Syria: Attacks on Doctors, Patients, and Hospitals

December 2011
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- Protection of internationally-guaranteed rights of individuals and civilian populations
- Prosecution of those who violate human rights

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EXECUTIVE SUMMARY

The Syrian government has responded to popular protests with months of sustained and extreme violence and intimidation. Syrian activists have recorded the detention of approximately 14,000 civilians since March 2011, and the United Nations estimates that more than 5,000 people have died since the start of the uprising.1 The UN also estimated that 256 children have been killed during the same timeframe.2

As part of this widespread violence, Syrian government security forces have launched an all-out assault on the country’s medical system. Physicians for Human Rights (PHR) has documented attacks on Syria’s medical profession – violations that are but one aspect of the myriad abuses the Syrian people have endured over the past several months.

The attacks on Syria’s medical community are alarming. PHR received evidence that government forces

1. deny wounded civilians impartial medical treatment;
2. invade, attack, and misuse hospitals;
3. attack and impede medical transport; and
4. detain and torture doctors for treating wounded civilians.

These circumstances have spawned an underground health network, which faces a unique set of challenges as it struggles to provide care for civilians.

Syrian government security forces seek to prevent anti-government protesters from receiving medical treatment at all costs.3 Wounded protesters face serious—and often fatal—repercussions when they seek medical attention in any hospital, public or private.4 Further, medical personnel who treat these individuals risk both their careers and personal safety.5

An estimated 250 doctors have been arrested or interrogated for treating injured protesters in Syria.6 Hospitals have become unsafe, as patients identified by their wounds are dragged away by security forces for interrogation and torture.7

3 Phone interview with key informant no. 01 (6 Sep. 2011); Phone interview with key informant no. 02 (14 Sep. 2011); Skype interview with key informant no. 03 (16 Sep. 2011); Skype interview with key informant no. 08 (17 Oct. 2011); Skype interview with key informant no. 09 (17 Oct. 2011); Skype interview with key informant no. 10 (17 Oct. 2011); Skype interview with key informant no. 11 (17 Oct. 2011); Skype interview with key informant no. 12 (26 Oct. 2011); Skype interview with key informant no. 13 (26 Oct. 2011); Skype interview with key informant no. 14 (22 Sep. 2011).
4 Phone interview with key informant no. 02, supra note 3; Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 05 (11 Oct. 2011); Skype interview with key informant no. 08, supra note 3; Skype interview with key informant no. 09, supra note 3; Skype interview with key informant no. 10, supra note 3; Skype interview with key informant no. 11, supra note 3; Skype interview with key informant no. 12, supra note 3; Skype interview with key informant no. 13, supra note 3; Skype interview with key informant no. 14, supra note 3.
5 Phone interview with key informant no. 01, supra note 3; Phone interview with key informant no. 02, supra note 3; Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 04 (21 Sep. 2011); Skype interview with key informant no. 05, supra note 4; Skype interview with key informant no. 07 (17 Oct. 2011); Skype interview with key informant no. 08, supra note 3; Skype interview with key informant no. 10, supra note 3; Skype interview with key informant no. 11, supra note 3; Skype interview with key informant no. 14, supra note 3.
Desperate to treat the wounded, some Syrian doctors have established an underground network of makeshift clinics to which they smuggle medical supplies to care for the injured.8

PHR conducted interviews with Syrian medics by phone and Skype to document deteriorating conditions in Syria’s health sector. Medics have indicated that the Assad regime is engaged in a direct assault on Syria’s hospitals, doctors, and patients, in clear violation of the principles of medical neutrality.

**PHR calls on the Syrian government to respect the principle of medical neutrality** and commit to providing adequate healthcare to all citizens without discrimination. The Syrian government must also bring to justice all perpetrators of the grave human rights violations documented in this report.

**PHR calls on the Arab League to continue its commitment** to placing Arab and international monitors in Syria to observe the country’s ongoing unrest. The UN Security Council should refer perpetrators of international crimes to the International Criminal Court.

