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WAR IN SYRIA: NEXT STEPS TO MITIGATE THE CRISIS

HEARING

BEFORE THE

COMMITTEE ON FOREIGN RELATIONS UNITED STATES SENATE

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WAR IN SYRIA: NEXT STEPS TO MITIGATE THE CRISIS

TUESDAY, MAY 17, 2016

U.S. SENATE,
COMMITTEE ON FOREIGN RELATIONS,
Washington, DC.

The committee met, pursuant to notice, at 11:00 a.m. in Room SD–419, Dirksen Senate Office Building, Hon. Bob Corker, chairman of the committee, presiding.

Present: Senators Corker [presiding], Risch, Rubio, Johnson, Flake, Gardner, Perdue, Cardin, Menendez, Shaheen, Coons, Udall, Murphy, Kaine, and Markey.

OPENING STATEMENT OF HON. BOB CORKER, U.S. SENATOR FROM TENNESSEE

The CHAIRMAN. The Foreign Relations Committee will come to order.

I want to thank each of you for being here. Ambassador Ford, I know we are starting a little bit later than normal to accommodate your travel, but we thank all three of you for being here.

We probably will probably limit questions to 5 minutes today because of the timing of this hearing and what comes afterwards. But, again, thank you.

As many know, this committee has spent a lot of time on the Syrian war. 5 years into the war, I think we can draw a few general conclusions.

Without leverage on the Assad regime, we have little ability to influence a diplomatic solution to the war. The longer this war goes on, the more complicated it gets and the more people suffer.

Today we are at a meeting in the latest round of peace talks in Vienna. In April, I talked to Dr. Hijab, the leader of the opposition, and I understand why they withdrew from the talks. As violence picked up, humanitarian aid was stopped and civilians were targeted. So they almost had no choice, and we supported his decision.

I would be interested to hear your thoughts on what could bring the opposition back to the table at this point. More importantly, I'd like to hear your expectations for the talks.

This is a time when civilians continue to be targeted, aid convoys continue to be stopped, and in some areas elements of the opposition are acting against their own interest. I am not sure exactly what can come out of Vienna, but we look forward to hearing your thoughts in that regard.

I know Secretary Kerry has repeatedly mentioned a plan B. I have never sensed that was realistic. It seems to me very rhetorical. I do not even know if it is aiding in getting to an end.

I would also appreciate your thoughts on some of the longer-term ramifications of the war. Issues like the refugee crisis, a generation without education, an independent Kurdish region, and threats to Turkey will have impact for generations to come.

Finally, we spend a lot of time talking about Syria and not enough time listening to what Syrians are saying.

Without objection, Mr. Ranking Member, I would like to insert two documents into the record. The first is a report on chemical attacks from the Syrian American Medical Society, and the second is a letter from 150 Syrians working to provide governance in Syria. Without objection, I will enter those into the record.

[The report and the letter referred to above are located on pages 45 and 107, respectively.]

The CHAIRMAN. And with that, again I want to thank you all for being here and look forward to our comments from our distinguished ranking member, Senator Cardin.

STATEMENT OF HON. BENJAMIN L. CARDIN,
U.S. SENATOR FROM MARYLAND

Senator CARDIN. Well, Mr. Chairman, thank you so much for convening this hearing on the War in Syria: Next Steps to Mitigate the Crisis, the ongoing civil war in Syria.

And we have a very distinguished panel, and I thank all three for being here and sharing their views as we try to figure out how to move forward, recognizing the current situation. We cannot rewrite history. We are where we are. How do we move forward?

Suffering of the Syrian people has continued because Bashar al Assad and his inner circle cling to power. An internationally brokered transition government seems further away today than ever with Assad's deputy foreign minister recently saying this will not happen, not now, not tomorrow, not ever. Assad's contempt for his own people, enabled by Iran and Russia, is destroying his country and has created a regional crisis, including an internally displaced persons and refugee crisis of historic proportions that grows more dangerous every day.

I remember that almost 2 months ago Russian President Putin announced that he would start withdrawing troops from Syria. We all remember that. And we thought, well, it looks President Putin might be exerting his leverage over Assad to get a negotiated settlement.

And yet, here we are again. The cessation of hostilities has collapsed. Putin's supposed pressure has receded, and Russia's jets have resumed their bombing in violation of the very ceasefire that Mr. Putin helped broker.

As this conflict continues to escalate, the number of combatants grow and chances for grave mistakes rise. Just a few weeks ago, Russia and Israeli fighter jets nearly confronted each other, and reports suggest that Russian jets have fired at least twice at Israeli aircraft. And let us not forget that in late 2015, Turkey shot down a Russian jet. Misunderstandings will and can happen.

Now, the stakes are higher for our own special forces who have been deployed to counter ISIL. And while their mission is to train and support local forces to fight ISIL, I am concerned that they have been deployed to a complex battlefield.

I hear the term "deconfliction" bandied about. But in the fog of war, it is just a term. What we should not lose sight of in the fog is the human dimensions of this conflict. The Syrian people are suffering.

Just look at the numbers here, Mr. Chairman. This is incredible, the crisis that has taken place. Since March 2011, 400,000 Syrians have been killed and over 1 million have been injured. More than 4.8 million Syrians have been forced to leave the country. 6.5 million are internally displaced, making Syria the largest displacement crisis globally.

This humanitarian crisis has been fueled in part by the atrocities committed by the Assad regime and violent extremist groups against Syrian civilians. Any party responsible for these crimes must be brought to justice for the abuses which defy international law. We cannot allow impunity. We must hold accountable those who are responsible.

I have repeatedly raised this issue and I am proud the Senate passed a bill that I authored, the Syrian War Crimes Accountability Act. And I hope the House will do the same. The only way forward is to expend every effort to achieve a broad political solution and to resolve this conflict through negotiations that lead to a stable Syrian government representing all of its citizens.

The combatants and their outside enablers must understand that there is no possibility of a military victory for any party to this conflict. The Russians cannot bomb their way to peace. The Iranians cannot prop up Assad forever.

Mr. Chairman, I understand this issue has been subject to much debate within Congress and between the Congress and the administration over the past several years. And I have been clear in my view where I think we have opportunities. But I am not interested today in reliving or relitigating what might have been. I am interested in developing a bipartisan approach that allows Congress and the administration to work together today to seek to bring peace and stability to Syria and to bring an end to the suffering of the Syrian people.

I look forward to our exchange and hope that we can move forward in a positive way to resolve this civil war.

The CHAIRMAN. Thank you, Senator Cardin.

We will now move to our witnesses. Our first witness is the Honorable Robert S. Ford, Senior Fellow at the Middle East Institute. Our second witness is the Honorable Nancy Lindborg, President of the United States Institute of Peace. Finally, our third witness is Dr. Tamara Cofman Wittes, Director and Senior Fellow at the Center for Middle East Policy at The Brookings Institution.

If you would just speak in order, it will save time versus me reintroducing. And we look forward to your comments. I think you know you can summarize. Without objection, your written testimony will be entered into the record. With that, thank you. Ambassador Ford?

STATEMENT OF HON. ROBERT S. FORD, SENIOR FELLOW, MIDDLE EAST INSTITUTE, WASHINGTON, D.C.

Ambassador FORD. Mr. Chairman, Ranking Member Cardin, and distinguished members of the committee, thank you for your invitation to speak to you today about Syria and what new steps the United States can take to mitigate the Syrian crisis.

In short, there is nothing the United States can do by itself to solve the Syrian crisis now. There is no quick fix. This is in part because the Syrian war is, first and foremost, a conflict between Syrians. Yes, foreign states are involved, some quite, quite deeply. Some have sent their own forces to fight in Syria, and one regional state is organizing foreign militias to fight in Syria. But these foreign countries do not control the Syrians completely. We must remember that most of the combatants in Syria are Syrians, and the top leaders of the two opposing sides, the Syrian Government and the Syrian opposition—they are Syrian. So Syrians ultimately have to negotiate an end to this war if they can.

Neither side, government or opposition, has reached the breaking point, although both sides are tired. And I would add here the Syrian economy, the Syrian currency is plunging in value over recent weeks.

