



UNDER SIEGE: The Plight of East Ghouta

Last month marked the fourth anniversary of the August 2013 chemical attack that took the lives of more than 1,200 people in East Ghouta, one of the largest suburbs in Rural Damascus. Once a lively agricultural area inhabited by more than 1.2 million people, its population is currently estimated at around 400,000, one third of whom are internally displaced persons (IDPs).¹

In October 2013, the Syrian government imposed a stifling siege on East Ghouta after months of cutting access to basic necessities including electricity, potable

water, and telecommunications. As a result of the “surrender or starve” tactic that has been utilized across Syria, many people in East Ghouta, including children, have lost their lives.

From late 2014 to February 2017, smuggling tunnels that connected East Ghouta to the opposition-held neighborhoods of Qaboun and Barzeh helped besieged residents cope with the restrictions. However, in February 2017, the Syrian government overtook Qaboun and Barzeh, sealing these tunnels and cutting off East Ghouta’s access to the outside world. Today, basic food and supplies are allowed past the checkpoints, though at very high prices, making them inaccessible to civilians. On average, a family in East Ghouta needs \$200 per month to provide only for basic needs. Many heads of household earn less than \$100 per month, making even the most common items a luxury.

While surviving under siege, the residents of East Ghouta have been subjected to a fierce, ongoing aerial and ground campaign since 2012. These strikes have continued in 2017, despite the de-escalation zone agreement

“In East Ghouta, a father watches his son dying right before his eyes and cannot do anything to help him. A son watches his father suffering from a critical illness but his hands are tied because of the siege.”

1 – UN Office for the Coordination of Humanitarian Affairs (OCHA), Fact Sheet–East Ghouta, 19 June 2017.

Prices in East Ghouta Compared to Damascus



Bread (1 kg)
+1,150%



Flour (1 kg)
+233%



Rice (1 kg)
+160%

Salt (1 kg)
+5,400%



Eggs (1 dozen)
+733%



Gasoline (1 liter)
+2,900%



covering the area. Fighting between opposition armed groups has worsened in recent months exacerbating the situation. Civilians have suffered the most as a result of the ongoing violence.

Denying access to health care as a tool of war has become a hallmark of the Syrian crisis, and East Ghouta is no exception. Hospitals, clinics and ambulances have been repeatedly bombed, and many health care providers have been injured or killed. Since the beginning of this year, East Ghouta's hospitals and health staff have come under attack more than ten times, killing one medical staff and one patient. SAMS staff have repeatedly referred to hospitals as the most dangerous places in Syria. This level of risk discourages patients from visiting hospitals to receive treatment. As the situation in East Ghouta becomes increasingly dire with each passing day, the medical needs of the remaining inhabitants cannot be ignored.

ITEM	EAST GHOUTA	DAMASCUS
Flour (1 kg)	800 SP/\$0.85	240 SP/\$0.47
Bread (1 kg)	625 SP/\$1.21	50 SP/\$0.10
Rice (1 kg)	1,300 SP/\$2.52	500 SP/\$0.97
Eggs (1 dozen)	4,000 SP/\$7.77	480 SP/\$0.93
Salt (1 kg)	2,000 SP/\$3.88	225 SP/\$0.44
Gasoline (1 liter)	6,000 SP/\$11.65	200 SP/\$0.39

Prices as of September 2017 SP = Syrian Pound

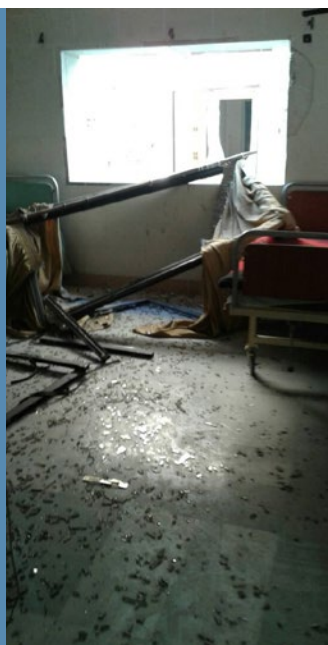
Challenges in Access to Health Care

Access to medical care is extremely challenging in East Ghouta. Only 107 doctors remain to treat the nearly 400,000 people, including only one neurosurgeon and one oncologist. There is one psychological medical resident to assist local civilians with the psychological effects of war, trauma, and living under siege.