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Government Forces Deny Wounded Civilians Impartial Medical Treatment

Medics confirmed reports that soldiers forcefully removed patients from hospitals, despite serious injuries that warrant intensive care. One female anesthesiologist from Homs reported that in mid-September, armed military forcibly entered the private hospital where she worked and ab ducted two sedated patients who were undergoing surgery.

Asra, an anesthesiologist, reported that in mid-September, four armed Syrian security forces stormed into the upstairs operating room of a hospital in Homs, demanding access to two patients under general anesthesia. A male information desk employee reportedly showed the soldiers to the operating room after being threatened at gunpoint.

Asra and her colleagues opened the operating room door, at which point Asra reported that one of the four men asked how many patients were in the operating room. Upon learning there were two, another soldier reportedly told the hospital staff, ‘we will take them, and we will treat them in our own special way.’

Asra reported that these four security forces removed the breathing circuits from the two sedated patients. One patient’s abdominal cavity was open and his intestines were exposed; the other was undergoing surgery. Asra recounted that she pleaded with security forces to allow the doctors to at least stitch the wounds and seal her patient’s abdominal wall, and that the soldiers waited for her to do so.

Soldiers then, however, removed the two wounded men from the hospital using hospital gurneys that they took inside their armored vehicles, reportedly refusing to bring with them breathing circuits or surgical tools.

Asra recounted hearing gunfire outside the hospital for an hour after the security forces left. After approximately one hour had passed, she went outside and saw evidence of gunfire. She reported not knowing the fate of these two patients.

A volunteer medical assistant at Jami’yat Al-Birr Hospital in Homs reported to PHR that he had witnessed 20 armed security forces interrupt treatment of one patient in intensive care, and forcibly transfer him to a military hospital.

Abu Al-Bara’a, a medical assistant, reported that 20 armed security forces in uniform raided Jami’yat Al-Birr Hospital at 9:30pm on 24 October 2011, reportedly searching for one specific, injured male patient. Abu Al-Bara’a reported that the soldiers demanded that the hospital administration present them with files of the injured. Security forces located the name of a male patient under general anesthesia and receiving oxygen in the ICU, on whom doctors had operated one hour earlier. Soldiers removed the patient’s oxygen and put the patient in a private ambulance. Abu Al-Bara’a reported that the soldiers took the patient to Homs Military Hospital.

Fear of security forces in hospitals prevented the severely wounded from seeking urgent medical care. Those most in need of care avoided security personnel at all costs. One doctor reported to PHR that numerous wounded patients he treated in his field clinic refused to go to hospitals for fear of soldiers’ presence there.

9 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 10, supra note 3.
10 If a person is placed under general anesthesia, he/she will die if not provided with a source of oxygen. If taken off of a breathing apparatus while sedated, death can occur quickly. Email interview with Dr. Jamel Patterson, Attending Physician, Harlem Hospital Emergency Room, New York, NY (22 Nov. 2011).
11 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 10, supra note 3.
12 Phone interview with key informant no. 01, supra note 3; Phone interview with key informant no. 02, supra note 3; Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 04, supra note 5; Skype interview with key informant no. 14, supra note 3.
13 Phone interview with key informant no. 02, supra note 3; Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 04, supra note 5.
According to Ahmad, a doctor from Damascus who worked in a secret field hospital, a man between 50 and 60 years of age came to his field hospital on 22 April with a bullet in his leg. Ahmad and his colleagues failed to stop this patient's bleeding because they were equipped with only the most basic medical supplies and were without proper surgical tools. Ahmad reported that when he offered to take the injured man to the hospital with his own car, the injured man said, "If you take me there they will kill me, I do not know my destiny if you take me to the hospital. I don’t want to die there." Ahmad recounted that the patient died from profuse bleeding, but might have survived had proper surgical equipment been available.

