The Wounded in Syria....

An Endless Pain

Prepared By SNHR
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The preparation of this report took nine months in which our teams inside Syria and abroad (some of SNHR team members are doctors who work at field-hospitals) conducted tens of visits to hospitals, camps, and shelling locations. Furthermore, tens of doctors and wounded were interviewed.

Afterwards, we took some approximate statistical samples from various Syrian governorates, then we put these samples together to get an approximate number of the wounded and injured from the beginning of the Syrian revolution to this day. Despite the huge efforts that were made to prepare this report, we believe that this report covers only a small portion of the actual numbers of the wounded and injured in Syria and abroad given that there are new dozens of wounded who are being recorded every day in addition to the new victims who are falling on hourly basis.

What even makes the wounded treatment more difficult is the considerable cost of the medical operations due to the fact that the Syrian government doesn’t allow the UN or any of its main institutions to deliver medical aids into the areas that were shelled. The powerlessness of the International Community, represented in The Security Council, to deliver the aids to the affected area for more than three years reflects an explicit indicator of the Security Council’s failure, thus it is undeniably a main responsible of the wounds of the Syrian people who will be suffering from these disabilities for decades.

The initial estimation suggests that 1.1 million people have been wounded since the beginning of the Syrian revolution in March, 2011. Notably enough, 45% of the wounded are women and children which implies that there are about half million injured children and women in Syria. 10-15%, approximately 120,000, of the cases suffers from disabilities and limbs amputation.

Our research team found that

- Explosions and IEDs injuries: 50% in the face, 30% in the limbs, and 20% in the rest of the body.
- Direct shots and sniping injuries: 50% in the chest and abdomen, 40% in the limbs, and 10% in the head.

We got dozens of testimonies and accounts that suggested fairly the same on how the injuries were caused, the difficulty of finding treatment, and the poor capabilities. To avoid repetition, we listed only 57 testimonies of doctors, paramedics, wounded, and SNHR members. Please know that we changed the witnesses’ names based on their request and to maintain their safety.
The Syrian government’s most significant violations against wounded

The Most significant violation against the wounded that were perpetrated by the Syrian government can be summarized into six main points:

Daily shelling over the past three years is the main cause of the injuries:
At the early stages of the Syrian revolution, government forces used to use shotguns and snipers. The snipers often used to shoot the victim without killing him to leave him critically injured in what looks like a message for the Syrian community that they will get a similar punishment if they refuse Al-Assad regime. Additionally, the Syrian regime used to use nail bombs sometimes. The Syrian regime resorted to light weapons only in the first two months.

On 25 April, 2011, the Syrian regime started recruiting the army and using heavy weapons; tanks, heavy artillery, and mortars were all used which increased the causalities numbers considerably.

At the beginning of 2012, the Syrian regime started shelling using helicopters then warplanes which was followed by using Scud missiles and cluster munitions, then chemical weapons and barrel bombs.

This atrocious daily shelling against various Syrian governorates caused dozens of people to become disabled and forced others to amputate their limbs which resulted in unbearable pain and afflicted society.

Our sincere thanks, appreciation, and best wishes go for the wounded and their families. We also would like to thank the doctors, paramedics, and humanitarian activists who were kind enough to help us through our work, and we value their significant cooperation. We wouldn’t have been able to finish this report on this level without their help.

SNHR chairman Fadel Abdulghani says:
“the UN and the Arab League should find effective mechanisms to address the Syrian wounded crisis through providing the national medical organizations with medical crews and equipment. It also should work on creating an inclusive medical care entity that would to organize and work to provide the best medical care possible.”
**Wounded prisoners**

The Syrian regime aids some of its wounded prisoners because of the brutal torture inside the detention centers in order to get particular confessions or when it need a specific prisoner to stay alive for some reason.

**The injured prisoner gets medical treatments as follows:**

1- First, they cover his whole body with clothes from the moment he gets in the vehicle that will take him to the hospital so that no one can recognize him.

2- The prisoner gets registered in the hospital records as “unknown”, then they give him a number: “Unknown 6”

3- The doctors aren’t allowed to see the prisoners except if they were asked specifically to do so based on the type of the injury the prisoner has. Only one doctor sees him.

4- According to a wide range of testimonies by doctors who work at the government hospitals, 60% of the cases they receive had severe bruises that were caused by torturing and beating, and 35% had burns that were caused by electrocution.

**Appointing security personnel and militias (Shabiha) as employees at the government hospitals**

The Syrian regime assigns security personnel and militias at government hospitals to observe the patients logs and arrest suspects. This made many people abstain from sending their patients to the government hospitals and treat him instead in their homes or at simple field-hospitals. We already documented many cases where wounded are being apprehended inconsiderably by security personnel while they are being treated or even in the middle of a surgery.

Usually, when a civilian who are not a supporter of the Syrian regime is hospitalized, the hospital security interrogates him and confiscates his I.D. In many cases the wounded gets arrested and banned from leaving the hospital. This is the main reason why many people refuse to send their relatives to the government hospitals that became necessarily special hospitals for treating the wounded of the government forces and its civilian supporters.

The Syrian regime have assigned many doctors and paramedics as informants where they try to take any information from the patient by showing him sympathy. There were many cases where the patients were killed after they confessed to the doctors that they participated in demonstration or any activists against the Syrian regime which happened several times at the National Hospital in Homs for instance.

**Killing and arresting medics**

Throughout our work in documenting violations in Syria, we documented the killing of no less than 327 medics including 166 doctors, 105 paramedics, and 56 pharmacist from the beginning of the Syrian revolution to the date of this report. SNHR has published already several reports since 2011 that documented how the rates of killing and arresting medics have gone up. Furthermore, 3250 medics were arrested including SNHR member Dr. Omar Amadi who is still prisoned in the Syrian regime’s detention centers where he is being tortured brutally. All of this evoked many doctors to leave Syria which made the rest who stayed quiet overwhelmed where some areas don’t have any medical crew as we documented cases where veterinarians or dentists preformed specialized surgery, or general practitioner performed specialized medical procedures which worsened the health status of many wounded even more, or, in some cases, caused their death.

**Shelling private and field-hospitals**

The Syrian regime targeted deliberately and indiscriminately private and field-hospitals. SNHR has already issued an extensive study on 2 September, 2013 documenting that 45% of the hospitals in Syria are out of commission. In addition to looting its equipment which had its impact on the wounded in Syria.

The Syrian regime, through its official news agency, has admitted that its forces targeted a field-hospital in Saraqeb city; the article says:” our sources add that a unit of our brave forces has targeted a field-hospital in Saraqeb and killed and injured a number of terrorists including Hosam Jarroud.”

http://sana.sy/ara/336/2014/02/01/525394.htm
Harassing wounded and preventing them from getting treatment

The wounded in the sieged areas

The Syrian regime does not only impose a siege against whole cities and areas as a systematic policy and a method of warfare, it also shells these areas daily with warplanes, barrel bombs, and artillery. The state of the wounded inside the sieged areas is far worse than in the areas that are not sieged because it is more difficult to get medical supplies inside the sieged areas, thus the medical supplies inside the sieged areas are likely to run out faster. Furthermore, it is difficult to get a wounded outside of the sieged areas. Our teams documented more than 1000 cases of death due to shortage of food and medication. Shortage of food makes the wounded’s conditions even worse.

Despite Resolution 2139 that was adopted unanimously on 22 February, 2014 which “called on in particular the Syrian authorities to promptly allow unhindered humanitarian access for United Nations agencies and its partners, including across conflict lines”, unfortunately none of this was implemented.

The Syrian regime and its allies -the Russian and Iranian regimes- questioned the validity of some of the humanitarian reports which said that there are large numbers of wounded and patients suffering from siege in the neighbourhoods of Old Homs and said that they are terrorist groups. Yet when women, children, and wounded men came out before the whole world, these claims have all vanished.

Our documentation teams documented the death of 680 wounded due to the shortage of medical supplies which also complicated the injury of hundreds others.

State of the wounded in the Syrian governorates in light of the Syrian government’s violations

Homs

The medical state varies in Homs between the city and the countryside and in the countryside itself. Areas near the borders with Lebanon are relatively better than the rest given the possibility of having medical supplies delivered or transferring the wounded outside despite that it became more difficult to accomplish that than before with Hezbollah taking over wide areas in Yabroud and Al-Qusayr before that.

The medical facilities is 80% destroyed in addition to a severe shortage of medical crews in the opposing neighborhoods. Moreover, most of the hospitals have been destroyed, shelled, and looted and there are only three left.

In Homs countryside, the conditions are not that different especially in the opposing cities and towns. Most of the hospitals have been destroyed and the activists have built instead medical points (field-hospitals) that are spread across Homs countryside mostly in Al-Houla and Al-Qusayr that were destroyed when the Syrian regime and Hezbollah entered it.

Homs has the largest percentage of the wounded whose injuries were caused by snipers which is 40% of the total number of wounded in Homs, this is a considerably high percentage. Half of these injuries cause permanent disabilities and semi-permanent disabilities for the victim.

The percentage of injuries that were caused by other weapons is 60%; one-fourth of these injuries are caused by shelling and cause permanent and semi-permanent disabilities for the victim.

The percentage of children and women who have been wounded or injured is 45% of the total number of wounded, this almost the case in all the Syrian governorates. SNHR’s initial estimations shows that there are more than 187,000 wounded in Homs since the beginning of the Syrian revolution.
Baraa, a medical student in Homs and SNHR member who used to work in hospitals, says:

“The medical state in Homs is terrible. For the past three years, Homs residents have been suffering from poor health conditions amid a non-stop shelling not to mention the snipers who are stationed on the overlooking towers and cause even more injuries in Homs.”

“The destruction of hospitals and clinics, raiding field-hospitals, which was built in the rebel neighborhoods, by security forces and militias, and pursuing doctor and paramedics all have deepened the suffering of the wounded and injured and increased the number of victims who have died due to a shortage of medical resources. The number of victims who sustained disabilities due to the impossibility of treating them properly has also increased.”