Both sides, however, still seek military advantage. That military advantage is often measured in just a few miles of ground. The foreign states helping them are either not willing or not able to compel their Syrian allies to stop fighting or even allow humanitarian access. And so with this willingness on the part of the Syrians to keep fighting and in the absence of a widely agreed mechanism to monitor a new cessation of hostilities, I doubt—I strongly doubt there will be any penalties imposed on any group that violates a renewed cessation of hostilities deal.

Thinking long-term, it makes little sense for foreigners to sketch out designs of how a partition of Syria would work one day. No Syrian now is seeking partition. They may want partition in the future, but they are not there now and it is up to them to decide.

Likewise, it makes little sense to sketch out ideas about a future constitution for Syria when the existing state has never respected the rule of law and elements of the armed opposition do not either.

Senator Corker, as you just mentioned, it seems unlikely the Syrian Government will negotiate a compromise deal for a new transition government without more military pressure put upon it. We can talk about how we could do that military pressure, if you wish.

But let me just say that I am firmly against introduction of more American military forces into combat situations in Syria. I spent 5 years of my life trying to stand up an Iraqi Government so we could get our forces out of Iraq, and I do not want to see more American forces injected into Syria. I am, frankly, not happy that we have American forces there now.

What I would like to see is that the United States do more to help Syrian civilians. We should be pressing much harder on humanitarian access issues. If the United Nations can airdrop supplies to the Syrian Government-held city of Deir ez-Zur in the east, which is under siege by the Islamic State, then why can it not drop air supplies to Daraya in the Damascus suburbs? We should urge the United Nations and we should urge the International Com-

mittee of the Red Cross to speak more directly and to speak more publicly about who exactly is blocking aid convoys. No more passive tense.

I have to say here Jan Eglund's remarks—Jan Eglund from the United Nations—about the Daraya aid convoys and the Syrian Government blockage—his remarks were a welcomed departure in terms of directly fingering who is responsible on the ground.

Senator Corker, you asked what would bring the opposition back to the table. Getting humanitarian aid into communities that have been besieged for years would be a huge step in that direction.

Let me just say a few things about the refugees. Jordan and Turkey, countries that have done a very great deal, are blocking access. There are 50,000 people stranded on the Jordanian-Syrian border right now. Those two countries, Jordan and Turkey, need to open up their borders as international humanitarian or law requires of them.

But we cannot demand more without doing more ourselves. The United States should accept more Syrian refugees. The administration is at great risk of not meeting even its relatively small target of 10,000 Syrian refugees to be admitted this year, and we should be aiming much, much higher. The screening processes for Syrian refugees are very thorough. They are very labor-intensive. And we need more resources to be devoted to that task.

Let me conclude my remarks there, Senator. Thank you again for the invitation this morning.

[Ambassador Ford's prepared statement follows:]

PREPARED STATEMENT OF HON. ROBERT S. FORD

Mr. Chairman, Ranking Member Senator Cardin, other distinguished members of the Committee,

Thank you for the invitation to speak before the committee today about what new steps can be taken to mitigate the crisis in Syria. It is an honor to appear before you again.

There is not much we the United States can do now to mitigate the crisis in Syria quickly. The fighting is too entrenched and bitterly sectarian; both the Syrian government and the armed opposition seek military victory instead of preparing their own ranks for tough, mutual compromises. Foreign nations are deeply involved—far more deeply than the United States—and they are committed to winning the conflict militarily. There is no magic American bullet.

This is not to say there are not useful things the United States can and should do, but we are well past the point of a clearly identifiable path out of the conflict.

Today in Vienna there was another meeting of the International Syria Support Group and renewed calls for a cessation of hostilities. Last January and February I was highly skeptical that efforts to broker a cessation of fighting would achieve much. In fact, the February 27 brought a significant reduction in violence for some weeks—longer than many observers, myself included, thought possible.

But it did break down, badly. Aleppo, the Damascus surburbs, Lattakia province, Idlib province, Homs province, Hama province all are witness to that. The structural problem undermining an enduring cessation is the lack of agreed mechanisms to (1) monitor violations and (2) impose penalities on those determined responsible for violations. Indeed, it is not clear that American officials have a very clear understanding of which groups are operating in specific locations as they shift regularly in the course of the fighting.

I will add here that without greater military pressure on the Syrian government it will not negotiate a compromise political settlement. The difference in tone between President Assad's public remarks of late last July, when he was sober about defeats, and his upbeat tone in public remarks this spring after the Russian intervention are striking. The Russian intervention thus hindered prospects of a negotiated deal. The United States, meanwhile, lacks leverage with the armed opposition because it—and its regional backers—view us as inconsistent at best. I don't know

if our policy on the armed opposition in the remaining time of the Obama administration will change. I only know the result the policy has had on the ground.

There are steps the administration might be convinced to take now to mitigate some parts of the Syrian tragedy. They would help us from the national security standpoint—especially in terms of undermining extremist recruiting in Syria—and they would address the horrible humanitarian situation.

These steps include:

- Taking more Syrian refugees. The screening process is thorough but labor intensive. It needs greater resources. So far, the U.S. has admitted only about 1,800 this fiscal year when the administration's goal is 10,000 by the end of September. As fantastic as it sounds, we should be aiming to take 100,000 but without far more resources this will not be possible.
- Pressing regional states such as Turkey and Jordan to keep borders open to refugees, as international humanitarian law requires.

  Both countries of course do much to help Syrian refugees, but there are reportedly 50,000 people trapped on the Syrian-Jordanian border now in the harsh conditions of early summer. Turkish border guards have shot at refugees attempting to cross into Turkey on occasion. We should urge such actions to stop.

Likewise there are modest steps we could do to better press for access by humanitarian aid providers to civilians in communities under siege by both government and opposition in Syria.

These steps include:

- Raising specific instances of aid access denial—whether by the Syrian government or opposition fighters—in the Security Council with a view to discussing the possibility of Chapter VII action.

  The Russians have voted for UN resolutions such as 2254 that call for humanitarian access, and when the Syrian government blocks aid convoys, as it did in Daraya last week, the Russians should not be given a pass.
- Pressing Russia and Iran, and through them the Syrian government, to allow air drops to besieged communities in suburban Damascus just as there have been UN air drops to Deir Zour, an eastern Syrian city controlled by the Syrian Government and besieged by Islamic State forces.
- Press the UN and the International Committee of the Red Cross to be explicit, publicly, about which groups are responsible for blocking aid convoys.

  Only when combatants sense they will suffer retaliation of some sort will they change their behaviors. The absence of agreed monitors that I mentioned before makes the role of the UN and ICRC all the more important. In the past, they have preferred discretion, but clearly that discretion is paying marginal returns at best. The more forthright comments from Jan Egeland of the UN last week after the convoy to Daraya was stopped was a good step in this direction.

Looking longer term, Syria's unity may be impossible to restore. Especially if there is a durable cessation of hostilities but no progress on a compromise political deal, Syria could end up de facto partitioned even if no Syrian of any political stripe is now demanding this.

Partition is not a particularly good outcome for the United States.

In such a scenario:

- It is doubtful that large numbers of fighters from either the government or the Syrian opposition would reach across lines and cooperate against the Islamic State. It will thus make our efforts against ISIS harder;
- Reconstruction of Syria will certainly be far harder and that in turn means that while refugee flows might subside, relatively few of the 4.8 million outside the country will be able to go home.
- Polling of young people in the region suggests that unemployment is a big driver in extremist recruitment which again suggests that moribund reconstruction will pose a national security problem for us and our allies.

There are Syrian efforts to reach across bitter ethnic and religious divides and they merit our support; they are modest in size and won't fix Syria's crisis quickly but they may lay groundwork that formal negotiations might utilize later. It is a small investment and includes:

- Encouraging more off-line, informal meetings between Syrians in track two formats and direct discussions under the auspices of international NGOs or senior world statesmen;

It would be especially useful to encourage conversations between Syrian women from opposing camps, although it may be hard to find empowered women from among the ranks of government supporters.

- Encouraging greater participation from ethnic and religious minorities in off-line discussions with opposition and pro-government persons.
- Supporting efforts to build stronger civil society organizations in Syria so that they are stronger if the day after fighting ends ever comes.