Government Forces Invade, Attack, and Misuse Hospitals

One Syrian cardiologist told PHR that in a private hospital near Damascus, government forces opened fire inside the hospital, killed one person outside the building, and abducted the bodies of two patients who had recently died.

A cardiologist named Murad reported that three patients died of gunshot wounds in a hospital in a suburb of Damascus on 2 September 2011. Murad recounted that several security forces entered the hospital, shot automatic weapons into the air inside the building, and beat a nurse while demanding information about the three gunshot-wound casualties. According to Murad, these security forces searched the hospital for other injured patients. Security forces also reportedly shot at a gathering crowd outside the hospital from inside the building, killing one person. Murad reported that soldiers left the hospital with two of the three gunshot wound victims and transported the bodies to Tichreen Military Hospital.

PHR documented multiple instances in which soldiers reportedly fired directly upon hospitals, forcing medical personnel to stop treating patients for fear of being shot.

As Asra, an anesthesiologist from a hospital in Homs reported, an armored vehicle fired upon a Homs Hospital building in mid-September, at around 9:00 pm. Intense gunfire forced Asra and her colleagues to lie flat on the ground and avoid the hospital windows.

Asra reported that there are no buildings surrounding the hospital, and the hospital building is not protected. As a result, Asra believed the hospital was specifically targeted. She reported that hospital staff relocated to rooms closer to the building’s interior to reduce the risk of being shot.

A pediatrician told PHR that when Syrian forces attacked Hama in early August, indiscriminate gunfire damaged numerous hospitals, thus inhibiting their ability to provide care.

Nasim, a male pediatrician, worked in a hospital located in an elevated area overlooking downtown Hama. When government security forces heavily shelled the city, the hospital’s fourth floor was hit.

Nasim reported that the hospital had difficulty treating patients due to the shelling and that Hama lost power for three days.

Nasim also reported observing damage due to shelling at Al-Hikma Hospital, a separate hospital facility, in which the second-floor surgical unit was hit directly. Nasim also observed broken glass on the exterior of a third hospital, Al-Hourani Hospital, which he attributed to gunfire.

14 Name has been changed to protect key informant’s identity. Phone interview with key informant no. 02, supra note 3.
15 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 03, supra note 3.
16 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 10, supra note 3.
17 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 08, supra note 3.
18 The hospital director confirmed to Nasim that the damage Nasim saw was due to shelling. Skype interview with key informant no. 08, supra note 3.
Armed Security Forces Attack and Impede Medical Transport

Security forces prevented ambulances from reaching hospitals, even when transporting wounded patients in need of medical attention. As Murad, a cardiologist from a suburb of Damascus reported, security forces prevented medical transport carrying two wounded men, from reaching the private hospital where he worked.\textsuperscript{19}

\textit{According to Murad, relatives attempted to transport two wounded men to a private hospital in Damascus on 2 September, but encountered soldiers guarding the hospital entrance. These relatives reportedly attempted to locate another place where the men could receive treatment while evading security forces for three hours. Murad reported that both men arrived back at the hospital dead after the security forces had left the building, because they did not receive immediate care.}

One volunteer at Jami’yat Al-Birr Hospital reported to PHR that in order to avoid security checkpoints while transporting one injured civilian, he carried the injured man on his shoulders for four kilometers and enlisted the help of ten people to get medical attention for this one man.\textsuperscript{20}

Even with access to forms of medical transport, the wounded often find ambulances to be no safer than besieged hospitals.

\textit{As one paramedic named Tariq explained, he sometimes advised families not to put wounded family members in hospital ambulances, advising them instead to take the injured home.}\textsuperscript{21} He reported that two security personnel accompany all ambulances carrying wounded patients to hospitals.

