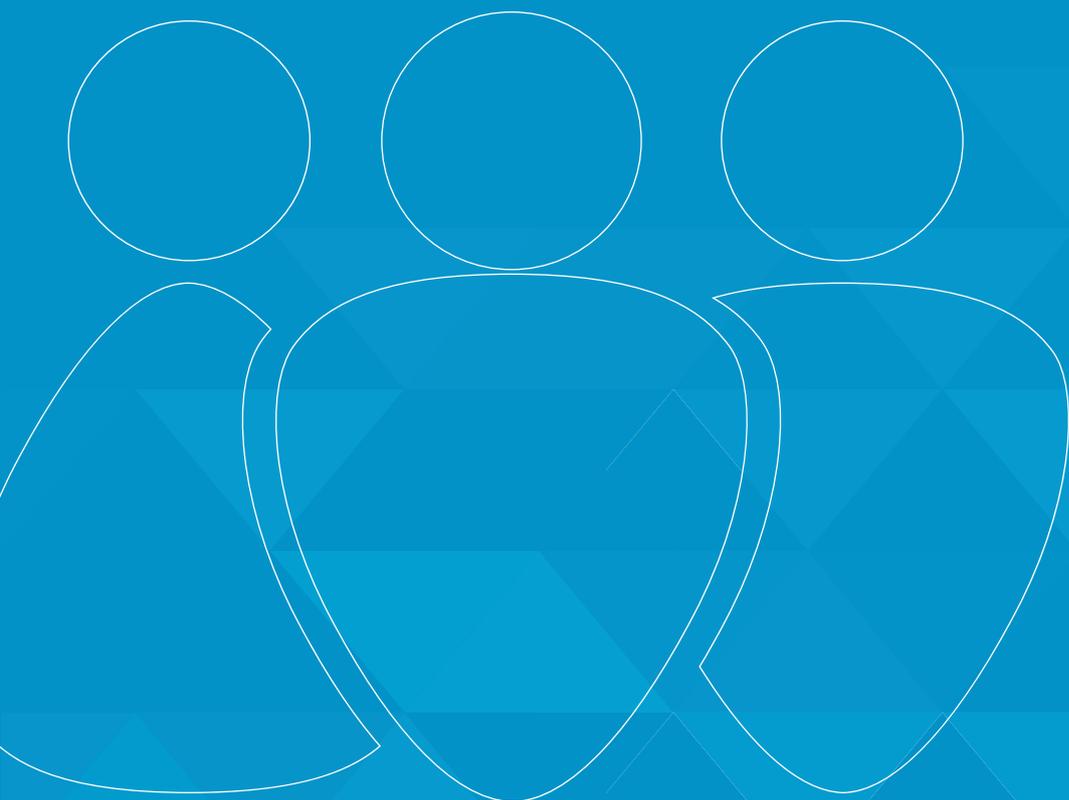
## **The Russian Regime:**

- Launch investigations into the incidents detailed in this report, inform the Syrian community of their results, and hold those involved accountable.
- Compensate, rebuild and reequip all damaged centers and facilities, and compensate the wounded and the bereaved families of those killed by the current Russian regime.
- Ensure the complete cessation of bombardment of hospitals, protected objects and respect the customary humanitarian law.

## **Acknowledgment and Condolences**

Our sincere thanks to all the medical personnel and local activists whose contributions have enriched this report, and our condolences to the victims and their families.





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