In 2011, Syria had one doctor for every 600 people. In East Ghouta today, there is one doctor for every 3,600 people.

East Ghouta's remaining medical professionals must adapt to a diminishing store of supplies and equipment, as these items continue to be removed from the few convoys that are permitted to enter the area. Medicines, vaccines, medical consumables, and medical equipment are being rapidly depleted. Health workers have resorted to using old syringes and re-using disposable equipment. Many health workers and families were forced to use medications that have been expired for two or three years. Even the most basic medications, including acetaminophen, insulin, and essential antibiotics, are in short supply. The shortages of medical personnel, equipment, and fuel have forced hospitals to reduce their operations.

On September 11, a medical facility in East Ghouta was targeted by artillery shelling, killing one patient and injuring four medical personnel and four patients. The attack completely destroyed two medical vehicles and forced the medical facility to temporarily close. Two days later, a private hospital was targeted, injuring one member of the medical staff and two patients.



“Because of the medical and equipment shortage, we can’t treat everybody. We are forced to choose who will live and who will die by saving the supplies we have for those who have a good chance of survival.”



The two intensive care units (ICU) in East Ghouta are only able to treat 18 people at a time, significantly reducing ICU capacity.

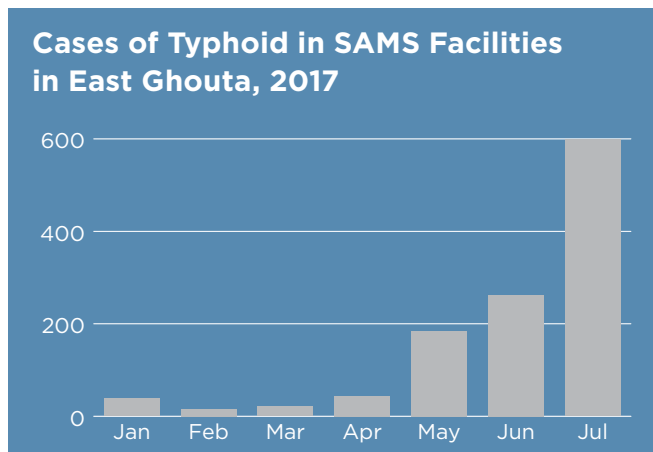
Women and children are particularly vulnerable to the deteriorating medical conditions. On average, there are 1,200 births per month in East Ghouta, requiring significant surgical supplies. There is a critical need for the introduction of surgical and delivery kits in order to ensure safe delivery. Due to malnutrition, mothers are often unable to breastfeed their babies. Baby formula is extremely scarce, and women have had to watch their children suffer from hunger. Children’s medications are not available in East Ghouta. Those suffering from hemophilia are unable to access factor VIII, an essential blood-clotting protein, making them at risk of death from even the most basic injury.

Patients with chronic diseases are among the most affected by the crippling siege. Thousands of patients with cardiovascular conditions, diabetes, kidney failure, asthma, and epilepsy face the risk of death as they are not able to access treatment. 550 diabetes patients are in need of insulin, yet the insulin clinics face shortages of medication. There are no cardiac catheterization centers in East Ghouta and no access to cardiac surgery. There are 45 patients in various stages of kidney failure, 17 of whom are receiving dialysis at a drastically reduced rate. In February and March 2017, four dialysis patients died due to the inability to access care. Similarly, cancer patients have no options for treatment and have seen their chances of survival decrease dramatically. The single oncology center in East Ghouta has only one oncologist

who is unable to provide much more than a diagnosis. The essential specialized, advanced, and expensive treatment is unavailable.

Doctors have also reported the outbreak of contagious diseases including cases of salmonella, typhoid fever, measles, tuberculosis, and cases of inflammatory liver A. In the past few months, melitensis fever has increased due to unpasteurized milk and cheese. Cases of typhoid appeared and increased in late 2013 and 2014 due to the use of groundwater wells, shallow and close to the surface. Typhoid became an endemic disease in East Ghouta between 2015 and 2017 due to the continued use of these contaminated sources. This has resulted in cases of intestinal perforation, meningitis, and polyneuritis. Typhoid and melitensis fever kits have been prevented from entering East Ghouta. Lab kits, treatment kits, and access to clean water are critical for improving these conditions.