Government Forces Detain and Torture Doctors for Treating Wounded Civilians

The Syrian government hunted down medics who had treated wounded protesters.\textsuperscript{22} Health workers suspected of trying to treat the wounded are reportedly detained, interrogated, and tortured.\textsuperscript{23} Further, doctors who treated wounded protestors in their hospitals have been discharged simply for providing medical care to opponents of the regime.\textsuperscript{24}

Qasim, a laboratory doctor from Homs, reported to PHR that government forces had repeatedly summoned him to military headquarters after apparently tapping his phone and placing him under surveillance for treating injured protesters.\textsuperscript{25} He also reported that some of his medical colleagues faced detention and torture.

\textit{Qasim reported that soldiers summoned him to military intelligence seven times in 20 days. According to Qasim, intelligence officers accused him of providing field clinics with medical supplies and helping protesters get medical treatment. Soldiers informed Qasim that they tapped his phone and placed him under surveillance. Qasim paid a bribe for his freedom and fled the country.}

\textit{Qasim reportedly knows other doctors in Homs who faced similar charges. He reported that security forces tortured one colleague and imprisoned him for up to 45 days, while another colleague spent 40 days in an isolated cell.}

\textsuperscript{19} Name has been changed to protect key informant’s identity. Skype interview with key informant no. 03, supra note 3.
\textsuperscript{20} Skype interview with key informant no. 12, supra note 1.
\textsuperscript{21} Name has been changed to protect key informant’s identity. Skype interview with key informant no. 14, supra note 3.
\textsuperscript{22} See, e.g., Amnesty International, supra note 5.
\textsuperscript{23} Phone interview with key informant no. 01, supra note 3; Phone interview with key informant no. 02, supra note 3; Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 05, supra note 4; Skype interview with key informant no. 12, supra note 3; Skype interview with key informant no. 14, supra note 3.
\textsuperscript{24} Skype interview with key informant no. 05, supra note 4.
\textsuperscript{25} Name has been changed to protect key informant’s identity. Skype interview with key informant no. 11, supra note 3.
A dentist named Kamal reported to PHR that government forces had forcibly removed him from a hospital where he worked, interrogated him, and subsequently dismissed him from his post.26

Initially, Kamal reported, he was called to the office of the hospital administration where two people dressed as civilians took him in a civilian car to a security forces facility to be questioned. He reported being fearful after being forcibly removed in this way. Security forces interrogated the dentist about his involvement in field hospitals, asking where he received materials, where the clinic was located, who his colleagues were, and how many other people were involved. Security forces then demanded names of people the dentist had treated, where he treated them, and how he was able to communicate with them.

Not long after Kamal’s interrogation, he was discharged from his residency. When Kamal questioned hospital administration about his discharge he was told, ‘It’s not from us, it’s from the security forces. They sent a report that you should be discharged for security reasons.’

Abbas, a medical student from Latikji, reported to PHR the details of his unlawful arrest and interrogation by the Mukhabarat as he traveled to the homes of wounded civilians who were too afraid to visit the hospital.27

Abbas reported that the Mukhabarat arrested him in late April, while he and a doctor were on their way to treat injured citizens who had refused hospital treatment for fear of being arrested. Abbas reported that the Mukhabarat had stopped him and the other doctor at a security checkpoint, searched their car, and ordered them to provide identification. Abbas recounted that when the Mukhabarat learned the two men were doctors, they arrested Abbas and his colleague, took them to the intelligence service office, and charged them with ‘treating wounded people.’

Abbas reported that his interrogator had told him protesters were animals that did not deserve treatment since they were disturbing the peace. The interrogator also reportedly asked Abbas if he knew of other medics helping injured protesters. Abbas provided no names and denied all charges, and was released after spending four days in detention.