“Throughout my study and frequent visits to the hospitals, I worked and examined many injuries. The most challenging kind of injuries was the one caused by mortar shells as we had a lot of those compared to the number of medics we had.”

“On 22 July, 2013 we received many various injuries that were caused by mortar shells. Additionally, two persons died; one of them was a 27-year-old man who was hit by a mortal shell that cut his leg off, the doctors tried to save the other leg after they found fragments inside it that cut the femoral artery, after a few days, the leg has become severely infected and the doctors had to amputate it later.”

“On the same day I witnessed another tragedy; the shelling killed a 7-year-old child named Hebba Abbara and injured her brother, who had to have his right should amputated, and her mother, who suffered from bone loss in her forearm that made her lost the ability to move it after she was injured in her left hand.”

“The medical resources to treat such injuries are often non-existent in the city. In most cases, the injured has to travel abroad or, sadly, wait until the injury become permanent disability. This goes also for the neurological and vascular injuries or burns which all require specialists who most of them had already left.”

Dr. Salah Ad-Din Abu-Hamza Spoke to SNHR about the wounded in Homs city
Dr. Salah can be found on Skype: Romazan199001

“Most of the injuries that we encounter are caused by the Syrian regime’s shelling using missiles, barrel bombs, Migs, Mortars and snipers. The victims who had injuries caused by missiles die often a few hours later. Sometimes, we receive victims who had nerve breakdown that were caused by breaking the sound barrier. Snipers, usually, target the limbs and cause disabilities. We are not able to address the injuries because of the siege and the poor medical resources in addition to the continuous shelling that is targeting hospitals and clinics.”

Dr. Ahmad, director and founder of a field-hospital in Eastern Buwyda – Homs countryside, spoke to SNHR about the injuries they used to receive before the hospitals was closed due to the rebels’ withdrawal from the area

“The field-hospital that we founded used to cover the 12 nearby villages, we used to receive a lot of injuries despite the difficulty to move from one place to another. We had to change the location of the hospital nine times because of the shelling. I encountered every kind of injury you except to come across in a war: bullets, snipers, Gvozdika, mortars, barrel bombs, missiles, cluster munitions, nail bombs, and white phosphorus.”

“In the last year in the hospital, we reached a rate of one wounded per hour. I came across more than 50 permanent disability cases that varied between paralysis, limbs amputation, and disfigurement.”

“We tried to send every wounded that needed complicated medical surgery to another areas like Yabroud or Al-Qusayr. However, transferring the wounded puts them sometimes under great risk because it was dangerous. In some cases, when we fail to transfer them, we would perform the surgery ourselves even if there were no specialist under the hopes of keeping the wounded alive.”

“Our crew consisted of two surgical assistants, three anesthesia technicians, about 30 nurses, five paramedics, two veterans, and, sometimes, an internist and veterinarian.”
Omar Abu-Khaled, a civilian journalist who lives near Talbiesa field-hospital and helps SNHR with sending information and pictures of wounded, says:

“Residents founded the field-hospital in Talbiesa after we lost more than 20 wounded after we took them to government hospitals where they were killed and had their organs eradicated and stolen.”

“At the beginning of the Syrian revolution, the majority of wounds we had were caused by bullets. After the city was liberated, the largest portions of injuries were caused by aerial, artillery, and mortar shelling.”

“In this hospital alone, there were 70 people who sustained disabilities because of the weapons the Syrian regime uses. The sharp fragments of the shells cut the limbs not to mention the poor medical resources and shortage of medical crews which play a great role too.”

“Not a day passes without recording a new injury. It is safe to say that the overwhelming majority of the city residents have or are suffering from injuries that were caused by either bullets or shelling.”

Abu-Isam, an anesthesiologist who lives inside the sieged neighborhoods of Homs, told SNHR:

“Our hospitals didn’t only receive wounded and injured, it also provides medical services to the victims of the siege. Every day we receive approximately three wounded who have been shot by snipers. These people die of their wounds often given that a sniper shot is deadly. The injuries we receive varies according to the kind of weapon that caused it; for instance, mortar shells injuries results usually in osteomiosis, and barrel bombs injuries results usually in internal bleeding because of the pressure in addition to the injuries that were caused by structures falling over people’s heads which cause fractures or bleedings.”

“The major problems we suffer from under the siege are shortages of blood and serum bags and expiration of medications.”

Isam, one of the guys who were injured under the siege, tells SNHR the story of his injury and what surgeries he had to undergo:

“I was injured last year in Al-Qosour neighborhood by a sniper, the bullet went through my right hip and then went out through my left hip. The bullet caused a fracture in my femoral neck. Despite the difficulties due to the siege, they managed to get me to the field-hospital where the doctors told me that my femoral needs some kind of plate which they didn’t have at the moment. I spent days in the hospital suffering from an abdominal pain without any known reason. Because there were no x-ray machines, they had to open my stomach in order to know the source of the pain. The doctors found out that the injury cut my urethra. After a few days, the pain came back and my anal was bleeding so I had to undergo a third operation amid the siege as my rectum was injured as well. Unfortunately, there were a mistake during the operation so I had to undergo a fourth operation. Consequently, I was transferred to a medical center to have my treatment continued before I was transferred to Lebanon where my thigh and rectum injuries were treated. However, I am still suffering from my urethra injury. My future is ruined.”

Isam can be found on Skype: Planet-s4

Mohammad Al-Homsi, a wounded, talked to SNHR about his injury

Mohammad can be found on Skype: Ettoo201121

“Oh Friday 21/10/2011 while we were participating in a demonstration in Bab Sbaa neighborhood, The Syrian regime forces started shooting us with a machine gun from an armored vehicle that was watching us. Seven bullets hit me. Mainly, I was hit in my two thighs, my left hand, and my left shoulder. Some of the residents took me, along with other injured, to a field-hospital where they had small amounts of serum and gauze. They put us on the ground, some first-aid services were provided on a sidewalk. What I don’t seem to forget are the cold sidewalk and the poor experiences and medical resources. Afterwards, they moved me and another injured to a hospital in Al-Waar neighborhood through the Red Crescent. I learned later that they moved the other six or seven wounded in a Suzuki vehicle and they were captured by an Air Intelligence patrol in Homs, they were all killed and their bodies were shown on TV as terrorists. I have spent four months without being able to walk. I can walk now and I have a metal plate in my hand. My hand is very weak and disfigured.”
Damascus countryside is the second worst governorates medically. All of Damascus countryside areas suffer severely. However, Eastern and Western Ghoutas have exceptional bad medical state because of the Syrian regime’s siege that has been imposed since 14 October, 2012 against Eastern Ghouta and Dariyya in Western Ghouta, Al-Mu’damiya city was also sieged before the recent truce. Along with the siege, the Syrian regime shells Damascus countryside daily using various weapons including chemical weapons (21 August, 2013) and internationally-prohibited cluster munitions.

Since the beginning of the Syrian revolution, 194,000 people have been injured according to our estimations.

Abu-Othman, SNHR representative in Damascus and its countryside who performed many medical surgeries and visited many private and field-hospitals.

“The first challenge we come across in our medical work is medication drought and how to get them inside Eastern Ghouta which is very difficult because of the Syrian regime’s siege. Another reason is medications monopoly by same merchants as we have been waiting since March 2014 to a medications shipment that hasn’t arrived to this day. The second challenge is the medical machines which are mostly non-existent despite that we have many cases that must be transferred to special medical centers. What we have right now is far less than the minimum needed. Thirdly: is the rareness of specialized medical crews which forced a lot of people who don’t know anything about medicine to volunteer trying to save their friends and relatives because of the huge number of wounded and the lack of anyone who can treat it. We already trained tens of normal people. These reasons, among others, caused many complications for the wounded and sometimes disabilities. In some cases, we had to amputate limbs; we resort to this often when the victim is injured by barrel bombs fragments.”

“I have examined hundreds of cases. Since we started working in 2011, we have been absolutely overwhelmed because of the huge number of injuries we come across every day which is about 45. We could list all the cases but it’s greatly similar, so we will list some samples from various areas:
A 17-year-old kid was injured in Harasta by a sniper who shot him several times. I found out that the kid has sustained paraplegia. His case is becoming worse and worse every day. We weren’t even able to open a vein because of his extreme narrow blood vessels. Unfortunately, we couldn’t treat him or stop the complications as we needed a special center for vascular surgery and neurology.

When I was working at a hospital in Hamouriya city in Eastern Ghouta, we had this 25-year-old civilian who was injured after a sniper shot him with an explosive bullet in his lower jaw while he was going to Joubar neighborhood from Al-Qaboun neighborhood. The injury damaged his facial nerve and made him lost the ability to move the muscles of the head. Cases like this, which we have a lot of, need an electroneurography test. Despite the many obstacles, we managed to perform the test. Consequently, we performed a surgery and pulled the fragment out. The patient is now recovering.

One of the most notable cases, where a shortage of medication caused complications of the injury, I worked with in Eastern Ghouta was a 35-year-old civilian from Misraba. The missile shelling caused a comminuted fracture in his chin. Such injuries require reconstructing plates which we don’t have in Eastern Ghouta, so we were forced to close the wound without it which left the front part of his lower jaw with no bones. Additionally, his chin and jaw are now disfigured, he has difficulties in speaking and suffers from salivation.

Western Ghouta is not very different than Eastern Ghouta. I worked for several months in Dariyya, one of the most notable cases I saw there was a 10-year-old kid who was injured by an aerial shelling in his face. The shelling caused a penetrating wound in his cheek and fracture in the front part of his upper jaw. I stitched the muscles on several layers in order to fixate the fracture using dental splints. The Shelling has disfigured our kids.

Most of the injuries in Damascus countryside are caused primarily by the indiscriminate missile and barrel bombs shelling. After that, comes the snipers who are spread across the borders of Damascus countryside and stationed on the rooftops of high buildings. Most of the wounded are civilians, civilians’ injuries are far more than the injuries caused by clashes. The largest portion of victims are civilian and likewise the most portion of wounded are too.