The White Helmets, for example, have done great work even if some members of that group are far from perfect. There are legal groups struggling to maintain elements of fair rule of law in areas outside government control that need support and health and organizations operating under horrendous circumstances struggling to keep the health care sector afloat. They need recognition and support.

The CHAIRMAN. Thank you.

Ms. Lindborg, before you start, our friends in pink—we have been incredibly courteous to you in every encounter in the hallway. And you are really disrespecting everyone here by making noises and clapping. And we all feel that disrespect. So I would just say please act like adults. Otherwise, you will leave the room. Okay?

Ms. Lindborg?

STATEMENT OF HON. NANCY LINDBORG, PRESIDENT, UNITED STATES INSTITUTE OF PEACE, WASHINGTON, D.C.

Ms. LINDBORG. Chairman Corker and Ranking Member Cardin and distinguished members of the committee, I also thank you for the opportunity to testify today on the current situation in Syria and steps that could be taken now to mitigate the impact of the crisis.

And I will not repeat the grim litany of statistics. Senator Cardin, you mentioned some of them, the statistics that really underscore the immensity of the human suffering that has accompanied this conflict, including displacement, death, and widespread crimes against humanity. We have seen use of starvation as a weapon. We have seen deliberate targeting of religious and ethnic groups and deliberate targeting of medical personnel.

I have full testimony in the record. Let me focus today on a few key points.

The first is that it is imperative to continue the lifesaving humanitarian assistance that has saved countless lives since the beginning of this crisis. The international humanitarian community has mobilized to provide this assistance, and with your important support, Senators, the U.S. Government has led the way, led the way with the provision of $5.1 billion over the course of the crisis. At the same time, inside Syria, provision of critical assistance is persistently hampered by complexities, by great danger, by operating while a regime continues to conduct a ruthless bombing campaign, including the deliberate targeting of civilians.

We have also had the rise of ISIS, which has led to a capture of large swaths of territory where access is completely denied, and the many different armed factions, including the government, that have made crossing of multiple lines of control a daily arduous and dangerous undertaking by very heroic aid workers. Access to those in need has consistently been difficult or denied despite repeated passage unanimously of U.N. Security Council resolutions going back to 2014 that demand all parties allow delivery of assistance and respect the neutrality of medical assistance.

So even though this is critically important, the international mobilization and continuing heroic aid efforts, humanitarian action is at best a stop gap. So secondly, the most important is that we stop the bloodshed, that we prioritize a cessation of hostilities or, better yet, a full-on ceasefire. In February, we saw the cessation of hostilities that was negotiated by the international Syrian support group almost miraculously hold for nearly 7 weeks. From late February through early March, we saw the humanitarian community able to make important progress. They were able to reach 10 of 18 communities under siege both through convoys and airdrops. Compared with October to December of last year where only 3 percent of the population was reached, during this 7 weeks cessation of hostilities, the humanitarian community reached 52 percent of besieged communities. There are some estimates that violence decreased up to 90 percent during this period, which shows you the importance that these kinds of cessations can make to suffering and war-torn communities.

We know that by mid-April, this tenuous agreement began to fall apart. Access is now again severely reduced. Negotiations for access are again difficult and uncertain with all sides of the conflict.

We also know that the regime bombing campaign never really ceased. In April, Syrian regime forces rapidly escalated attacks in and around Aleppo and Homs.

Third, we have to recognize that this is a generational crisis and sharply shift our assistance away from a short-term model, especially to the refugees to one that emphasizes long-term resilience and development. The 4.8 million refugees who fled Syria have overwhelmed the financial, social, and economic systems of the whole region. They have threatened stability in Europe. We have already seen significant progress with efforts to shift from short-term emergency assistance to addressing the long-term reality of the crisis, including new host country resilience strategies, new World Bank financing mechanisms, and admirable efforts within the U.S. Government to combine relief and development. And, Senators, your support on this forward movement is critical into the future to ensure longer-term, more flexible funding that enables us to address the developmental issues and the roots of this crisis in Syria and regionally.

Fourth, we must relentlessly focus on the youth of Syria. This is the future of the country and of the region. They are growing up in conflict ripped from their families, from communities, and any dream of a future. We must relentlessly focus on providing the kinds of jobs, education, and opportunities for their voice to be heard so that they can be a part of a peaceful future. We must keep them from being a lost generation or, even worse, a dangerous generation.

Finally, we have to invest now in peace and reconciliation at the community level and in civil society. After 5 years of war, we are seeing Syrian communities splintered into a multitude of factions. Even if peace is negotiated in Vienna tomorrow, the wounds of the Syrians will take generations to heal. So we need to help now the Syrians begin to rebuild the social cohesion that has been ripped apart by the conflict both within the refugee communities and, where possible, on the ground inside Syria. Peace will have to be

built from the ground up with continuous and reliable support to civil society, to women, and minorities.

Thank you, Senators, for your continued focus and attention to this issue. I look forward to your questions.

[Ms. Lindborg's prepared statement follows:]

PREPARED STATEMENT OF HON. NANCY LINDBORG[1]

INTRODUCTION

Chairman Corker, Ranking Member Cardin, and members of the Committee, thank you for the opportunity to testify before you today on the current situation in Syria and steps that can be taken to help mitigate the crisis.

I testify before you today as the president of the United States Institute of Peace (USIP), although the views expressed here are my own. USIP was established by Congress over 30 years ago as an independent, national institute dedicated to the proposition that peace is possible, practical and essential to our national and global security. It engages directly in conflict zones and provides tools, analysis, training, education and resources to those working for peace.

UNABATED HUMANITARIAN CRISIS IN SYRIA

The numbers associated with the Syrian crisis have become a grim litany of steadily increasing statistics throughout the past five years. Currently, the UN estimates 11.3 million Syrians are displaced, which is roughly equivalent to all the residents of Ohio being forced from their homes. Of those, 6.5 million are displaced within Syria and another 4.8 million have fled the country as refugees. Overall, 13.5 million Syrians are in need of humanitarian assistance and of those, 4.6 million live in areas that are hard to reach. Grimmest of all is the climbing death figure, now believed by some to be between 400,000 and 470,000 deaths.[2]

For more than five years the Syrian conflict has crossed the threshold of mass atrocities, featuring widespread crimes against humanity and war crimes committed by the state security forces, affiliated groups, and opposition movements, including the use of chemical weapons and the intentional targeting of religious groups. The Syrian-American Medical Society has documented 161 chemical weapon attacks leading to the deaths of 1,491 people and more than 14,000 injuries. Additionally, an estimated 488,000 people live in besieged areas where they are unable to receive food or basic medical care, leading the UN Secretary-General to accuse all parties of using starvation as a weapon of war.

THE GLOBAL RESPONSE

Since the beginning of this crisis, the global community has mobilized to provide critical humanitarian assistance. With your important support, Senators, the U.S. government has led the way by providing $5.1 billion over the course of this crisis. However, inside Syria, provision of critical assistance has been persistently hampered by the complexities and extreme danger of responding to needs in this crisis. The regime has conducted a ruthless bombing campaign, including the deliberate targeting of civilians and specifically medical personnel and facilities. The rise of ISIS has led to its capture of large swaths of territory where humanitarian access is extremely limited, and the many different armed actors have made the crossing of multiple lines of control an arduous, dangerous and uncertain undertaking by heroic aid workers.

The Syrian crisis has helped drive a steep increase in global humanitarian need that has overwhelmed the international system and led to significant funding shortfalls globally, despite historic levels of funds raised. For 2016, the UN reports only 23% coverage of the $4.55 billion requested for humanitarian and regional response needs.[3]

In February, 2014, the United Nations Security Council unanimously passed Resolution 2139, which demanded that "all parties allow delivery of humanitarian as-

[1] The views expressed in this testimony are those of the author and not the U.S. Institute of Peace.

[2] The Syrian Center for Policy Research published a report that estimated deaths at 470,000 through 2015. UN Special Envoy de Mistura made a personal estimate of 400,000 killed on April 28, 2016.