Underground Health Network Established

As government forces have targeted medical facilities, transport, and personnel, both health workers and their patients consider hospitals too insecure as places to seek or render care.28 This insecurity has spawned a network of underground health clinics in neighborhoods where violence is most pronounced.29 These makeshift field clinics are poorly equipped, yet often serve as the only option for many wounded civilians who require treatment.30 In neighborhoods where clashes take place between protesters and government forces, doctors and nurses reportedly smuggle medical supplies into field clinics despite their risk of detention and torture.31

Doctors reportedly have no option sometimes but to treat patients in poor conditions, such as on farms and in other non-sterile environments.32 PHR received reports that some patients have died as a likely result of being treated in unsterile conditions.33

26 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 05, supra note 4.
27 Name has been changed to protect key informant’s identity. Phone interview with key informant no. 01, supra note 3.
28 Id.; Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 08, supra note 3; Skype interview with key informant no. 11, supra note 3.
30 Phone interview with key informant no. 01, supra note 3; Skype interview with key informant no. 03, supra note 3; Interview with key informant no. 04, supra note 3; Skype interview with key informant no. 06 [14 Oct. 2011].
31 Skype interview with key informant no. 01 [6 Sep. 2011]; Skype interview with key informant no. 04, supra note 5; Skype interview with key informant no. 06, supra note 30; Skype interview with key informant no. 11, supra note 3.
32 Skype interview with key informant no. 04, supra note 5.
33 Skype interview with key informant no. 06, supra note 30.
Murad, the cardiologist from Damascus, reported to PHR that he and his colleagues formed a secret society that established field clinics around Damascus equipped with simple medical supplies such as bandages, sanitary material, and thread for surgical sutures. These clinics operated in houses and were usually staffed by doctors from the local neighborhood. Murad reported that doctors were careful to pick for clinics homes that they believed were free of spies.

In early July, Murad treated a man injured with two gunshot wounds – one in his thigh, and one in his arm. Because the man required surgery in a hospital to repair his thigh bone, the field clinic fabricated a story that the patient had broken his leg in a soccer game, and transported him to the hospital in the middle of the night.

A nurse in Damascus named Sara told PHR that medical personnel braved arrest by bringing medical supplies to underground clinics, attempting to treat patients using whatever rudimentary tools may be available.

Sara reported that she volunteered to work in field clinics run out of private homes because she believed the wounded were scared to go to hospitals. She reported that soldiers arrested anyone found with medical supplies at checkpoints, making it dangerous to bring supplies into neighborhoods that are monitored by government forces.

Sara reported that on one Friday in July, she and a doctor colleague entered the sealed town of Kaban with medical supplies by evading government security forces and checkpoints. They arrived at the home of a man wounded by a bullet in his chest that nearly penetrated his lung. Sara recounted that she and the doctor removed the bullet in the man’s house, using basic tools that were not sterilized.

Sara also reported treating a 25-year-old man shot in the legs. The nurse had no antibiotics to give.

Doctors reported that they invented stories to make patients’ injuries seem more benign if questioned by security forces, as a tactic to evade government suspicion.

While working in a field clinic on 24 June 2011, Abu Jaber, a doctor from Damascus, encountered a patient wounded by a gunshot to the leg that resulted in a broken fibula cutting off an artery to the patient’s foot. Abu Jaber recognized that this injury would lead to gangrene, and so secured the immediate services of vascular and orthopedic surgeons.

Abu Jaber recounted that this patient was only able to receive treatment because doctors convinced security forces that the man was injured in a road accident and not by a bullet wound, which would have implicated him in anti-government protests. This story was possible only because the patient’s broken bone was not located in the same place in the leg as the bullet’s entry wound, enabling doctors to conceal the true cause of injury.

Doctors who work in secret also have limited access to blood for wounded patients. The Ministry of Defense controls central blood banks, which makes receiving blood from a government blood bank increasingly difficult. For this reason, doctors have sought blood elsewhere, creating a black market. Doctors reportedly smuggled blood into Syria from Lebanon, Jordan, and Turkey as well as from private donors, and are only able to perform primitive tests for blood-borne pathogens and disease.