SNHR spoke with Majed, a medic who works in Eastern Ghouta:

“The medical status in Eastern Ghouta is getting worse and worse. We receive many new injuries every day. For instance, we receive 130 cases every day at the central medical point in Doma; 17-20 of which are new daily injuries while the rest (110 approximately) are periodic visits by former wounded. Our resources can only address 15 cases per day. Neurological injuries are the most difficult cases and the possibility of healing in such cases is very low, therefore most of the injured who suffer from neurological injuries die of their injuries. This the hardest feeling for me as a medic when I leave an injured to die slowly without being able to do anything for him. Bashar Al-Assad hasn’t hurt us physically only, he also damaged our cores as human beings. We feel very frustrated and disappointed because the International Community failed to help us. These feelings will not be forgotten easily. Our kids are being killed in front of our eyes.”

Majed can be found on Skype: Aboali20081985

Dr. (F) work at a major field-hospital in Eastern Ghouta, he told us some statistics and rates of injuries

“I performed along with my associates on these simple wood tables more than 400 medical surgery. We receive 25-50 injuries every day, we receive sometimes, when the shelling escalates, 100 injured every day. I was here on 21 August, 2013 when the chemical attacks took place. We received more than 1000 wounded within the first six hours.”

“Most of the cases are caused by fragments of the bombs. 50% percent of the injured are women and children. The problem is there are no hospitals in the area to provide specific medical services such as clinics and radiography which forces us to cover these services as well.”

“We also receive some injured rebels who were injured in the clashes. However, it only represent 10% of the total number of injured, the rest are all civilians whether they were residents or IDPs.”

“Many injures cause permanent disabilities. After working here for a long period of time, I found that the most notable reasons behind this problem are

“Absence of specialists such as Neurologists and vascular surgeons”

“Shortage of disinfectants, sanitizers, and anti-inflammatory. Because of that, we had sometimes to amputate the infected limb when the infection had reached critical levels, and, in some cases, it may cause death when there is septic shock because of the lack of the necessary medications to counter the infection.”

“Also, the kind of weapons that Bashar Al-Assad uses against us causes often injuries that result in disabilities regardless of the kind and quality of medical care.”
Abu-Tareaq, a Pharmacist from Eastern Ghouta, which has been under siege since 10 October, 2013, tells us about the status of wounded there:

“The medical status has been changing in the past three years. At the beginning of the Syrian revolution, what we suffered from the most is the absence of medics; we didn’t have many doctors, nurses, and medical students. Many injured have complications because of the poor medical care and resources.”

“After Ghouta was liberated and sieged, it became difficult to deliver medications and medical materials especially blood bags, antibiotics, and medications. Blood bags shortage may cost some injured their life even when their wounds were simple because they might bleed to death. Also, complications may occur because of antibiotics and medications shortages and might even become a disability.”

“Sometimes, the injured die inside ICU when the electric generators stops. Because of the siege, diesel costs now 2500$ per barrel, we need at least one barrel every day. We also perform surgeries under poor hygienic conditions due to the rareness of sanitizers and the fact that autoclaves require high electrical power and hence more fuel. All of this have its impact on the injured and might cause complications or death sometimes.”

“Every hospital receives approximately 45 new cases every day. In total, there are more than 200 new injuries in Eastern Ghouta averagely. The Syrian regime have produced unimaginable humanitarian catastrophe.”

In Western Ghouta, we talked mainly to Dr, Omar Al-Hakim, who worked in the last years at the medical center in Mu’damyat Al-Sham, to know about the medical status there.

Dr. Omar Abdulhakim can be found on Skype: mohanad198938

“The most notable challenges we are facing medically under the siege, which has been imposed for ten months, is the difficulty of getting medications as the Syrian regime prohibits completely anyone from delivering any medical or food materials into the city, which has now a population of 12500 people; roughly half of them are women and children.”

“On many occasions, I had to treat injured and wounded using primitive tools. We also used many tools several times despite that it was originally designed to be used only once. Additionally, we had to give some patients insufficient doses of medications which increased their suffering especially when it was antibiotics, we were tortured twice.”

Aleppo

On 26 July, 2013 the Syrian regime launched a military campaign against Aleppo under the name of “Um Al-Maa’arek” (the mother of all battles) in order to regain control over Aleppo. Since then, the Syrian regime has been shelling Aleppo very brutally that it used Scud missiles against residential neighborhoods such as Jabal Badrou. Throughout the last five months (since 18 January, 2014) the Syrian regime has adapted a military campaign that is considered the most brutal, violent, and extensive by using barrel bombs to shell Aleppo. Certainly, this indiscriminate and deliberate shelling against residential neighborhoods didn’t distinguish anything; schools, hospitals, houses all have been damaged and destroyed. The Syrian regime destroyed more than 127 private and field-hospitals. Furthermore, these attacks against Aleppo have injured 183,000 people since the beginning of the Syrian revolution. Also, some opposition factions have injured a number of people in their indiscriminate mortar shelling against several areas of Aleppo, some of the people that were injured by these attack have died of their wounds.
Mr. Ahmad Hammami, an administrative officer at Az-Zarzour hospital in Al-Ansari neighborhood in Aleppo, talked with Muddar Yassin SNHR member in Aleppo:

“In the last three months alone, the excessive use of barrel bombs and thermobaric bombs by the Syrian regime has increased daily rate of injuries from 7 injured to 50; most of them are children and women; the shelling is targeting highly-populated residential neighborhoods.”

“Most of the injuries are being caused by fragments of the bombs which causes fractures in the limbs and rip cage. It also causes internal bleeding and shatter the skull because of the pressure created by barrel bombs.”

“These injuries cause often permanent disabilities such as limps amputation, neurological injuries, deafness, and blindness when the cornea, retina, or the optic nerves are damaged.”

“What makes the situation even worse is the shortage of medication, medical supplies, and external fixators for fractures.”

Mr. A.R, a nurse who works at Al-Quds field-hospital in As-Sukkari neighborhood told SNHR:

“Al-Quds hospital was turned into a field-hospital when the rebels took over parts of Aleppo about two years ago. The hospital used to receive two to three injured everyday but after the continuous shelling of barrel bombs the rate went up to 30 injured per day. Most of the injuries are caused by shells fragments in addition to snipers. We receive also, sometimes, injured rebels who were injured in the clashes with government forces.”

“Recently, we have been receiving injuries such as severe bleeding, burns, bones injuries, and muscle laceration. Most of the injured are children who represent 80% of the injured people we are treating.”

“We receive many cases where limps have been amputated either completely or partially. Especially in the lower limbs in addition to permanent disability cases caused by sinew cuts or spine injuries.”

Dr. Abu-Yassin, a general surgeon who works at Al-Warraq hospital in Ash-Sha’ar neighborhood in Aleppo was visited by a SNHR member to talk about the injuries he worked with throughout his time a doctor:

“The number of injuries varies depending on the intensity of shelling every day. Usually, children represent the largest portion of injuries. Sometimes, I have to work 14 consecutive hours with the rest of the medical crew.”

“Most of the surgeries we perform involve opening the abdomen to remove fragments or stop the bleeding, or sometimes to reattach veins and amputate limbs. We have a relatively well-prepared surgery room, but we suffer from a shortage of trained medical crews such as nurses, laboratory assistants, and anesthesia technicians.”

“Many injured arrive at the hospital after a long period of time which makes them lost a lot of blood and, consequently, many cells die in the injured limb which forces us to amputate it. Also, many spine injuries affect the limbs and unfortunately, we don’t have orthopedic surgeon.”

“Regarding brain and spinal cord injuries, we transfer it immediately to Turkey via (Manthoumat Al-Is’af As-Sarea’) (Fast-Aid System) because our field-hospitals are not qualified at all to perform neurological surgeries.”

SNHR member Muddar Yassin spoke to a paramedic who works at “Mantoumat Al-Issa’f As-Sarea” in Aleppo and he told us about the injuries he saw and the available medical resources:

“With the escalating shelling, the injuries are increasing rapidly and also the pressure. We now take the ambulance three times and transfer more than one injured every day after we were using it only one time. The number of injured we have to take to the hospital reaches 25 injured sometimes. Most of the injured are children and women from Eastern Aleppo neighbourhoods that are being shelled everyday which increase the number and criticality of injuries.”

“The increase in the number of injuries on one hand, and the shortage of trained medical crew to aid and transfer wounded on the other hand created many mistakes in the process which causes complications usually.”
SNHR spoke with the injured kid Omar Emou (about 16-year-old), who is from Al-Atarreb, about his injury:
“On 17 January 2014, an explosion occurred near the civil defense station in Al-Atarreb. I was able to hear the sound of the warplane that shelled the place, I started feeling my right eye burning and it started bleeding. Consequently, I was taken to a field-hospital but the doctors couldn’t take out the fragment that hit my eye, I was told that the sharp fragment has gone through my cornea and reached the vitreous humour and retina. They cleaned around my eyeball and told me to go to a specialized hospital in Turkey as soon as possible within the next five days as they don’t have the necessary equipment to perform this surgery.”

Ahmad Ward, a media activist, tells SNHR about his injury.

Ahmad can be found on Skype: Abooree3-91

“At the end of last year, there were clashes taking place in Al-Amriya area in Aleppo, I went there to cover it. I was shelled when I got there by the Syrian regime with a mortar shell. I fell on the ground without being able to move, I couldn’t feel my leg and my back was bleeding.”

“I was taken to Az-Zarzour hospital, the doctors found a fragment between the third and fourth vertebrae. I underwent a surgery and the fragment was removed. However, I wasn’t able to move my leg. The doctors told me to scan my leg but the only hospital that has MRI machine was Al-Bab hospital. I went there to scan my leg, there were a bone that is causing pressure on the nerve and a surgery is needed to eradicate it. I was able to move my leg after the surgery. Subsequently, I headed to Turkey for physiotherapy.”

