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Dear Director-General ،

Eastern Ghouta, an area of 390,000 people east of Damascus, has been under siege by the Syrian government since October 2013. Unlike the sarin chemical massacre that was committed there in August 2013, the suffering caused by the daily denial of basic needs for food and fuel, the blockage of essential medicines, surgical supplies, and routine vaccinations to prevent childhood disease, is almost invisible. As a collective punishment against the civilian population, it is highly effective – most of the other civilian towns and areas besieged by the Syrian government have already given up, surrendering to forced relocation disguised as “local agreements” in return for access to food and cessation of punishing airstrikes. As the doctors of Eastern Ghouta, faced with an escalating humanitarian and medical catastrophe, forced to make intolerable life-and-death decisions without any prior experience bearing such an inhumane ethical burden, we are writing to the World Health Organization for urgent advice .

The Syrian government has turned people’s need for healthcare into a weapon of war, through violently depriving them of that care by attacking hospitals, targeting doctors and denying them access to medical supplies, all while causing them to need healthcare more as victims of direct violence, forced displacement, and siege .

Once, we were family doctors and pediatricians, specialists in chronic diseases such as diabetes and coronary heart disease. Since March 2011, when the people of Eastern Ghouta joined the peaceful uprising begun in Dara’a that the Syrian government met with violence, we have become experts in war trauma caused by barrel bombs, missile strikes, incendiary weapons, vacuum bombs, and chemical weapons. We have also had to master care for starvation-induced malnutrition and war-aggravated infectious diseases such as typhoid and TB. The chemical massacre using sarin nerve gas in August 2013, causing 1100 civilian deaths in one night, mostly children and women, was beyond our worst expectations, our medical training, and our clinical capacity, but that was only the worst case on a horrible continuum of deliberately induced civilian suffering.

Then, in October 2013, the Syrian government began the siege of Ghouta. Essential medicines, vaccines, and equipment considered routine and necessary for diagnosis and treatment were all blocked. The denial of the usual humanitarian triage in such situations in which we would have evacuated all women and children, all elderly and sick, compounded by the limited resources available to us, forced us to develop criteria to make life-and-death decisions in order that those who might live a chance. Now, we have had to become accustomed to the triage of war .

The sporadic U.N. Interagency convoys delivered a few times a year since 2014 require the permission of the Syrian Ministry of Foreign Affairs. The contents are determined by the Syrian Ministry of Health. Those permissions have been stingy at best. Each month we give Damascus a specific list of the requirements for paediatric patients, antenatal and breastfeeding women, and patients with chronic disease, yet the contents permitted into the convoys fall far short of these basic clinical needs .



Even though less than 5% of Eastern Ghouta's population can be considered combatants, surgical supplies are withheld from convoys on the specious basis that patients with war injuries must be "terrorists," while the daily airstrikes by the Syrian government and its allies target homes, shops, schools, mosques, ambulances, clinics, and hospitals, meaning that almost all our patients suffering war trauma, burns, and chemical poisoning, as well as malnutrition, are civilians. Women and children are the most vulnerable to this suffering. The surgical items denied include not only scalpels – whether for appendicitis operations or the Caesarean sections needed for women in labor to avoid becoming victims of airstrikes on hospitals—but also sutures for skin closure, plaster casts for fractures, chlorine for infection control, and many other of the most basic medical necessities.

Convoys are not allowed to bring us normal saline or any other kind of intravenous fluid, the most fundamental of all medical supplies. Serums and blood-transfusion equipment considered essential for mothers with postpartum hemorrhage as well as hemophilia and cancer patients are denied. Blood bags, essential to receive and store donated blood, are controlled by the Ministry of defense, as are kits for cross-matching of blood and machines for transfusion of blood and plasma. Screening kits for blood-borne diseases such as Hepatitis B and C and HIV are withheld, while hepatitis B vaccines to protect healthcare workers are deleted. Sterilization equipment is denied, forcing surgeons to re-use surgical items absent adequate sterilization between operations. Intravenous antibiotics, anti-tuberculosis drugs, dialysis supplies, vaccines to prevent polio, measles and other childhood illnesses, nutritional support for vulnerable children, iron and folic acid for expectant and breastfeeding mothers are all denied, as is pain medication for cancer patients and children .

The systematic denial and deletion of medicines and medical supplies forced us to the point of creating blood bags from urine collection bags and manufacturing home-made saline. The initial despair due to the tightening of the siege in 2014 forced the construction of several secret tunnels connecting Eastern Ghouta to Damascus. For a period beginning in September 2014, we were able to evacuate a minimum of 20 patients and their families each week to be treated in Damascus, to receive supplies such as food or fuel to run hospital generators and ambulances, even to send biopsies from cancer patients to cooperative labs in Damascus for diagnosis.

Since the closure of the tunnels in February 2017, the number of critically ill patients, as well as the burden of chronic disease and malnutrition, has escalated rapidly. There has been a growing number of patients who could have been saved if any of the convoys had brought medical supplies according to clinical need – such as Factor 8 for hemophiliacs or anti-tuberculosis medicine for TB. Only two dialysis machines and some electrocardiogram sets were received in early 2017, following the death of several patients with renal failure due to lack of dialysis machines. A UNICEF assessment confirmed our clinical experience--the malnutrition rates have risen sharply from 2.9% in January this year to 12% now. The level of mortality and morbidity due to non-communicable diseases and malnutrition is beyond our medical and nutritional resources. The numbers on the list of patients needing evacuation could be substantially reduced if only convoys contained treatment for children and adults with TB, renal failure, septicemia and hemophilia. The UN OCHA-organized Health Working Group in Damascus has a comprehensive needs assessment of medical and surgical equipment, yet since 2014 no convoy to Eastern Ghouta has been remotely aligned to medical needs, containing assorted U.N.-requested items without any reference to the numbers of patients requiring treatment or a treatment schedule. A recent needs assessment of medical supplies and medicines for children, antenatal and nursing mothers, and



patients with chronic diseases is attached, as is an itemized list of the actual contents of three convoys, to illustrate the contrast .