Cases of Typhoid in SAMS Facilities in East Ghouta, 2017



Awaiting Death: The Denial of Medical Evacuations

The siege's impact on the health care system in East Ghouta has caused the number of patients needing medical evacuation in order to receive treatment to rise exponentially. A list of 330 patients from East Ghouta was shared with health actors in Damascus for evacuation. These requests have repeatedly failed to receive the necessary approvals from the Syrian government. As one SAMS doctor put it, "Many are simply awaiting their death at home." In the rare cases in which patients have been allowed to evacuate, some have died while awaiting to be evacuated outside Syria or to receive treatment in Damascus. Dr. Saif, a Syrian Arab Red Crescent (SARC) doctor in Douma said, "We have the capacity to save the lives of at least half of the people who are awaiting evacuation if 25 medications were permitted to enter."

In August 2017, four children died in East Ghouta because of the lack of medical evacuations, including Sara and Kinan. Sara, a nine year old girl with retinoblastoma, was approved to be evacuated by the Syrian government. Sadly, in August, Sara died waiting to be evacuated. Her two siblings have also lost their lives due to the same disease. Kinan was born in East Ghouta in early 2017, exhibiting visceromegaly, enlargement of organs. Kinan and his parents visited several hospitals that had limited capacity to provide an advanced diagnosis. In June, doctors realized that Kinan was suffering from Leukemia. Dr. Wissam, the only oncologist in East Ghouta, alerted the medical staff of his very serious and urgent case. On August 11, over two months later, Kinan passed away while his request for evacuation remained pending.

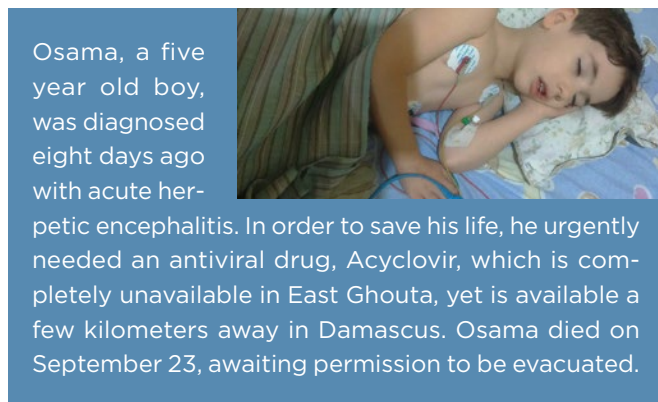


serious concerns for the evacuees. Musa'ab Abdulnafa'e is a four year old child suspected to have poliomyelitis. He was evacuated with his 53-year-old father Rateb Abdulnafa'e, on May 13. On Sunday, August 13, the father was arrested while seeking to obtain an ID for his sick child.

Break the Siege

SAMS is committed to alleviating the suffering of the people in East Ghouta. SAMS operates 20 health facilities and supports two of the largest hospitals in the area. However, the siege must be broken in order to truly improve living conditions. East Ghouta is only one of at least 34 besieged communities across Syria, in which an estimated 821,210 people remain trapped.² The international community must take immediate steps to end the siege in East Ghouta and all other besieged areas in Syria. In the meantime, measures to relieve the horrific conditions must be taken:

- Medical neutrality must be enforced, as mandated by international humanitarian law;
- Unconditional entry of sufficient medical supplies must be ensured, based on the needs assessments carried out by local medical staff. International monitors should be present during the entry of aid convoys in order to prevent removal of medical and other critical supplies;
- Critical medical cases should be permitted to be evacuated from the besieged area in order to access all needed treatment;
- Evacuees must have the freedom of choosing place of treatment; their safety should be monitored by UN agencies in Damascus, and the evacuees should have the right to return home or another location of their choosing after receiving treatment.



Osama, a five year old boy, was diagnosed eight days ago with acute herpetic encephalitis. In order to save his life, he urgently needed an antiviral drug, Acyclovir, which is completely unavailable in East Ghouta, yet is available a few kilometers away in Damascus. Osama died on September 23, awaiting permission to be evacuated.

The few cases that were evacuated in 2017 provide some hope to the people awaiting evacuation, while the deaths of Sara and Kinan instill fear of facing the same fate. Even after evacuation, safety and security remain

2-PAX and The Syria Institute, Siege Watch: Seventh Quarterly Report, 18 September 2017.