Ahmad Ward during the time of his injury

Civilian journalist Kinan Modar talked with SNHR about his injury, Kinan can be found on Skype: Kinan.modar

“At At-Tadrieb Al-Mehani battle in Al-Arqoub neighborhood while I was covering the clashes on 18 September, 2013, a sniper shot me with a bullet that hit me slightly above my knee. The bullet shattered my bone heavily because the sniper targeted me while I was running holding my personal camera. The artery has been cut. They took me to Dar Ash-Shefa hospital in Aleppo then to Al-Bab hospital. The Syrian regime shelled Al-Bab hospital while I was there so the paramedics took me to Turkey where I underwent six different surgeries in addition to two other surgeries that I underwent back in Aleppo. Being transferred between hospitals like that affected me negatively. As you can see, I am now far better but I still need crutches to walk around.”

Ahmad Ward during the time of his injury
Hospitals in Idlib governorate had faced what hospitals in other governorates faced. You can visit the detailed study about targeting hospitals by government forces. The medical situation in Idlib is relatively better than other governorates because Idlib is directly next to the Turkish border, which allowed the activists to establish many medical points and allowed many volunteering physicians to enter the county and help the wounded and injured. Most of the injuries are caused by the shelling. Similar to Homs and Aleppo, 5% of these injuries cause death, and about 20% cause amputation of the wounded limb. 30% of the injured are children and 20% are women approximately.

**SNHR estimates the number of injuries in Aleppo around 117,000 injured.**

Dr. Khaled Ar-Rashwany worked in many hospitals in Idlib and moved from an area to another, about the medical state in Idlib:

“We receive various injuries; there are injuries caused by fire shots or sniping and there are by fragments, mortars, barrel bombs, and rockets. We are talking here about civilians of course. It’s hard to control the injury because of the lack of equipment, or rather equipment poorness and absence. Many injuries cause limb amputation. Sometimes the injured dies in front of our eyes because of the bleeding and the impossibility of taking him to a hospital. Usually, we transfer critical cases to Turkey. I’ve treated hundreds of cases using the simplest tools you could imagine.”

You can contact Dr. Khaled on his Skype account: Mohamad557195

Mr. “Hani”, a civil society activist in Idlib, has told the network about his injury and treatment in Turkey which he paid for entirely as the UN or any of its institutions weren’t able to reach Syria and provide medical services. “My injury was caused by rocket fragments that hit many parts of my body, one in my head and another in my right leg, I’ve been taken to a field-hospital and had a simple operation before. My right leg is still in bad shape as it has been paralyzed. The nerve has not been reattached and the wounded has not been cleansed properly.”
“After two weeks my leg was infected and its color turned to blue. One of the physicians has told me that an amputation is required which I refused. I tried to go to Turkey and spent eight months in a private hospital in Turkey until my leg has been healed after two medical operations.”

“I’ve paid for my stay and treatment at the Turkish hospital without any help from any humanitarian organizations. The international community has left us in pain and didn’t help us even medically. Where is the so-called UN Security Council?!”

SNHR contacted with of the injured, Mr. Abdulkafi Abuzaid, who has told us about his injury:

“On Friday, 20/5/2011, I’ve been injured while going from Idlib countryside to the city to join a demonstration. We were shot from Al-Mastouma barracks.

“I’ve been hit in the spine and I was taken to Kansafra hospital in Jabal Az-Zawya then to Al-Majna Hospital inside Ariha. This hit caused a full paralysis. I’ve spent a recovery period at home until I was able to travel to Turkey where I had many operations. After undergoing the operations, I’ve become able to move the upper part of my body but I’m still disabled. I have also an unhealed wound and the pain is unbearable.”

Laith Fares, a paramedic who works in one of Sarqeb city field-hospitals near the Turkish borders, has told SNHR about injured treatment.

Laith can be found on Skype: Robinhoud78

“We receive injuries from various areas. You could say Saraqeb is a last point before going to the borders hospitals. Sarqeb has three hospitals; two are full-functioning hospitals while the third hospital is a treatment point only.

“With my continuous experience that I acquired over the past years, civilians’ injuries are far more than FSA’s because of the regime’s continuous savage shelling on the liberated areas. Recently, all the injuries were caused by warplanes dropping barrel bombs or rocket shelling. Most of the injuries are limbs injuries followed by chest and head injuries, which are the most dangerous. We have many difficulties dealing head injuries because they need to be scanned and in all of Saraqeb we only have one tomography device that works on the regime’s electricity. It’s not possible to run the machine on generators, while the electricity has been cut off for a long time by the Syrian government, and sometimes for continuous days. Often, head injuries cause death, so do the chest injuries.”

“Many vascular injuries are being treated in Saraqeb. We have only one vascular surgeon who is not available all the time because of his obligations that require him to come and go from an area to another due to the lack of physicians.”

“There are many bone injuries and it’s all treated naturally, even the amputation cases which we noticed that they are increasing because of the shelling and explosions. 50% of the injured are children and women.”

Dr. Ahmad, one of Idlib physicians who works at a field-hospital affiliated to Orient network, talked to SNHR about the hospital situation and the injuries treating conditions.

“Although this hospital potentials are considered good compared to other areas and it provides continuous treatment to the new daily-received injuries, there are many missing and necessary equipment especially when it comes to complicated cases which need specialized centers. We also suffer from a medical crew shortage and lack of coordination with the other medical points in addition to geographical communication difficulties.”

“The numbers of injuries vary according to the shelling clashes intensity. The monthly average of injuries we receive is about s 250 injury.”

“The aerial shelling injuries are the biggest challenges as we receive many injuries at once and we only have 7 doctors.”

“I’ve watched many injuries that caused permanent disabilities; people losing their eye or one of their limbs or their kidney or had partial or full paralysis or a stop of movement in one of his joints.”
Mr. Maher Al-Jamoos, medical activist in Daraa governorate, talked to SNHR:

“Unfortunately, we can say that the medical situation in Daraa governorate is bad. Most of the field-hospitals, which there are eight of currently, are incapable of treating most of the difficult cases. The major difficulties we are face are: lack of medical staff and medical equipment and hence the incapability of performing surgeries.”

“Currently, most of the injured are civilians because of the barrel bombs shelling against the city. We also receive some injured rebels who were injured in the clashes with Al-Assad regime, but it’s less. There are no governmental hospitals in the city because most of them has been transformed to military centers, so the injured people go to the field-hospitals that were founded in areas that the Syrian regime don’t control anymore.”

Dr. Dyaa’ from Ma’arab city in Daraa governorate talked to SNHR about some cases he had treated in his medical practice:

“The difficulties, challenges, and injuries have become popular and familiar. I’ll talk about three incidents to give you an idea:

- In July 2013 I’ve treated a case of a 9-year-old girl. Her house was shelled by an artillery shell caused the death of her father in front of her eyes, and she was severely wounded in her right upper limb (a bone loss of about 6 cm in the two bones of her forearm). We used an external fixator, we removed it later. She had a bone graft. She is getting better generally she still can’t move her limb properly and needs physiotherapy, which is not available. Our children are suffering from permanent disabilities and endless pains.

- At the beginning of 2014, I’ve treated a 27-year-old media activist. His house has been hit with a tank shell that caused him a severe injuries in the lower limbs. He was forced to have a transfemoral amputation. After he got better we’ve sent him to Jordan in order to continue his treatment because we can’t. It’s a long distance and there can be complications but it’s the only solution we have.

- A 28-year-old rebel has got injured by a fire bullet in his abdomen. We have opened his abdomen and found out that his right common iliac artery has been partially damaged as well as the small intestine and the pelvic nerves. We treated the arterial wound and had the intestines wound amputated and anastomosed. He got better but his right lower limb is still weak because of the aforementioned nerve wound. Now he’s having a physiotherapy program and increasingly getting better.”

Abu Geyas, media activist from Daraa, has talked to the network about his injury:

“While I was covering Hooran bridge battle between regime forces and FSA battalions, I was hit with an anti-air 23-mm Shilka on 14 March 2013. This caused a tear in the femoris muscles, a fracture in my left thigh. Also the injury damaged the nerves in my thigh and I had my left hand amputated. I was taken to the field-hospital in Daraa but they didn’t have the necessary medical equipment there to treat me so I was transferred to Jordan.”

Mrs. S. O. from Daraa is one of the most notable cases we learned about as she was injured in her abdomen while she was pregnant:
While I was home, I’ve been hit with a missile fragment after a MiG shelling. The fragment has come through my abdomen from my right loin to the left. That caused abdominal viscera including the womb. The fragment hit the fetus’s head inside the womb, his head had a seven centimeters wound. I’ve been taken to the field-hospital and had a C-section. The physicians told me that I’ve had a tear in my small intestines and a wound in the ureter. The baby was sent to the hospital as he has lost half of his blood, he had his head wound stitched, the fracture in his skull fixed, and they transferred red blood cells for him. As for me, I had a pelvic fracture, my abdominal viscera has been wounded, and I had ureter reimplant surgery at the field-hospital.”

Mohammad Al-Shar’a, a media activist in Daraa, has talked to SNHR about his injury:
“On 14 March, 2013 I was injured while covering the clashes in Kherbat Ghazalla. My left arm and my thighs have been hit with a 23-mm explosive ammo. Because of that I had my left arm amputated, femur fractures, and a muscle tear. Now I’m having surgeries to repair my thighs. Although I’m only 24 years old but I had 36 medical operations. No organization helped me so I sought the help of Doctors without Border in the Red Crescent. Until this moment I can’t stand on my feet due to my week muscles and the cut in my nerves.”

**Hama**

Government have destroyed most of Hama hospitals and the only remaining one is the government-affiliated National Hospital in addition to some private hospitals and clinics. In Hama countryside there is Al-Saqlabya hospital and many field-hospitals, established by some Syrian relief organizations, which don’t exceed six hospitals.
The priority in Hama governmental hospital, as in all government-affiliated hospitals, is to the pro-government injured of security forces, army, and Shabeeha militias in addition to some prisoners that the governmental forces want them alive for information where they are treated and then sent back again to detention centers to get tortured again. The hospital receives, to a less extent, some civilians after interrogating them which sometimes lead to arrest. This is why civilians refuse to send their relatives to the government hospitals.