In October of this year, the number of critical patients needing evacuation was 430. A high-level teleconference held on October 26, led by OCHA, yielded an agreement to evacuate 29 of the 430 within 48 hours to Damascus. Overnight, because of this commitment, we determined the 29 most urgent cases according to criteria we have used since July 2014, prioritizing patients with the highest benefit from the evacuation. This list was sent to OCHA, with copies to WHO and UNICEF. Seven weeks later, as of December 15, no one has been evacuated. Sixteen of the patients on that list have now died. Meanwhile, the list of those needing evacuation has now grown to 572 .

UNICEF currently states that there are 137 children in need of medical evacuation. On December 10, Muhannad, a new born, died of simple bilateral hydro nephrosis. He could have been one of the very few reasons for his family to smile these days, if he had been able to access the pediatric hospital in Damascus and receive the care and medication he required. On December 11, Batoul, a 12-year-old girl with TB, died. If she had been able to access a TB medicine, long deleted from convoys, and receive proper follow up from an infectious disease specialist, there would have been no reason why she would not have grown into a woman, with the chance to have a life and a family of her own. She could have been the reason for her parents to still want to live. On December 13, the victim was Marwa, a 29-year-old mother with spinal cancer. Yesterday, December 14, baby Hussein died from kidney failure .

Even if had we been able to evacuate these patients, the decision about whom to include on the evacuation list is not only difficult clinically and ethically, but also carries the risk of threats from patients' families, who understandably reject the utilitarian logic behind not providing the best medical care available for their beloved children, parents, sisters and brothers--the human right to access healthcare and to receive it, and the hope that their loved ones might survive. Whether hope is a human right or not, families are furious when their rights to health care, and their children's lives and futures, are taken from them. People in Eastern Ghouta can understand death when it comes to the elderly, to people with grave medical problems, but it is too much and too hard to comprehend deaths from simple cases and curable diseases. Especially of the children, unvaccinated, malnourished, unprotected from the bombs targeting their homes, schools and markets. Especially when they can see with their own eyes pharmaceutical factories and pharmacies, hospitals and specialist clinics a short distance away in Damascus.

The false hope created by the unkept promise to immediately evacuate 29 patients—and the failure to evacuate even one of them—Is toxic for both doctors and patients. Meanwhile, the separate, larger Medical Evacuation Plan for Eastern Ghouta which has been shared by the Whole of Syria Health Cluster Coordinator in Damascus is very disturbing. There is no commitment to treat patients; no proper criteria to inform decision making for medical triage of patients which should be agreed upon by all those concerned in this process. There are no referral pathways to ensure patients with clinical need receive the specialized medical or surgical care that is available only in Damascus. There is no clear communication process, contact protocol, or dedicated focal point for coordination and communication. The reference to Idleb as a choice of destination is clinically inappropriate and incompatible with the reason for evacuation because there are no specialized services in Idleb. Not only does the document fail to guarantee the safety of the patient but it explicitly states: “No guarantees can be given in terms of arrest. The authorities are within their rights to arrest people.” No time frame or route is specified. There



is no acknowledgment of the necessity for family members to accompany patients, nor, if only one family member is allowed, any provision to ensure family reunification, an essential principle of protection. Nor is there a guarantee of safety for an accompanying family member or guardian. Similar to the convoys, the Draft Evacuation Plan is incompatible with a positive clinical or ethical outcome .

We are doctors. Winter has come, and is worsening. Each day patients die .

Our ethical imperative is to treat patients on the basis of need, regardless of race, religion, or ethnicity, in accordance with international humanitarian law and uncontaminated by politics. We are facing an intolerable situation, artificially created by the Syrian government as a collective punishment for all civilians. The siege of Ghouta, together with systematic attacks on healthcare and the attendant silence of the UN, threaten not only our patients' lives but also our hope for our patients, our mental health, and our profession. Those of us left have neither the technical resources nor the broad experience in humanitarian crises held by WHO and other international agencies that are providing health services in government-controlled areas. The few remaining surgeons, residents, and allied medical personnel are not professionally equipped to make decisions on whom to treat and whom to let die .

We as doctors have been under unimaginable pressure, working consecutive shifts for months and years on end, in constant danger, with limited resources that prevent us from even celebrating positive health outcomes for those of our patients who do survive. How to make life-and-death decisions that should never have been imposed upon us is beyond our training, our capacity, and our endurance .

WHO has extensive experience in humanitarian emergencies across the world, has established the Emergencies Health program, and has developed an emergency response program guided by humanitarian principles of humanity, neutrality, impartiality, and independence. As the guardian of global health, WHO has the humanitarian mandate and moral authority to make these decisions. We appeal to WHO, with all its technical capacity and cumulative expertise, and to you, doctor to doctor, to provide the triage criteria to help us make these decisions .

Thank you in advance for your consideration and your longstanding commitment to global health, human rights, and front-line health care workers .

Yours sincerely,

Director of Health
Damascus and Rural Damascus'
Dr. Imad Al-Kabbani