[3] UN OCHA Financial Tracking Service: https://fts.unocha.org/pageloader.aspx?page=emerg-emergencyDetails&appealID=1133

sistance, cease depriving civilians of food and medicine indispensable to their survival, and enable the rapid, safe and unhindered evacuation of all civilians who wish to leave." It demanded that "all parties respect the principle of medical neutrality and facilitate free passage to all areas for medical personnel, equipment and transport." However, despite repeatedly reaffirming these convictions in subsequent unanimously passed UN resolutions, access to hard-to-reach and besieged populations remained difficult or impossible, with terrible reports of malnourishment and outright starvation.

Finally, in February of this year, the International Syria Support Group (ISSG), co-chaired by the U.S. and Russia, managed to negotiate a Cessation of Hostilities (COS) that miraculously managed to hold for nearly seven weeks. From late February through early March, the humanitarian community was able to make important progress in reaching ten of the 18 communities under siege, both through 63 convoys bringing life-saving food, medical supplies and treatment and 22 airdrops by the World Food Program. Humanitarian assistance reached just 3% (10,500 of 393,700) besieged between October and December 2015, but with the Cessation of Hostilities in place, humanitarian aid reached 52% (255,250 of 486,700) of those in besieged communities between January and April 2016.[4] Some estimates indicate that violence decreased by 90 percent during the cessation, bringing a much needed respite to war-torn communities.

However, by mid-April, the tenuous Cessation of Hostilities began to fall apart. Humanitarian access has once again been severely reduced, with negotiations for access again difficult and uncertain. The regime bombing campaign never fully ceased, and in April, Syrian regime forces rapidly escalated attacks in and around Aleppo and Homs, including the destruction of two of the few remaining hospitals in Aleppo. The Syrian Network for Human Rights reports that in March and April, Syrian government forces killed 1,100 civilians, ISIS killed 165 and opposition forces killed 170.

As the ISSG ministerial reconvenes today in Vienna, most urgent is the recommitment of all parties to pressure each of the warring parties to respect the Cessation of Hostilities in an effort to stop the killing and enable critical assistance to reach those most in need.

REGIONAL SPILLOVER

Syrians fleeing the war have helped push global displacement to the historic high of 60 million people worldwide who have been forced from their homes by violence. An estimated 4.8 million Syrian refugees have fled their country, overwhelmed neighboring countries and now spilling onto Europeans shores, triggering a secondary crisis within Europe.

The impact of this outflow on the region is enormous. Basic infrastructure—water, electricity, schools, hospitals—have been stressed to the breaking point. Economic and social pressures are mounting as countries cope with the influx of Syrians.

In Lebanon, which is hosting an estimated 1.07 million Syrian refugees, nearly one in four people is now Syrian. (If one in four Americans were a refugee, the United States would face the unimaginable equivalent of hosting the populations of California, Texas and Illinois combined.) This influx has increased tensions among Lebanon's own communal groups. Since 2011, it has reduced the country's economic growth to the 1-2% range. Syrian refugees have increased the labor supply but also have pushed more Lebanese into the ranks of the unemployed. This crisis, along with Lebanon's chronic debt crisis, political paralysis, and declining revenue, has drastically limited the government's ability to invest in infrastructure improvements, such as water, electricity, and transportation.

Similarly, Jordan struggles to cope with more than 628,000 Syrian refugees. Jordan already suffers from an insufficient supply of natural resources, especially water and energy. Coupled with chronic high rates of poverty, unemployment and underemployment, this influx of refugees places immense stress on one of the region's poorest countries. The World Bank estimates that Jordan has lost more than $2.5 billion a year since the beginning of the Syria conflict. This amounts to 6% of its GDP, and one-fourth of the government's annual revenues.

Even amid its own war, Iraq also is receiving Syrian refugees. The United Nations estimates that more than 246,000 Syrian refugees have entered Iraq to escape the Syrian civil war. These refugees join nearly four million internally displaced Iraqis, adding to the enormous stress on the social infrastructure of a state already suffering from its own war.

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[4] ISSG Humanitarian Task Force briefing April 28, 2016.

Five years ago, there were hopes that changes in the region would lead to more equitable, inclusive growth, with an emphasis on creating more jobs for MENA's legions of young unemployed. Instead, the reverse has happened, with the first four years of the Syrian war costing the region as much as $35 billion (measured in 2007 prices) in lost output or foregone growth.

The conflict in Syria has had a profound impact on the lives of average citizens throughout the region. In many cases, towns have doubled or tripled in size; housing prices have increased, schools are operating at double shift, and communities—already poor themselves—are stretched to accommodate a refugee population that continues to expand. Estimates are that per capita incomes for many Turks, Egyptians, and Jordanians are 1.5% lower now than they would have been without the Syrian conflict, and by 1.1% for many Lebanese.

RETHINKING REFUGEE ASSISTANCE

Importantly, the refugee crisis has accelerated a rethinking of how assistance is provided, with increased focus and action on responding to the protracted reality of this crisis instead of treating it as a short term conflict. Given the utter enormity of the social, physical and economic destruction inside Syria, it will be decades before people are fully able to return home even once a peace agreement is reached. While there is still much to do better and differently, there are useful if still nascent changes in how the international community provides assistance. For example, the UN has worked with Lebanon, Syria, Iraq, Turkey and Egypt to develop a regional refugee and resilience plan as well as individual country strategies with the goal of forging a much closer link between relief and development efforts. Additionally, efforts have included an increased focus on:

- Building resilience, with greater attention to education, jobs, psychosocial and social cohesion within both refugee and host communities;
- Addressing potential conflict between refugee and host communities through dialogue, mediation and targeted initiatives, including a recognition of the importance of including host communities, often poor themselves, in any assistance programs;
- Enabling local initiatives and local government and civil society actors to have a greater role and voice in assistance programs;
- Financing to support host countries, including a new World Bank-led MENA financing initiative that provide new concessional loans to Lebanon and Jordan at rates not previously available to them as Middle Income Countries. New funding just announced provides $100 million for Jordan to create 100,000 jobs for Jordanians and Syrians, while another $100 million for Lebanon focuses on education for both Lebanese and Syrians.
- Providing education and livelihoods: Jordan has announced temporary work permits for Syrians; many schools in Jordan have gone to double shifts, and there is progress in enabling Syrians to attend school in Jordan.

FOCUS ON YOUTH

Addressing the youth of Syria may be the most important challenge as an entire generation is now growing up torn from families, homes and dreams. UNICEF reports that the conflict is affecting 8.4 million children more than 80 percent of all Syrian children either within the country or as refugees. Approximately 3.7 million Syrian children have been born since the conflict began in 2011, including over 300,000 children who have been born as refugees. Without a birth certificate, one of the main means of determining citizenship, these children risk becoming stateless in the future, adding to their risk. Children are left without protection, especially the more than 15,000 unaccompanied or separated children who have left Syria. Most of all, there is tremendous urgency to ensure education is available, with reports noting more than 2.8 million Syrian children are not attending school. Young people who languish in refugee camps or live on the margins in the slums of host countries risk growing up untrained, unskilled, and uneducated. These children and youth, many of them unmoored from family, culture and community, are vulnerable to predatory employers, the allure of violent extremists groups, transnational criminal organizations, or potential victims of human trafficking.

Despite significant efforts to mobilize action to ensure "No Lost Generation" of Syrians, persistent funding shortfalls and tremendous challenges remain. In the absence of concerted action, we risk a new generation of youth without hope and potentially poised to continue cycles of conflict. Instead it is imperative to focus on pro-

grams that enable youth to have opportunities, be heard and have a chance to contribute to a more hopeful future. This includes:

- Engaging youth from refugee communities in efforts that enable them to resist the lure of radical ideology, including consistent but discreet support to moderate religious leaders in the region who may engage youth as part of interfaith dialogues and counter radicalization efforts.
- Establish mechanisms to issue children born while displaced or as refugees some form of birth certification and documentation.
- Despite some progress on enabling refugee children to attend school, a full scale concerted effort is needed to ensure that Syrian children can attend school, and importantly, that high-school and college students can complete studies that have been interrupted by war.
- Increase the focus on enabling youth to find livelihoods and jobs, with complementary help for youth of host countries.