SNHR estimates the injuries in Hama governorate no less than 78,000. Most of the injuries inside Hama are caused by bombs and, to a less extent, by direct bullets, while most injuries in the countryside are aerial, missile, and artillery shelling.
Dr. Adnan, a member of SNHR who works inside the governmental hospital in Hama and sends us periodically information on how the governmental authorities deal with injuries inside the governmental hospital, for example:

“On one day, the hospital management called me to relieve a prisoner who was injured in his face. Security members have tied the prisoner by ropes to the examination bed, and have only revealed part where he was injured. After examination, it was found that the prisoner has several facial fractures due to the anguish beating. When I examined his mouth I’ve found blood coagulation that likely has been there since three days at least in light of depriving the patient of any liquids within the same period if time. While I was examining him, a security member was torturing him; he was beating him and burning him with a lighter. He has burnt some of his skin and hair in front of my eyes.”

“I’ve witnessed some huge events, they are:

1st: the defense factories explosion on 26 February 2013: there were 96 victims; most of them were civilians in addition to 100 injured approximately who had different injuries. I haven’t seen any children or women injured though.

2nd: the agricultural mechanization explosion on 20 October 2013: the hospital received 41 injuries at once, one-fourth of them were children and women. While the total number of injured was 150, the governmental hospital had only hospitalized 41 wounded.”

Anwar, a man from Hama who was injured in October, 2013 tells us about his injury:

“I’ve been injured by a sniper bullet near the labor union military checkpoint. Consequently, I was taken to private hospital because we can’t go to government hospitals. Some first-aid was provided before I’ve been taken to Turkey to complete my treatment in one of the specialized centers that was coordinating with Reyhanli hospital. The bullet that hit me in the spine cord, the injury resulted in a paraplegia. I had physiotherapy for months in Turkey then I returned home and continued my treatment. They have destroyed my future.”

Dr. Ahmad, a physician in Hama governorate, has talked to SNHR about the injured and hospitals conditions in the city:

“I work at one of Hama western countryside hospitals. Also I started working at the other four hospitals in the area after all the other hospitals have been destroyed by aerial and artillery shelling. Approximately, these hospitals hospitalize monthly 1500 wounded including 300 who undergo major medical surgeries. The percentage of the disabilities is about 4% to 8% of the total injuries and the percentage of the women and the children is more than 75% of the injuries.

“Lately, most of the injuries we receive are caused barrel bombs fragments which cause a huge fragmentation and limbs amputations, in addition to gastrointestinal and chest bleeding cases.”

We provide somewhat good treatment given that the hospital is specialized to some extent. However, when it comes to complicated neurological injuries, we try to do our best before transferring the wounded to specialized hospitals at the Turkish borders.”

As a result to the destruction of the private hospitals, we had to perform some surgeries such as: cesarean section, hernia surgery, cholecystectomy, and abscess extirpation. We perform about 20 medical operation of this kind.”

Dr. Thaer, a physician from northern Hama countryside, has talked to SNHR about the conditions there:

“In the northern countryside of Hama we have two hospitals which don’t work at their full power because of the severe lack of medical equipment. We receive monthly about a thousand injury, among them 150 injury in need to a medical surgery. The main problems we, the physicians, face in treating injuries is the lack of tomography machine and the lack of a specialized neurological section which forces us to send the injuries to the hospitals outside the borders despite that it is very risky and might cost the injured his life sometimes.

60-70% of the injuries are limb’ injuries; 10% of them often cause disabilities and 80% of the injured are children and women especially after the use of barrel bombs which causes a huge number of injuries. In addition, the lack of medical staff forces some physicians to work 20 continuous hours to cover most of the cases.

Beside the injuries caused by barrel bombs, artillery, and rocket shelling there are the injuries caused by cluster bombs which were used in many areas in Hama countryside. We’ve received many injuries caused cluster bombs, and the main danger in which is their remnants as we can’t define their places. The people now live in real fear.”
Der Ezzor

The medical state in Der Ezzor is fairly the same as the rest of the Syrian cities as it faces the same aerial and artillery attacks while most of injuries are caused by artillery shelling because it’s the most intense in this governorate. Injuries in Der Ezzor governorate are estimated around 85,000 various injuries including mild medium injuries in addition to disabilities. According to the survey that we conducted with the experienced physicians and paramedics, deaths among injured reaches 10% of total injuries, while disabilities reach 15% including partial amputation, full amputation, or paralysis.

Dr. Abd-Almalek Al-Fanad, a physician in Der Ezzor, has talked to SNHR about the main cases in the city: “We face a difficulty with the severe injuries caused by fragments as they cut the blood vessels. There are some injuries that cause disability and can’t be discovered until days after the injury. Most of the injuries here are because of the indiscriminate artillery shelling by Assad forces. Mainly we suffer from medical staff shortage. Also, we only have few hospitals, which most of was shelled by the Syrian regime. As a daily average, in Der Ezzor city only there are about 12 injury, half of them are children and women.”

You can contact Dr. Abd-Almalek on his Skype account: mohasanhospital
SNHR has talked to Dr. K. O., a physician works at the field-hospital in Mohasan area, and he offered us his testimony about the injured conditions who they receive at the hospital with some examples:
“[...]

One of the lifetime-unforgettable cases is an injury of a guy in city; the sniper’s bullet has broken into his skull from the right side and settled three centimeters deep in his brain. We performed an intubation procedure immediately, he was supposed to be under ventilator device which unfortunately we don’t have in the hospital or the whole Mohassan area. we had to move him to another hospital in another area. The ventilator in the other area was not prepared with the necessary equipment which cost him his life. This summarizes the medical state in Mohassan.

Another death case that was because of the equipment and medications shortage; a guy had an injury in his abdomen caused by a fragment. Although he has been transported to the hospital and I’ve performed the medical operation on him, his health was getting worse day after day and he wasn’t responding to the available anti-biotic like ceftriaxone and ampicillin. He needed stronger anti-biotic like vancomycin and TIENAM which are not available. His health kept getting worse in front of our eyes and he kept suffering until he died seven days later. This is the wounded situation in our country.”

**Damascus**

The medical situation in Damascus is considered relatively better than other governorates especially in the areas that are under the Syrian regime control where hospitals and clinics have not been shelled. Injuries fall mainly in the neighborhoods that government forces shell and destroy by barrel bombs, military rockets, artillery (located on Qasyoon mount), and mortar shells, like Al-Qaboon neighborhood, Barzeh neighborhood, and Joobar neighborhood in addition to Southern Damascus neighborhoods. Also, those neighborhoods are besieged by the Syrian regime military checkpoints to block the entry of food and medicine.

In addition, we’ve documented many cases caused by indiscriminate mortar shelling that was by some opposition groups against Damascus neighborhoods.

Approximately, the number of injured in Damascus is 44,000 according to our estimation.
SNHR has contacted with many physicians and hospitals in Southern Damascus, including Dr. A. who has told us his testimony:

“We receive daily at the hospital where I work tens of injuries from different areas of South Damascus (the neighborhoods of Al-Qadam, Assali, Al-Hajar Al-Aswad, Al-Yarmook camp, Yelda, Babeela, and Beet Sahm). The numbers of injuries have decreased after the truce between the regime and the rebels as the aerial and artillery shelling stopped after the monthly average of injuries used to reach 2400 injury.

Sometimes we stand helpless in front of the injury in light of the limited resources we have and the Syrian regime’s imposed throttling siege. On 20 March, 2014 I’ve treated a 23-year-old man who was injured by a rocket fragment. His femoral head was completely fractured but the vessels remained intact. He had a stabilizing wire installed for month. He needed Moro’s Head that we don’t have. This is one of many examples of the huge lack we suffer from

On 12 April 2014, I’ve treated a 19-year-old guy who was hit with mortar fragments that tore his skin and the lower limbs’ muscles, caused material losses in the right tibia bone, the two tibia bones, the left fibula and the left thigh, and damaged his left tribial artery in addition to wounding the left thigh’s neurovascular bundle. We amputated his lower right limb five centimeters under the level of the tibial spine and the lower third of his thigh. The injured has been resuscitated five days before getting out. He needs artificial limbs and they are not available in the area currently.

In the middle of April 2014 we’ve received one of the injured, called Ahmad, from Beet Sahm town. He has been shot with a fire bullet in the left leg that caused a fracture in the middle of the tibia. We’ve installed back splint and gave him the necessary anti-biotic and painkillers before he left. After a few days he came back to have a metallic plate in the tibia bone.

Hasan, one of the injured who came to the hospital on 18 April, 2014 from Yarmook Camp, where he was injured by a mortar shell fragments that resulted in removing a part of the jejunum, the spleen, and the left kidney. He has been treated and left after five days provided that he takes the necessary medicines after removing the spleen. These medications are not available due to the imposed siege against the area.

Dr. T. G., a physician in Damascus, has talked to SNHR about the injured conditions in the Syrian capital:

“We receive 25 injuries as a daily average at the hospital I work in; most of them are from Southern Damascus neighborhoods. Many of these injuries are caused by sniper shots. 20% of them are children and women. After the truce signing with Assad regime the daily average decreased to 5 injuries.

We’ve lost many injured people because of antibiotic, effective drugs, and anesthesia drugs shortages beside the lack of blood grouping agents that help us to identify the blood type. The main reason behind all that is the Syrian regime’s siege. As an example, I remember in December 2013 a father and his son were shot while they were refuging from Hajera town. The father was injured in the common thigh artery in addition to a fracture in the femur. Initially, we were able to control the bleeding. However, he had already lost much blood before arriving at the hospital and we couldn’t compensate the blood he lost before we don’t have any blood grouping agents to identify blood type, eventually he died. I still remember that incident as I’m watching it right now. The child’s injury was in the thigh and in the instep. We’ve installed an external fixator but after a week, the infection reached critical levels which forced us to resort to above-the-knee amputation.