34 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 03, supra note 3.
35 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 04, supra note 5.
36 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 15 (6 Oct. 2011).
37 See, e.g., Amnesty International, supra note 7.
38 Id.
39 Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 06, supra note 30.
40 Skype interview with key informant no. 03, supra note 3; Skype interview with key informant no. 06, supra note 30.
According to Murad, the doctor in Damascus, Defense Ministry-controlled blood banks refuse to provide blood units to private hospitals. Murad and other doctors in his neighborhood created a database of local blood donors, compiling blood types, names, and phone numbers to facilitate direct blood transfers. While doctors initially had no equipment to test blood before it was transferred, Murad reported that doctors obtained primitive kits from private donors to test blood for HIV, anti-HCV, and HBS.

Numerous doctors reported that medical personnel working in field clinics operate under threat of gunfire and arrest.

Abbas, a medical student working in a Lattakia hospital, told PHR that military personnel used machine guns to threaten doctors who had requested blood for their patients. Abbas reported that the operating room of the Lattakia hospital needed blood. Doctors requested blood in-person from a local blood bank, but returned to the hospital reportedly saying “We were not given anything. They [the blood bank] said we won’t give you anything.”

In response, Abbas went to the blood bank with a blood donor and two relatives, and presented blood bank officials with hospital paperwork certifying that a hospital patient critically needed blood that this donor could provide. Abbas reported that blood bank officials still refused to provide blood. He said that a military official approached him with a machine gun, and threatened to arrest him and the civilians accompanying him. Abbas returned to the hospital without blood.

Limited access to blood supplies on occasion led directly to patient deaths. PHR spoke with one dentist who had witnessed four patients die for lack of access to an adequate blood supply.

Kamal, a dentist, established field clinics with some of his friends to aid wounded protestors. In these clinics, Kamal reported that he had watched four patients die because doctors could not transfuse adequate blood to them. One such patient bled for an hour and a half from a bullet wound in his leg, and received neither blood nor safe transport to a hospital where he might have received surgery.

Kamal reported that blood banks required hospital paperwork in order to legally release blood, which field clinics could not provide. He also reported difficulty acquiring cold storage units needed to transport available blood to under-equipped clinics.

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41 Name has been changed to protect key informant’s identity. Skype interview with key informant no. 03, supra note 3.
42 Phone interview with key informant no. 01, supra note 3; Skype interview with key informant no. 04, supra note 5; Skype interview with key informant no. 05, supra note 4; Skype interview with key informant no. 06, supra note 30; Skype interview with key informant no. 08, supra note 3.
43 Name has been changed to protect key informant’s identity. Interview with key informant no. 01, supra note 3.
44 Name has been changed to protect key informant’s identity. Interview with key informant no. 05, supra note 4.
45 Id.
Conclusion

Government forces in Syria have reportedly assaulted not only demonstrators engaged in active protest, but also hospitalized patients and the medical personnel who work to treat the wounded. Government soldiers

- deny wounded civilians impartial medical treatment;
- invade, attack, and misuse hospitals;
- attack and impede medical transport; and
- detain and torture doctors for treating wounded civilians.

The underground network of field clinics that has emerged to treat the wounded in Syria operates under threat of violent government repression. Many wounded Syrians have died for lack of adequate medical care due to fear of government forces’ presence in hospitals and lack of access to lifesaving medical resources. Medical professionals have been assaulted for providing treatment to wounded protesters.

**Physician for Human Rights calls on the Syrian government** to immediately cease all attacks on civilians, respect the principle of medical neutrality, and commit to providing adequate healthcare to all citizens without discrimination. The Syrian government must also bring to justice all perpetrators of the grave human rights violations documented in this report.

**PHR calls on the Arab League** to continue its commitment to placing Arab and international monitors in Syria to observe the country’s ongoing unrest. The government of Syria must allow these monitors to safely and effectively conduct their work without any interference.

**PHR also calls on the UN Security Council** to refer the situation in Syria to the International Criminal Court so that the most serious perpetrators can be held accountable for their crimes.