WORLD HUMANITARIAN SUMMIT

Next week, the first World Humanitarian Summit will convene in Istanbul, with governments and civil society working to map out a new approach for humanitarian action at a time of unprecedented need. Global humanitarian assistance has shifted over the last decade from primarily serving those affected by natural disaster. Now 80% of assistance is going to those affected by violent conflict. Conflict has been identified by the UN as the "greatest global threat to development." The Syrian humanitarian crisis has dramatically sharpened the urgency to reconsider some of the fundamental approaches to humanitarian assistance.

The World Humanitarian Summit will aim to expand the number of donors helping to meet the global burden of humanitarian need. It will seek to increase the efficiency and effectiveness of humanitarian delivery; will focus on building resilience and closing the gap with development; and most importantly, will deliver an urgent call to action on shrinking the need.

As the Syrian crisis illustrates, all too often, humanitarian action becomes the focus in the absence of real solutions moving forward. At the Summit, there will be a call to rally the missing political will to end these protracted conflicts that wreak generational havoc.

CONCLUSION

Today the ISSG reconvenes in Vienna, with the hopes of reinvigorating the cessation of hostilities. In the absence of a longer term solution, an agreement to staunch the violence is paramount. In the meantime, critical policies for the U.S. government include:

Continued life-saving support: The U.S. government leadership and support has been critical; it is imperative that humanitarian support continues to ensure life-saving assistance is available for those most in need.

Focus on Resilience: The U.S. government leadership and support is vital for a wide range of changes that could enable smarter, more effective and more efficient assistance. This effort includes more flexible funding that enables greater support for local actors, greater ability to tailor response to needs on the ground and an increased ability to address relief and development needs as part of one response. It also includes support for the new World Bank initiatives that support middle income countries struggling to support an overwhelming refugee burden.

Focus on building peace and reconciliation at the community level: Finally, we know that even if peace is negotiated in Vienna tomorrow, the wounds of Syrians will take generations to heal. We need to focus now on investing in ways to rebuild social cohesion both within refugee communities and where access is possible, inside Syria. My own institution, USIP, has piloted some of this work inside Syria by gathering religious and tribal leaders, ethnic Arabs and Kurds from a rural northeastern district last year for talks that halted a rise in local communal tensions, let displaced families return home and re-opened a local road critical to normal commerce. This work helps lay the foundation for moderate local leadership and cooperation that are essential for building Syria's future stability. It need not, indeed should not, wait for an end to hostilities.

Thank you, Senators, for your continued focus and attention to this critical issue. I look forward to answering your questions.

The CHAIRMAN. Thank you very much.
Dr. Wittes?

STATEMENT OF DR. TAMARA COFMAN WITTES, DIRECTOR AND SENIOR FELLOW, CENTER FOR MIDDLE EAST POLICY, THE BROOKINGS INSTITUTION, WASHINGTON, D.C.

Dr. WITTES. Thank you, Mr. Chairman, Ranking Member Cardin, committee members. I appreciate the invitation to appear before you.

And let me begin by emphasizing, as I always do, that I represent only myself before you today. The Brookings Institution does not take institutional positions on policy issues.

When I last testified before this committee regarding Syria, it was April 2012, and I expressed then a concern that American reticence to act to shape the emergent civil war risked enabling an unbridled escalation of the conflict.

The administration's initial read of the Syrian conflict as holding only narrow implications for American interests was a failure to learn the lessons of the post-Cold War period by recognizing the risk that Syria's civil war could spill over in ways that directly implicated American interests.

Unfortunately, the realistic policy options available to the United States have narrowed considerably since 2012, and yet, the Syrian civil war has direct and dire consequences today not just for regional order but for international security. This reality, combined with the tremendous human suffering this war generates every day, drives two clear imperatives for U.S. policy: to intensify efforts to contain the destabilizing spillover and to seek an end to the conflict as soon as possible.

But we must be realistic about what steps will and will not end the Syrian conflict. I believe that absent a change in the balance of power on the ground, diplomacy alone is unlikely to end the war. But I certainly agree with diplomatic efforts to advance a countrywide cessation of hostilities and advance a vision for a political settlement. A full-scale ceasefire could create more space for political bargaining and in the meantime reduce human suffering.

Right now, however, the Assad government and its patrons in Tehran and Moscow have no interest in a sustained ceasefire because the battleground dynamics continue to shift in their favor. They have used the partial ceasefires of the past weeks to consolidate territorial gains from opposition forces and to further weaken those forces through continued air attacks. Without agreement amongst the various governments around the table in Vienna as to which fighting groups constitute terrorists, a ceasefire will inevitably disadvantage opposition factions as the Assad regime targets them in the name of counterterrorism. This will likewise advantage the most extreme among the rebel factions, as well as jihadi groups like ISIS and Jabhat al-Nusra.

In the ongoing diplomacy over how the conflict ends and what political settlement results, there are two issues on which the parties involved in the Vienna takes demonstrate sharp disagreement and about which the United States needs to advance clear views.

The first is a disagreement over the primacy of preserving the central Syrian Government, even if it remains headed by Bashar

al-Assad. It is understandable to desire the preservation of Syrian Government institutions, to want a central government to work with on counterterrorism and postwar reconstruction. But there is an embedded assumption here that any Syrian Government based in Damascus will exercise meaningful control over most or all of Syria's territory when the war ends. I think that assumption is faulty.

The degree of displacement, the extent of destruction, the hardening of sectarian and ethnic divisions mean that local communities will end up being the primary providers of order, and it is local order, more than a central government, that will enable communities to resist ISIS infiltration. So countries concerned with effective governance in Syria as a bulwark against extremism need to recognize and value the importance of local governance.

The second major issue under contention is the role that Iran will play in a post-conflict Syria. Iran's efforts to expand its influence in Syria and the region as a whole are a concern that unites all of America's partners in the region and a major concern for Washington as well. Any political settlement that institutionalizes that role will increase Iran's ability to threaten American allies and American interests.

A second major priority for American policy is stepped-up efforts to mitigate the destabilizing consequences of the war and, while we work on a diplomatic solution, to prepare for the long-term, wide-scale effort needed for post-conflict stabilization and reconstruction. Let me make just one point on this issue.

I think too often in discussing Syria we posit a choice between working with the central government and working with unsavory non-state actors. And there is an obvious additional option which is already in play that deserves greater emphasis. That is empowering and engaging local municipalities, local business sectors, local civil society, other actors who exist in territory not under either extremist or regime control and who have an obvious stake in the success of their communities. These are the ones who will manage differences, who will mitigate the reemergence of conflict, who will deal with the consequences of transitional justice, who will resist terrorist infiltration. USAID and its implementing partners I think have been very creative in developing programs to engage these local communities and this work deserves robust support from Congress.

One final note on the refugee crisis. In addition to associating myself with the comments of my colleagues, I wanted to let you know that The Brookings Institution in the middle of next month will convene a high-level gathering of regional, European, and American leaders to develop new responses, more robust forms of cooperation to meet this global challenge. And I look forward to reporting to you on our findings.

Thank you.

[Dr. Wittes's prepared statement follows:]

PREPARED STATEMENT OF TAMARA COFMAN WITTES

Thank you, Mr. Chairman and Senator Cardin, for the invitation to appear before you today. I'd like to request that my full statement be entered into the record, and I'll give you the highlight reel. And let me begin by emphasizing, as always, that

I represent only myself before you today—the Brookings Institution does not take institutional positions on policy issues.

Opportunities Lost

When I last testified before this committee regarding Syria, in April 2012, I expressed my concern that American reticence to act to shape the emergent civil war and the involvement of regional powers in it risked enabling an unbridled escalation of the conflict. I suggested then that uncontrolled escalation could entrench sectarian violence, empower radicals, destabilize the neighborhood, and generate wide human suffering. While the Obama Administration has taken incremental steps over the last four years to try and shape both the battlefield and the context for diplomacy, those steps have proved too little and too late to alter the conflict's fundamental dynamics.