In the end of past March I’ve treated a woman who was shot in one of Southern Damascus neighborhoods. She has been shot in the right iliac fossa which caused damaged the common thigh artillery and a part of the intestines. We managed to control the wound reattaching the artillery and removing a part of the colon.

On 11 December 2013, I’ve treated an injury of rebel in Yarmook Camp where he has been shot in the head which caused him a fracture in the skull and exposed part of the brain. We’ve installed an exploder in the head then we took him to the ICU where he was hospitalized for 15 days. He started getting better but he lost the ability of speech.”
What’s special about Latakia governorate is the fact that it is near the Turkish borders where the dangerous injuries are being transported to Turkey as the Turkish borders are always open for the injured which makes the medical state there greatly better.

Dr. Basel, a physician located in Latakia countryside, talked to SNHR about the injured conditions:
“The biggest problem we face in the coast hospitals is the lack of the specialized physicians as there are no pediatrists, vascular surgeons, and gynecologists. In addition, we don’t have many experienced nurses as most of the nurses here are nursery institutions graduate but they never practiced before. Furthermore, there is a shortage of daily-used medications in the clinics; like antibiotics, painkillers, and drugs for women’s clinics.

The numbers of injuries we receive at hospitals vary; when there is no intense shelling, we preform about 100 surgeries monthly in addition more than 380 simple cases. However, these rates increase significantly when there are shelling or clashes. For example in the battle called: (Om Al-Mo’mneea A’aisha) in August 2013, which lasted for about 18 days, the hospitals received no less than 800 injuries.

Most of the injuries are caused by the daily aerial shelling, in addition to the artillery. Head injuries are transferred often to Turkey because we can’t treat it.

More than 30,000 have been injured in Latakia countryside since the beginning of the revolution. There are new injuries almost every day. The percentage of the kids and women is about 30% of the total number of injured while the injuries that caused permanent disability are about 5%.

Abo Ibrahim, one of the rebels in Latakia countryside who has been injured during the clashes told SNHR his testimony:
“I’ve been injured three times, the last one was in the battle of Soolas tower in April 2013, where was hit with a mortar shell in my right leg which was about to be amputated. Physicians have performed on me three operations, the third one was in Turkey which facilitates the entry of injured and patients.”

The number of injuries in Latakia governorate exceeds 34,000 injured.

When Ar-Raqqah was under the control of the Syrian regime, it wasn’t being shelled. Most of the injuries were caused by sniping or opening fire on the demonstrations. But since March 2013 Ar-Raqqah suffered from a semi-daily basis of brutal shelling as the Syrian regime used even SCUD missiles which caused tens of thousands of injuries. Residents and opposition used the National Hospital in the city, but the governmental forces shelled the hospital tens of times, the last was on 11 February, 2014 as documented by SNHR.

The governrate’s suffering continued greatly with ISIS taking over. ISIS pretreated many violations against wounded as will be mentioned later in this report.
Hasan Al-Nawaf, a paramedic in Ar-Raqqah, offered SNHR his testimony:

“Before the liberation of Ar-Raqqah, we used to treat the injured in some doctors’ clinics who were supporting the revolution in secret. The injuries were mostly caused by snipers’ bullets or fire shooting on the demonstrators by security forces.

“After liberating the city, the regime retaliated with intense shelling. We used Ar-Raqqah National Hospital where it used to receive no less than 15 injuries as a daily average, seven or eight among them were children and women. The medical resources wasn’t enough to treat injuries properly which caused amputation cases. The shelling became less intense after months as the Syrian regime was overwhelmed with other battlefronts in the other governorates which reduced the rates of injured to five per day.”

“At the beginning of 2014, Ar-Raqqa faced wide clashes between rebels and ISIS which increased the injured numbers again who were mostly rebels. Most of them were treated in the National Hospital.”

“The available medical staff was fairly enough, but recently especially after ISIS taking over we starts suffering from medical supplies drought.”

The number of injuries in Ar-Raqqah is approximately 14,000.

Al-Hasakah

Dr. Jawad, a physician from in Al-Hasakah, talked to SNHR about the injured conditions in the city:

“The medical care in the area depends mainly on two field-hospitals that are prepared with the simplest medical equipment. I’ve worked in both of them in the past years. Many of the medical operations are impossible to perform here; this is why we transform the injured to Turkey.

Most of the injuries I’ve treated were caused by the aerial shelling of barrel bombs and rockets by the Syrian regime. Children and women are 40% of the injured and there are many injuries that were caused during the clashes with PKK.

In Al-Hasakah there is a special type of frequent injuries which is the burns caused by the oil refining incinerator in the Eastern areas. They are about 15% of the total injuries, which is a high percentage.

One of the most notable cases I’ve treated was in December 2012 during the clashes in Ras Al-Ain area, where a seven-month pregnant woman was injured by a sniper in one of her lumbar vertebrae and due to the rareness of specialized hospital in Al-Hasakah governorate, the woman had to travel more than 40 km while she was bleeding all that distance. Once she arrived, we tried to stop the bleeding but we couldn’t take the bullet out because it was in a sensitive location. Eventually, we managed to save the fetus. First-aid was provided before we took the woman to Turkey through Ras Al-Ain border port. Cases like this are very familiar in Al-Hassak.”

SNHR has talked with Dr. M. Q. from Al-Hasakah:

“Nowadays, there are more than 650 various injuries including mild and severe injuries. We’ve recorded more than 50 cases where the wounded have lost their lives because of our inability to transfer them quickly to the Turkish city Urfa. There are always unforgettable cases; on 27 June 2013, when I’ve treated a 15-year-old kid who has been shot in his genital area and the bladder and the two testicle were damaged, we couldn’t stop the bleeding and the kid lost his sexual function. My heart broke in sadness; I saw him in pain without being able to do anything.”

The number of injuries in Al-Hasakah governorate exceeds 11,000 injury.
The other governorates have suffered from shelling as well but to a very less extent; Banyas in Tartus governorate has been shelled and there are a number of wounded there. However, the other areas in Tartus is considered safe areas. Al-Qunaytrah governorate suffered from shelling that caused a number of injuries as well as As-Suwyida but to a lesser extent.

In total, the number of inured in the other Syrian governorate is about 8,000
The number of injuries in these governorates is estimated by eight thousands injury.

State of the wounded in the neighboring countries

Turkey
The Turkish government has opened its doors to the Syrian wounded and provided them a lot of medical care, which helped the medics in Northern Syria significantly. SNHR team in Turkey says that Turkey receives approximately 2500 Syrian wounded as monthly average, those wounded come mainly from Idlib, Aleppo, Ar-Raqqa, Al-Hassaka, Latakia, and to a less extent Hama and Der Ezzor. Most of these injured are being treated for free at the expense of IFAD (the Turkish humanitarian organizations) and sometimes the costs of the wounded are paid by the wounded himself.

Our team found out that the main challenge is transferring the wounded to Turkey because of the great risks especially since mid-2011.

Dr. Ayham K., a physician in the in the Turkish government hospitals, talked to SNHR:
“The Turkish government handles the costs of the Syrian injured and patients as a part of its plan to support the Syrian people.”

Kamal Ward, a humanitarian activist from Hama who works on transferring the wounded to the Turkish lands, has talked to SNHR about the challenges and difficulties:
“Many of the injured face dangerous injuries that can’t be treated in the field-hospitals which forces us to risk to transfer them the Turkish hospitals through the rough earthy roads and under the fears of getting arrested by the Syrian regime. Things stayed that way until the rebels took over the Norterh areas and the borders.”

Ammar, a humanitarian activist from Kilis, talked to SNHR about the injured conditions in the Turkish hospitals:
“More than 2300 Syrian go to Turkish hospitals every month; among them patients who need surgeries, there are also dangerous injuries and chronic diseases.
“The “hot” cases come to the University and the National Hospitals in Antakya, the National Hospital in Reyhanlı, Kilis National Hospital, Karakhan hospital, and Urfa hospital, while Al-Amal charity hospital receives the less urgent cases.”

More than 90% of the injured who come through Antakiya are civilians while the percentage of the civilians is 70% of the injured who come from Kilis and Bab Al-Salamah. Most of the injuries are caused by missile aerial shelling or by barrel bombs. The monthly average of the injured who come to Killis alone is about 270 injured per month. The hospitals are well-prepared. There are also rehabilitations inns in Aintab, Killis, and Urfa where they provide nursing, food, places to sleep for the injured after getting out of the hospital.”

Dr. Anas has worked with a group of Syrian physicians and volunteers for two years in the Turkish Hatay province after leaving of Syria at the end of 2011 as he was pursued by the Syrian regime under the pretext of treating injured:“The number of injuries received by the Turkish government hospitals in Hatay province only is no less than 100 injuries as a daily average when the Syrian regime is brutally shelling with its warplanes an artillery. We were receiving various injuries.
The biggest challenge we face is the following-up with the injured after he left the hospital as these hospitals provide medical care for free (which is called hot cases), but we have to handle the cost of the necessary procedures afterwards such as limbs reparation, facial plastic surgery, or jaws’ reparation etc. (which is called cold cases) at private Turkish hospitals through humanitarian organizations or Syrian donors.”

Dr. Yousef Bakkar, a physician from Babamro in Homs who left Syria in the middle of 2013 after being pursued by the Syrian regime as he was helping with treating the injured. The Syrian regime learned about him recently. He works now at Al-Amal hospital in Reyhanli in South Turkey Dr. Yousuf tells SNHR:

“The number of injured who come to Turkish hospital varies every day depending on the intensity of the shelling and clashes in the nearby areas. Averagely, we receive about 30 Syrian wounded every day.”

“At the beginning of April 2014 after Hama was shelled with poison gas (chlorine) we received about 50 Syrian injured that were sent to the available hospitals in Hatay province.”

Malek, from Doma in Damascus countryside, has been injured during clashes by fragments; one of the fragments hit him right eye which damaged his cornea. He spend three months at hospitals in the liberated areas getting treatment for his physical injuries and his eye before going to Turkey to continue his treatment. He spent a while getting medication before the doctors concluded that he will need a new cornea which is not available at the Turkish government hospitals. Consequently, he went to Istanbul with the help of a team that helps the Syrian wounded to undergo a surgery for implanting a new cornea. The surgery succeeded, Malek can see again, and he is working currently as a director with FSA.

Dr. Mohammad Ayrout, head of a team for supporting the Syrian wounded in Turkey, which is a group of physicians and translators that aims to take care of the Syrian injured and patients in the Turkish hospitals to insure that they will get the best medical care, has told SNHR some details and statistics about injured when we’ve met him:

“The project aims to provide best medical care possible for the Syrian injured in the Turkish hospitals, facilitate hospitalization of the injured in the Turkish hospitals by all means in respect to the procedures decided by the Turkish government, reduce the injuries costs by utilizing the facilities offered by the Turkish government for the Syrian injured, and reduce the problems caused by attempts to exploit the Syrian injured which reflects negatively on the physicians and hospitals managers’ care level of the Syrians in general. Also, we provide translation service to facilitate a proper communication between the injured and the Turkish doctors which will makes the doctors understand the injured better and hence results in better diagnosis and treatment and make the injured feel better.”

“According to our field trips to the hospitals in the Southern areas of Turkey, we were able to identify the most major hospitals in every city, which provide services to the Syrian injured. This was the most important criteria to choose doctors and translators in the hospitals. We noticed as we studying the movement of injured between Syrian and Turkey the major cities that most of the wounded go to such as Urfa, Killis, and Gaziantep, Alexandretta, Antakya, and Adana. Based on the number of hospitals and wounded that every city hospitalize, we determined the number of doctors and translators to follow-up with them.”

“Gaziantep is considered one of the biggest cities to receive Syrian injured in the Southern area as there are major university hospital and many other hospitals like: Arseen Arsalan, Ash-Shahid Kamel, and the 25 Hospital. Because of the large number of Syrian resident in Gaziantep, there are many clinics patients.”

“Regarding the statistics of the patients and injured, we need to distinguish between two cases: the injured and who go to the hospitals, and patients who visit outsider clinics which are about 1450.”

“Bab Al-Salameh border port is considered one of the most important ports between Syria and Turkey as many Syrian injured go to turkey via it which is why Ad-Dawla neighborhood in Killis is one of most hospitals that receive Syrian injured. Monthly, there are about 420 Syrian patients and injured who get treated in Killis.”
“Antakya receives Syrian wounded mostly from Latakia, Idlib and some areas of Western Aleppo countryside in addition to Hama and its countryside and Homs and its countryside via the most important borders port Bab Al-Hawa. The injured must go through Reyhanli city before reaching Antakya. The most major hospitals in Antakya are: the University hospital, the National Hospital, and The Women and Children’s hospitals in addition to a big number of clinics. We assigned many doctors and translators in Antakya to address the big number of Syrian wounded with the help of the Syrian-Turkish association “Hatai Nour.”

“Monthly, there are about 1840 Syrian injured and patients who get treatment in Antakya,”

“Also, Urfa city receives Syrian injured from the Eastern areas of Syria like: Der Ezzor, Ar-Raqqah, Al-Hasakah, and their countryside via the ports of Tal Abyad or Jarables. In addition, there are many patients who visit clinics because of the large number of refugees there.”

“Monthly, There are about 520 Syrian injured who get treatment in Urfa.”

“Sometimes, Syrian injured and patients go to Alexandretta city when there are no capacity in Reyhanli and Antakiya. Our medical crews there have a good relationship with the city’s health officials which reflects positively on the provided medical service for wounded.”

“Monthly, there are about 350 Syrian injured and patient who get treatment in Alexandretta.”

“In Adana city the University Hospital is considered the most important in the Southern area. All the complicated cases gets transferred there.”

“Monthly, there are about 420 Syrian injured and patient who get treatment in Adna.”

“Our team has provided specialists to work in some fields such as instauration surgeries, hand surgery, maxillofacial surgery, bone marrow transplant, liver transplant, cancer, and others.”

“Monthly, there are about 4830 Syrian injured and patient who get treatment in Turkey.”

The main difficulties in Turkey are: the big number of Syrian injured and patients, complicated war injuries, the big need of artificial limbs, harsh tough conditions of living, difficulty of getting a health card in Gaziantep city, rareness of cancer medications, transferring patients continuously between the Turkish hospitals depending on the available doctors, Some reluctant Turkish doctors, absence of attendants sometimes, the misplacement of the injured’ medical documents in the transferring process, exploiting the Syrian injured by some translators which makes the doctors and the hospitals administrators care less about the Syrians in general, some unidentified Syrian injured who die sometimes without identifying.

Jordan

Every month, Jordan receives 900-1100 Syrian wounded; 60% from Daraa, 35% from Damascus, 5% from Homs. Most of the injuries vary between medium and severe.

The Jordanian civil defense takes the wounded immediately, after entering Jordan, to the nearby hospitals such as Ath-Thalil hospital, Al-Mafraq hospital or they transfer him to Amman (Al-Jazeera hospital). However, if the injury is not critical the wounded gets transferred to Az-Za’tari camp to get treatment at the French hospital, the Italian hospital, or the Moroccan hospital. Also, Al-Awn Al-Urdani hospital plays a role in transferring the wounded outside the camp if necessary. The amount and magnitude of injuries exceed the existing medical capabilities.

Dr. Ahmad, a Syrian physician who works in Jordan, has talked to SNHR about the most kind of injuries he came across in Jordan:

“The number of injured Al-Maqased hospital receives is about 390 injured per month while the Islamic hospital receives about 150 injured per month and the Eye hospital receives 100 injured per month.”

More than 30% of the injuries are eyes injuries in addition to the spinal cord and limbs injuries which are about 35% of the total injuries while the facial injuries are about 20% of the total injuries.”

Ma’aroof Mohammad, SNHR representative in Jordan who has visited most of the hospitals inside and outside Az-Za’tari refugee camp and examined their conditions and met many physicians, paramedics, and injured in various areas over nine months:

“The number of injuries in Jordan nowadays is about 10,000; among them 3500 disability cases. 15% of the Syrian injured in Jordan are children while the women represent 20% of the Syrian injured in Jordan.
Since the beginning of the Syrian revolution, more than 130,000 Syrian injured have entered Jordan according to the hospital records. This figure is not very accurate given that there are tens of injured get treated at private clinics.

The medical state of the Syrian wounded in Jordan is considered good relatively. Nevertheless, favoritism sometimes prevent some injured from getting medical care. Additionally, In Jordan there is Al-Basheer governmental hospital, which hospitalizes the Syrian injured for free provided that the injured gets a paper from the UNRWA to certificate that his treatment costs are covered by UN while other hospital is hospitalizing Syrian wounded as well at the expense of humanitarian or charity organizations. However, the depth of the catastrophe will always be bigger than the existing medical care.

In Jordan there are some care houses which are considered clinics that the Syrian injured go to after the surgery in order to have physiotherapy or complete their rehabilitation.”

The activist Ma’roof Mahmood has talked to the parents of an injured 11-year-old girl from Daraa, called Bushra Al-Zo’obi who was injured by an artillery shell on 25 May, 2012:

“Bushra’s injury was caused by three fragments that went through her brain from above her left air. The fragments went through the temporal lobe of the brain, two of which settled in the bones while the third remained in the brain and has affected her senses. Bushra entered a 10-days coma in which she suffered from internal bleeding then she woke up with new symptoms than emerged after she was injured in the right side of her body (hand, leg, looking, talking, swallowing, and satiety) where Bushra now can’t tell if she had enough food and is suffering now from unprecedented eating disorder. The fragment caused Bushra damages to the brain nerves. Bushra also has suffered from temporary muteness and neurological numbness for three months. Bushra’s case can’t be treated at our simple hospital, trying to do so is a grave risk but it’s possible to treat her in European countries.”

“She got out of the field-hospital in Daraa in a very poor shape; she is very aggressive and moody, she breaks anything she sees, his her brothers, eats aggressively, and refuses to socialize. She has undergone three months of physiotherapy before she was transferred to Jordan.”

“Bushra stayed in Az-Za’tari camp only for a few hours before she was transferred to the Islamic hospital in Irbid, many doctors reviewed her case from many hospitals such as Al-Amira Basma hospital, Bade’a hospital, and King Abdullah University Hospital, every doctor told us the same thing: she can’t be treated here.”

“Bushra is still suffering from her symptoms and can’t sleep without sleeping bills, she is still waiting for an opportunity to travel because they can treat hear in Jordan.”

SNHR contacted Mrs Um Rawhi, a lady from Homs who was shot by a sniper, to tell us about her injury

“In March 2012 a sniper shot me with five bullets; three of which hit me. The first bullet hit my left leg slightly below my knee while the second one went through my right hip and then went out through the area between my belly and femoral joint and the third one went through my loin and went out through my abdomen.”

“I was taken by the rebels to a field-hospital where the medical resource was very limited so they transferred me to a government hospital that the rebels took over, I received my treatment there as they stopped the bleeding and scanned the injured areas and ran some test. However, the hospital was shelled later and partially destroyed so I was transferred again to small field-hospital before leaving to Jordan where no one have helped me or paid attention to my health conditions to this day despite that I have already told the UNHCR about my conditions and visited Al-Awn medical center but with no results.”

“I am still suffering from a swelling in the injury location, and I can’t move properly. I am taking antibiotics and pain killers and waiting for medical help by experts.”
Lebanon

SNHR spoke to Dr. Mohammad, a doctor who works at the Lebanon Red Crescent about the wounded state in Lebanon:

“there are different medical organizations that take care of the Syrian wounded in different areas of Lebanon such as Tripoli government hospital and Al-Mathloum and As-Salam hospitals in Northern Lebanon or in Irsal and Al-Baqqqa where the centers of the International Committee of the Red Cross and the Union of Relief organizations are located, and also the wounded center in Majdal Anjar.”