President Obama's initial read of the Syrian conflict as holding only narrow implications for American interests was a signal failure to learn the lessons of the post-Cold War period, and the civil wars of the 1990s, by recognizing the risk that Syria's civil war could spill over in ways that directly implicated U.S. interests. The experience of the 1990s clearly suggested how a neglected civil war offered easy opportunities for a violent jihadist movement—just as the Afghanistan war did for the Taliban in the mid-1990s—and how large-scale refugee flows would destabilize Syria's neighbors, including key U.S. security partners like Jordan and Turkey. And as we now know, ISIS used the security and governance vacuums created by the Syrian civil war to consolidate a territorial and financial base that the United States has been seeking since late 2014, with limited success, to undermine.

Unfortunately, the realistic policy options available to the United States have narrowed considerably since 2012, the violence is entrenched, the spillover is creating serious challenges for the neighborhood and for Europe, and the number of actors engaged directly in the Syrian conflict has proliferated. All of this means that the continuation of the Syrian civil war has direct and dire consequences today, not just for regional order, but for international security. This reality, combined with the tremendous human suffering this war generates every day, drives two clear imperatives for U.S. policy: to intensify efforts to contain the spillover and misery, and to seek an end to the conflict as soon as possible.

Ending the War

We must be realistic, however, about what steps will, and will not, end the Syrian conflict. Recently, some policy experts have suggested that, in the name of advancing great-power concord to end the war, the United States should relax its view that Bashar al-Assad's departure from power is a requisite for any political settlement. This view rests on the assumption that Russia will not bend in its insistence on Assad's remaining in place, and on the assumption that a U.S.-Russian agreement on leaving Assad in place would override the preferences of those fighting on the ground to remove him. Both of these premises, in my view, are incorrect.

We must therefore understand clearly the interests and imperatives driving the major players in this conflict, and we must understand, too, that the battlefield dynamics will heavily condition the prospects of any political settlement. Ending the bloody war in Bosnia in the 1990s involved getting the major external powers with stakes in the outcome—the United States, the Europeans, and Russia—to agree on basic outlines of a settlement and impose it on the parties. But imposing it on the parties required a shift in the balance of power on the battlefield, brought about by Croat military victories and ultimately a NATO bombing campaign. Bosnia also required a large-scale, long-term United Nations presence to separate the factions and to enforce and implement the agreement.

So I believe that, absent a change on the ground, diplomacy alone is unlikely to end the Syrian war—but I certainly agree with diplomatic efforts to advance a country-wide cessation of hostilities and advance a vision for a political settlement. A full-scale cease-fire could create more space for political bargaining, and in the meantime reduce human suffering and mitigate the spillover effects of the ongoing violence. Right now, however, the Assad government and its patrons in Tehran and Moscow have no interest in a sustained cease-fire, because the battleground dynamics continue to shift in their favor. They used the partial cease-fires of the past weeks to consolidate territorial gains from opposition forces and to further weaken those forces through continued air attacks. Without agreement amongst the various governments around the table as to which fighting groups constitute terrorist organizations, a ceasefire will inevitably disadvantage opposition factions as the Assad regime targets them in the name of counterterrorism. That will likewise advantage the most extreme among the rebel factions as well as jihadi groups like ISIS and Al Qaeda's affiliate, Jabhat al-Nusra, who will all continue to use force to acquire

and hold territory and to force their political opponents and inconvenient civilians off the field.

Likewise, some suggest that the sectarian nature of the conflict, and the deep investment of regional powers in backing their preferred sides, mean that it is not possible to hasten an end to the war at all, and that it must be allowed to "burn itself out." This policy option is infeasible for the United States, from moral, political, and security standpoints. The scale of death and destruction already, over nearly five years of war, should shame the conscience of the world. Those seeking to escape this misery deserve our succor, and those seeking to end the carnage deserve our support. And it is beyond question that Bashar al-Assad and his allies are the ones responsible for the vast majority of this death, destruction, and displacement.

In political and security terms, the war's spillover into neighboring countries and now into Europe can still get worse. Key states like Lebanon and Jordan are at risk of destabilization and/or extremist terrorism the longer the conflict goes on and the more of its consequences they must absorb. Turkey, as we know, has already suffered attacks by extremist groups. And the war has continued to be a powerful source of recruitment for extremists, drawing fighters and fellow travelers from around the world. ISIS and Al Qaeda feed on the civil conflict and the chaos on the ground is what gives them room to operate. It is indeed imperative that the United States remain engaged, and intensify its engagement as needed, to secure an end to the conflict as soon as possible.

Understanding the Geopolitical Context

In the ongoing diplomacy over how the conflict ends and what political settlement results, there are two issues on which the parties involved in the Vienna talks demonstrate sharp disagreement, and about which the United States needs to advance clear views. The first is a disagreement over the primacy of preserving the central Syrian government, currently headed by Assad. Russia, along with some regional actors (even some opponents of Assad), believe that the most important determinant structuring a political settlement must be the preservation of the Syrian central government, even if that means preserving Bashar al Assad in office. If Assad is ousted without an agreed-upon successor in place, they argue, then Syria will become a failed state like Libya, in which ISIS will have even more space to consolidate and operate, with dire consequences for regional and international security. It is this concern over state collapse and the desire for strong central authority that keeps Russia united with Iran behind Assad.

It's understandable to desire the preservation of Syrian government institutions as a bulwark against anarchy, and to want a central government in Syria with which to work on counterterrorism and postwar reconstruction. The problem with elevating this concern to a primary objective in negotiations is its embedded assumption that any Syrian government based in Damascus will be able to exercise meaningful control over most or all of Syria's territory after rebels and government forces stop fighting one another. That's a faulty assumption, for several reasons.

First, it is extremely unlikely that we'll see swift or effective demobilization and disarmament of sub-state fighting factions in favor of a unified Syrian military force. If the central government remains largely in the form and structure of Assad's government, and even more so if Assad himself remains in power, it is hard to imagine rebel groups agreeing to put down their weapons and rely on security provided by the central government. Thus, local militias will remain important providers of local order and also important players in either defeating or enabling extremist groups like ISIS and Al Qaeda.

Second, effective governance from Damascus is extremely difficult to imagine, much less implement. The degree of displacement, the extent of physical destruction, and the hardening of sectarian and ethnic divisions due to five years of brutal conflict (and decades of coercive rule before that) all present steep challenges to centralized rule. Those with resources and capacity within local communities will end up being the primary providers of order at the local level—and it is local order, more than a central government, that will enable communities to resist ISIS infiltration. Thus, countries concerned with having effective governance in Syria as a bulwark against extremists need to recognize the value and importance of local governance in any post-war scenario.

Finally, there is the unalterable fact that Bashar al-Assad and his allies have slaughtered perhaps as many as 400,000 of Syria's citizens; have used chemical weapons against civilians; have imprisoned and tortured thousands and displaced millions; and, through Assad's own horrific decisions, have broken Syria's government, the Syrian state, and the Syrian nation to bits. Those who demand his ouster as a prerequisite for ending the war are justified in their view that Assad does not have and will not have legitimacy to govern from a majority of Syrians, that his

continued rule would be divisive and destructive of Syrian unity and security, and that he should instead face justice for war crimes and crimes against humanity. As a practical matter, and because of all this, many Syrian fighting factions on the ground and their supporters, are committed to Assad's ouster. U.S.-Russian concurrence on setting that goal aside will not induce them to end their fight. The only way that might occur is if Turkey, Qatar, and Saudi Arabia—who are committed to Assad's ouster—relent on their demands and agree to curtail support to rebel factions who continue to fight. This is hard to imagine in the current circumstances.

In other words, while preserving the Syrian state is a laudable goal, it will not alone achieve the objectives set by those who hold it out as the primary imperative in the political negotiations over the future of Syria. I would suggest that, while the fate of Bashar al Assad is not perhaps of primary concern from the perspective of U.S. interests, the United States should be pressing Russia and others involved in the talks to relax their fixation on Syria's central government (and who runs it) as a counterterrorism goal, and to recognize that a significant degree of decentralization and international engagement with local actors inside Syria will be necessary to preserve the peace, to carry out reconstruction, and to defeat ISIS. Likewise, the Syrian opposition and those states demanding Assad's ouster as a precondition for peace must recognize that they have even more to gain from insisting on decentralization and local autonomy than they do from Assad's departure from power. They might even be able to trade their current demand for Assad's immediate departure against robust assurances for empowerment of local authority, release of detainees and internationally guaranteed transitional justice.