“Usually, Irsal and Al-Baqqqa take the hot cases where they go to northern Lebanon where there are specialized centers and clinics.”

“The number of injured depend heavily on the situation in Syria; for instance, during Qalaat Al-Hisn crisis in last March, we received about 120 wounded in two days. We receive about 13 wounded per month when things are calm in the nearby areas. We received 224 wounded that required complicated and major surgeries according to the documentation of the Lebanon Red Crescent. Since the beginning of the Syrian revolution, more than 1500 Syrian wounded have entered Lebanon; less than 10% of them were children and women.”

“More than 70% of the wounded that travelled to Lebanon are from Homs and about 30% are from Damascus countryside.”

“One of the most notable cases I examined was Mr. Ali on 14 October, 2012, he arrived at Tripoli Government Hospital in very critical conditions after he has been hit with a tank shell that severely damaged his two lower limbs, then his injury was infected seriously. He remained under treatment for two months and a half in which he underwent several reconstructive surgeries. However, we had to have his right limb amputated and graft his skin.”

“Mr. Fayez, another victim of the brutal torture inside the Syrian regime detention centers arrived at the hospital with acute infection in his genitals and testicles in addition to gangrene in his legs. He spent a month at the hospital getting treatment before he got out.”

“I worked also on Mr. Ahmad, who is 28-year-old man from Talakalh in Homs, as he was injured in his right leg which was shattered. We performed eight surgeries within a month and a half before he was able to walk again.”

“The most significant difficulty that the Syrian wounded in Lebanon is facing is that the lack of an inclusive party to handle all the cases in addition to the poor coordination among the organizations that help the Syrian wounded in Lebanon.”

Abu-Hazzar, an activist from Homs who works as an administrator at a hospital in Lebanon that receive Syrian wounded tells SNHR:

“There are about 1000 Syrian wounded in Lebanon; most of them are from Al-Qusayr, Talakalh, Baba Amrou, and Al-Qalamoun. Covering the costs of treating the Syrian wounded is very difficult and requires international organizations although there are some organizations that help with that such as the Qatari Red Crescent, the International Red Cross, and the Collation of Associations and the Saudi Committee for Assisting Wounded in addition to some of the armed factions if the wounded was originally with it. Also, there is (24) center who consists of a group of Syrian doctors who cover some simple surgeries and Handicap Center that helps the wounded who lost their limbs by transplanting artificial limbs and physiotherapy and crutches.”

There are special centers that accommodate the wounded after the surgery such as Hay’at Ash-Sham, Ar-Rahma hospital, which is supported by Kuwaitis, the National Collation, the Syrian Commission for Relief, As-Salam Assembly, supported by Adnan Al-Ar’our, and some FSA’s houses. These center are necessary when the injuries are severe and needs a long period of time to heal.”

“Most of the injuries we see in Lebanon are bone and neurological injuries in addition to abdominal injuries and many cases of amputation, complete or partial paralysis beside facial and jaw injuries. In most cases, bone loss occurs.”

“UNHCR shouldn’t distinguish between fighters and civilians when it comes to treating injured which is one of the basic principle of Geneva Convention.”
Victims who were wounded by cluster munitions

Our researchers team decided to dedicate a complete section of this report for cluster munition injuries to emphasize the seriousness of the subject as wide areas of Syria are now swamps of hundreds of tiny bombs that needs whole decades to be removed. SNHR noticed the escalation of the use of cluster bombs since the beginning of 2014 by the Syrian regime. We have already published several reports documenting the use of cluster munition by the Syrian regime that targeted, in 2014 alone, Hama countryside, Idlib countryside, Idlib countryside, Idlib countryside, Damascus countryside, both of Aleppo city and countryside, and Damascus with cluster bombs.

Our estimates suggest that there are 1875 people at least who have been injured by cluster bombs. The remnants of cluster bombs is a dreadful nightmare that is threatening thousands of the Syrian people.

SNHR spoke to Dr. S.T who works in Yabroud about the shelling against the city and the injuries it caused:

“Yabroud was shelled with cluster munitions specifically the main market where a man died and a number of civilians were injured. On the next day a little girl, who was with her mother, kicked one of the remnants which prompted the bomb to explode, there was a man next to them at the time. The three of them had medium to severe injuries and had surgeries later as the girl and her mother were injured in the leg while the man had the most critical injury as fragments hit his legs and abdomen and he needed a surgery.”

“On 6 February, 2014 the Syrian regime used cluster munitions again to shell Yabroud. The shelling targeted a kids gathering cause critical injuries for four of them. We found out that they had fractures in their limbs and several injuries in the abdomen and one of them was injured in his genitals. All of them had undergone surgeries and they are now in a good health.”

Ali Mohammad, an activist from Al-Aqrybat, which is located in Homs countryside and was shelled on many occasions with cluster munitions, tells SNHR about cluster bombs and the injured in Al-Aqrybat

“The area we live in is near the Syrian desert. The remnants of the cluster bombs becomes almost like landmine, most of those who were injured by it were shepherds and farmers.”

“More than three people died and ten injured because of the remnant of the cluster munitions in here. One of the victims was an 11-year-old kid who picked one of the remnants to play with it and it exploded immediately.”
Violations against the wounded in the ISIS-held areas

ISIS has prohibited wide violations against medical crews and raided many field-hospital. It also kidnapped wounded without any consideration of their health conditions. SNHR has documented the most prominent violations perpetrated by ISIS against the medical field in a previous report that was published on 15 January, 2014.

Reccomendations

“The four Geneva Conventions of 1949 and their additional protocols states that the human dignity of all individuals must be respected at all times. Everything possible must be done, without any kind of discrimination, to reduce the suffering of people who have been put out of action by sickness, wounds or captivity whether or not they have taken direct part in the conflict.” The aforementioned treaties states explicitly that appropriate and sufficient medical care must be provided by medical crews in the clinics and hospitals whether it were permanent or field-hospitals and regardless of the beliefs of the parties administrating hospitals and clinics.

Security Council

The Security Council should impose a no-fly zone over the areas that the Syrian regime don’t control anymore in order to stop the daily shelling that is the main responsible of killing large number of victims every day.

The International Community and The United Nations

- The United Nations should stop delivering aids through the Syrian regime as it has been proven on many occasions that it is politicizing these aids and distributing more than 80% of it within its supporting areas and personnel, those who are involved in these practices must be exposed. Additionally, supporting states should rather support the national Syrian organizations that are operating in the dangerous areas. Furthermore, the Syrian opposition should provide the national humanitarian organization with comprehensive and informative plans.
- In case the Syrian regime is still refusing to let UN’s humanitarian agencies to deliver aids through the Jordanian and Turkish borders, UN should take further steps to enable it to work in Syria who are in critical need of medical help as the Security Council has failed continuously to press on the Syrian regime in order to deliver aids through borders with a few exceptions.
- Humanitarian organizations around the world should increase the amount of medical aids greatly given the critical medical state in Syria.
- The International Community, Friends of Syria, and the Arab League have all moral responsibility to provide medical care for the wounded in Syria, secure the necessary instruments for the field-hospitals, help with finding specialist for dangerous cases, assist to cover the costs of treating wounded in the neighboring countries, and paying special consideration for the special cases that need treatment at advanced hospitals that may don’t exist in Syria or in the neighboring countries.
Appendixes and Attachments

We apologize for using the images because of its cruelty, you can access the links attached to view them.

Picture of a kid from Homs who had her leg amputated
https://docs.google.com/file/d/0B9dF5VO4iR18aVNBeU5NNNGNXMFE/edit?usp=drive_web

Picture of a wounded from Homs – Talbiesa who had his leg amputated and also injured his hip
https://docs.google.com/file/d/0B9dF5VO4iR18RUpSWWx1QXplIZXM/edit?usp=drive_web

Picture documenting a rebel from Homs – Eastern Bouyida who is injured in his eye and abdomen
https://drive.google.com/file/d/0B9dF5VO4iR18ZE9fZVlqOHg5d1U/edit?usp=drive_web

Picture documenting a kid from Aleppo who is injured in her left leg by a barrel bomb fragments
https://drive.google.com/file/d/0B9dF5VO4iR18Yk9mbFE0ZGswZUK/edit?usp=drive_web

Picture documenting a kid from Aleppo who has wounds in her face caused by barrel bombs fragments
https://drive.google.com/file/d/0B9dF5VO4iR18cFlvckZZT2ZzVms/edit?usp=drive_web

Picture documenting a kid from Aleppo who had his arm amputated because of the shelling.
https://drive.google.com/file/d/0B9dF5VO4iR18bFl4cDB2U09kcWs/edit?usp=drive_web

Picture documenting the injury of a man from Aleppo who was shot by a sniper
https://docs.google.com/file/d/0B9dF5VO4iR18N2swZGVnZWRuMIU/edit?usp=sharing

Performing a medical surgery on a man who was injured by barrel bombs in Aleppo
https://drive.google.com/file/d/0B5pudHajcbMuX3NiakZPU3RMbUU/edit?usp=sharing

An injured kid who had his leg amputated after a barrel bombs shelling against B’iedein – Aleppo on 20 April, 2014
https://drive.google.com/file/d/0B5pudHajcbMuUVLdjNNT2pRWC/edit?usp=sharing

Video footage documenting a medical surgery in Irbeen – Damascus countryside, the injured had an incised wound in his face that damaged also his nose
https://www.youtube.com/watch?v=ITDqaQSTolI&feature=youtu.be

Video footage documenting the injury of a nine-month-old kid by sharp fragments that caused material loss in her right forearm
https://www.youtube.com/watch?v=ITDqaQSTolI&feature=youtu.be

Video footage documenting a medical surgery that involve stitching the abdomen after a detonator was removed, the injury was in the abdomen and it damaged the spleen
https://www.youtube.com/watch?v=MPMuf-juog