The second major issue under contention regarding a negotiated end to the Syrian war is the role that Iran will play in post-conflict Syria. Iran's efforts to expand its infuence—in Syria and in the region as a whole—present a concern that unites all of the United States's partners in the region, and should be a major concern for Washington as well. The gains made by the Assad regime (with Russian and Iranian help) over the past eight months enhance the disturbing prospect of a Syrian government remaining in power in Damascus that is dependent on Iranian funding, Iranian military support, and the importation of Iranian-backed militias. While the Russians are perhaps concerned more about the Syrian state as a bulwark against extremism, Iran is deeply committed to the survival of its Alawi client and the maintenance of Syria as a channel for Iranian support to Hizballah. And while some Sunni Arab states embrace the goal of preserving Syrian territorial integrity and the central government, all are troubled at the prospect that this government would be under the thumb of Tehran. Any political settlement that institutionalizes Iran's overwhelming role in Syria will likewise increase Iran's ability to impact to threaten Israel's northern border, to destabilize Lebanese and perhaps also Jordanian politics, and to interfere with ongoing efforts to assuage the anxieties of Iraqi Sunnis and bring them back into alignment with the government in Baghdad.

The rising likelihood of an Iranian-dominated Syria emerging from the war has induced a change in attitude toward the Syrian conflict by America's closest regional partner, Israel. Israeli officials took a fairly ambivalent stance toward the civil war for several years, although they were always wary of the Syrian-Iranian alliance. But today, they judge Assad's survival as possible only through effective Iranian suzerainty, putting their most powerful enemy right on their border. Iranian domination of post-conflict Syria would also likely spell an escalation in Iranian weapons transfers to Hizballah—and Israel cannot expect to have 100% success in preventing the provision of increasingly sophisticated rocket and missile technology to Hizballah. These and other types of support from Iran through Damascus could increase Hizballah's capacity to wage asymmetric war against Israel, at great cost to Israel's civilian population. Israeli observers are increasingly alarmed at this scenario, and Israeli officials now state clearly that, if faced with a choice, they'd prefer to confront ISIS than Iran across the Israeli-Syrian frontier.

American diplomacy in Vienna must take greater account of the destabilizing implications of an Iranian-dominated Syrian government, even a rump government that does not control all of Syrian territory. A U.S. focus on constructing a political settlement that limits Iran's influence in postwar Syria could induce greater coherence among American partners in Vienna currently divided over the fate of Assad; and it could prevent a situation in which the United States trades the threat of ISIS in Syria for the threat of Iranian-sponsored terrorism and subversion emanating from Syria.

Al Qaeda and the Syrian conflict

Al Qaeda's affiliate Jabhat al-Nusra has particularly benefited from the war's continuation, from the weakness and partiality of the ceasefires negotiated earlier this year, and from the inability of the U.S.-Russian diplomatic process to generate any

progress toward a political transition. Shrewdly, Nusra has focused on building its reputation as the most consistent, and most effective, military opponent of the Assad regime, and on its readiness to cooperate with anti-Assad factions with whom it has other, ideological and political, disagreements. The failures of diplomacy feed Nusra's strength and win it allies amongst more nationalist rebel factions. And while it's tempting for American efforts to focus on rallying forces to defeat ISIS, our diplomats and decision makers must beware that leaning too far back on the issue of political transition for the sake of building an anti-ISIS coalition might just end up pushing more hardline opposition elements into the arms of a different extremist movement, one with demonstrated intent and capability to attack the United States.

To summarize, it's imperative that American diplomacy to produce a political settlement of the Syrian war be firmly focused achieving two goals crucial to the interests of the United States and its regional partners: first, enabling and institutionalizing local governance as a bulwark against ISIS (more than central government institutions), and second, establishing hard limits on Iran's role in a post-conflict Syria and on its ability to use Syria as a conduit for support to Hizballah.

Managing Spillover and Restoring Stability

A second major priority for U.S. policy, in addition to this refocused diplomacy, must be stepped-up efforts to mitigate the destabilizing consequences of the Syrian war, no matter how long it goes on. And, while the United States continues to work through diplomacy and pressure to produce an end to the war, work must also begin now to prepare for the long-term and wide-scale effort needed for post-conflict stabilization and reconstruction.

The scope of death, displacement and destruction threatens to rob Syria of the basic ingredients for social stability, regardless of what lines might be drawn at a negotiating table in Vienna. Without concerted effort to ameliorate the effects of this conflict for people on the ground, to rebuild social trust, and to nurture resilience within these battered communities against conflict and division, any peace settlement could quickly unravel the face of local security dilemmas and intercommunal tensions, as well as in light of the unaddressed scars and grievances of Assad's brutality against the Syrian people.

Meeting this challenge requires at least four lines of effort:

- doing more to engage Syrians in building local governance and community resilience, especially skills and platforms for conflict resolution;
- doing more to stabilize and secure frontline states, including support for integrating refugees into the economy and society;
- helping more refugees create new lives far from the conflict zone, including much more resettlement in the United States; and
- working diligently with regional partners to tamp down the sectarianism that both drives and is driven by the war, and that feeds extremist recruitment and violence.

As we have seen, ISIS markets itself partly on the order it provides to local communities—a brutal order to be sure, but still a contrast with the chaos and insecurity of civil war. To counter ISIS effectively, we must help local communities with governance and service delivery. More can be done even now to put into place the ingredients for successful and sustainable conflict resolution for Syrians. These steps include enabling and encouraging Syrians displaced by the fighting, whether in neighboring countries or in areas of Syria not under ISIS or regime control, to engage in dialogue over, and planning for, their own communal future. Neighboring states accepting refugees have understandably sought to tamp down political discussion and debate within refugee camps, for example. But these refugee populations need to engage in dialogue to build the basis, in social trust, that will enable them to manage daily governance and resolve differences peacefully if and when they are no longer living under refugee agencies and host-government security services. These processes can also connect, over time, to negotiating efforts on a political transition in which the Syrian opposition is represented, yielding greater legitimacy and efficacy to that more formal political process.

Too often, in discussing Syria, we posit a choice between working with the central government and working with unsavory non-state actors. There is an obvious additional option, already in play, that deserves greater emphasis: empowering and engaging local municipalities, local business sectors, local civil society, and other actors who exist in territory not under extremist or regime control and who have an obvious stake in the success of their own communities and their defense against coercion either from ISIS or from the Assad government. It is these local actors who will make or break the implementation of any political settlement, because they are

the ones who will give it life and legitimacy. They are the ones who will help manage differences within their own communities and with their neighbors to avoid outbreaks of violence, and they are the ones who will lead the establishment of a new social compact to enable long-term stability in Syria. USAID and its implementing partners have been creative in developing programs to engage local communities and local governing institutions, and this work deserves robust, sustained support from Congress.

The United States continues to lead in international support for refugee relief—but it lags woefully in refugee resettlement. Only about 1300 of the 10,000 Syrian refugees the Obama Administration promised to admit into the United States have been resettled here so far; and the United States can and should accept more.

In addition, American policy efforts to address the refugee crisis must go beyond humanitarian relief and expanded resettlement. Working with European partners, the United States government can work to save lives along the transit routes for refugees fleeing the region, can support successful integration of refugees into European cities (again, working at the municipal level), and can do more to support social stabilization, livelihoods, and development for the large refugee communities in Lebanon, Jordan, and Turkey and for the societies hosting them.

On June 14 and 15th, the Brookings Institution will convene a high-level gathering of regional, European, and American leaders to develop new responses and more robust forms of cooperation to meet this global humanitarian crisis. I look forward to reporting back to you on our results.

The CHAIRMAN. Thank you very much.

Because of the topic and our outstanding witnesses, we have a full house, and I know we have other things that are going to be starting a little bit later. So I am going to ask Bertie to put 5 minutes on the clock instead of 7.

And I would just ask the witnesses if you can get your point across concisely, I know everyone will appreciate it. But, again, thank you for being here and for your outstanding service to our country.

I am going to reserve my time.

Senator Cardin.

Senator CARDIN. Thank you, Mr. Chairman. And again, I thank the witnesses.

You all three said basically we have to find a negotiated way for Syria to move forward as a unified country with leaders that will respect all the communities, have the confidence of all the communities, that this is a civil war being waged by Syrians, and the only way to resolve it is for the Syrians to have confidence that a process moving forward can bring their country together.

So what are the lessons learned from the ceasefire that did not hold?

When Russia said they were going to leave, I do not think many of us believed that they would be leaving, and clearly they did not. We are not sure what Russia's intents are, although we know that they want to be relevant in the Middle East and they see Syria as a country where they can exercise continuing influence.

Iran is clearly involved here. And their motivations are much less understood from the point of view of a way that we can work with them and find a common ground to move forward in Syria.

So what are the lessons that we have learned from the failed ceasefire that can help us in planning a strategy for peace talks that can really lead to a ceasefire and, as you point out, the urgency of delivering humanitarian assistance, which will also help reconciliation in the country?

So what would you suggest, moving forward, we should do differently than we did in the last efforts in Vienna?

Ambassador FORD. Senator, I would suggest one big lesson learned and then a couple of suggestions.

The big lesson learned is that Russia either cannot or will not deliver major Syrian concessions even on something as simple as humanitarian aid access.

Going forward, what I am looking for out of the discussions in Vienna today is whether or not there is, number one, an agreement among all of the people at that table in Vienna about a monitoring mechanism. Otherwise there is a lot of finger-pointing about who violated what cessation of hostilities detail.

And the second I am looking for is an agreement among the countries at that table that whoever is determined to have violated the cessation of hostilities—there will be penalties for doing that. There were no penalties imposed at all.

Senator CARDIN. What kind of penalties, sir?

Ambassador FORD. It could be anything from allied states who are pumping in weapons to say we will stop if you continue to violate the ceasefire. It could be diplomatic pressure in terms of booting out an embassy or demanding publicly that that behavior must stop, and if not, there will be consequences. I imagine it would be graded over time if the violations continue. The group on the ground who has foreign friends would come under greater and greater pressure. But there are no penalties at all now. None.

And so those would be the lessons I would take.

Senator CARDIN. Iran. Do you want to comment as to whether Iran needs to be part of these discussions and how do we handle that participation by Iran in these peace talks when, at least to many of us, we think their major interest is to keep conflict brewing?

Dr. WITTES. Thank you. Well, let me try to address that.

I think that Iran, as I said, is the one issue that unites the United States and all of its partners around the table in Vienna. There are other issues on which they disagree. So I think that we need to keep that coalition strong.

Iran's primary objective in my view is not necessarily to keep the war going but to keep the Assad regime in power, to keep this Alawi regime in power.

Senator CARDIN. That keeps the war going.

Dr. WITTES. Yes, I agree.

But they would, I think, settle for, if forced, even a rump Assad regime that did not maintain control over all of Syria because they need it as a conduit to Hezbollah and a strategic depth for Hezbollah.

Senator CARDIN. My conversation with a lot of the players is that that will not bring peace to Syria.

Dr. WITTES. I would certainly agree and it might not bring peace anywhere else in the region either.

Ms. LINDBORG. Senator, I would just add that what also unites the parties at the table is the fact that chaos and conflict continues to benefit some of the armed extremist groups who are no positive benefit to any of the actors. So there is a united desire to take action in such a way that those groups are curtailed, number one.

And number two is the longer this conflict rages on, the longer there is a shared terrible impact from the outflow of refugees and

the destruction of the economies and the infrastructure regionally. So there is a shared interest in coming to some conclusion.

Senator CARDIN. There is no question there are shared interests. The question is how do you overcome the individual issues that have blown up the process in the past. We recognize it is challenging. And I think you have offered—particularly having some degree of accountability, Mr. Ambassador, I thought was a good suggestion. Thank you.

The CHAIRMAN. Senator Perdue?

Senator PERDUE. Thank you. I have two brief questions.

Dr. Wittes, you had mentioned earlier—and I want to come back to this. Merkle has asked that safe zones be discussed again with a potential of no-fly zone support and so forth. That did not seem to be very viable earlier when they were discussed. What would make that more workable today?

I visited with refugees personally in Jordan, also in the Nizip camp near Gaziantep in Turkey, and also have seen them in the refugee pipeline up in Serbia. In my opinion, these people do not want to leave their country. They want to stay there, but obviously the conditions there are so bad, they have been forced to.

I have one question about that in terms of—quickly, if you can respond to. Is it now possible, given the failure of this first attempt at cessation of hostilities—is it now not an opportunity to go back and revisit the safe zone opportunity?

Dr. WITTES. If we see a cessation of hostilities as not only a way to reduce human suffering but also a way to work toward the end of conflict, then it is clearly preferable as a first step than safe zones. And I think that they are taking another go at it. I do not think they have given up yet.

But if in fact those parties in Vienna cannot agree to a meaningful ceasefire, then I think pressure for safe zones will grow. And we have seen what the Europeans have done. Trying to restrict the flow through Turkey is only having limited impact. We see Syrians now going into north Africa to try and cross the Mediterranean and get into Europe that way. So they are searching for a solution to this problem.

Senator PERDUE. The second question on Russia. You mentioned Russia earlier. It sure seems to me that they have a long-term interest in Syria, not Bashar al Assad. With what they have done in the airbase at Latakia and in the naval base at Tartus, they look like they are there permanently. This fits in very well with their strategy in Crimea as well.

So what is the long-term role that they play? They certainly have not come to the realization and agreement that Bashar al Assad has to go. How do they play into where we go from here honestly?

Dr. WITTES. You know, I think the administration has spent the last 4 years trying to persuade the Russians to shift their position in Syria without success. And that leads me to a similar conclusion to the one that Ambassador Ford gave in his testimony, which is that they are either unable or unwilling. And I am honestly not sure. It could be a bit of both because the Syrians also have very robust Iranian backing that is directed at saving Bashar al Assad.

Now, for the Russians, it is about a place at the table. It is about having a state rather than state collapse because they believe that

is what will enable Sunni extremism to migrate in their direction, as well as about preserving those assets that you described. So in theory, it is possible to arrive at a solution that meets their needs. I just do not see a lot of willingness on their part to move there in practice.

Senator PERDUE. Ambassador, you mentioned several things you would have us do in terms of dealing with the refugees. What would have us do politically to encourage a ceasefire and really to move toward removal of Bashar al Assad, which is our position right now? And are we ever going to be willing to give up on that? I hope we will not. But what is our position now relative to the failure of the cessation of hostilities? What would be your recommendation right now in terms of our position vis-a-vis a renewed round of negotiations relative to a ceasefire? Or you mentioned the military side as well. But would you respond to that?

Ambassador FORD. Very briefly, Senator.

With respect to a cessation of hostilities, obviously the United States wants it. There are modalities I mentioned about accountability and penalizing people who are determined responsible for violations.

The broader goal of solving the Syrian crisis—the American strategy has always been to get to a negotiated solution between Syrians. I think that makes sense, but we have never had tactics to achieve that strategy. And it is very clear to me that unless there is a great deal more military pressure on Bashar al Assad, he will not make substantial compromises.

Senator PERDUE. And where would that pressure come from?

Ambassador FORD. Well, the pressure needs to come from armed opposition groups on the ground.

Let me give you an example of what I am talking about, Senator. In July of 2015, President Assad in a national speech in Syria said our forces are tired. We are having to withdraw from towns and cities that we do not want to withdraw from, but we have to because we do not have enough soldiers. People are not signing up for the army. They are running away from national service. They need to stay. His entire demeanor was very downbeat.

Senator PERDUE. I am sorry to interrupt, but you know, you got the Kurdish YPG and the SOC have terrible relationships. I mean, where is this opposition going to really come from?

Ambassador FORD. As I was saying, Senator, last July Assad himself was admitting that his forces were losing on the battlefield.

Senator PERDUE. That was a year ago and they are still——

Ambassador FORD. Well, that was 9 months ago before the Russians intervened.

After the Russian intervention, to me the logical thing—we were talking a moment ago about Iran, which has ground forces in Syria. In order to get them to negotiate, they will have to feel more pain. But I do not want American forces to do that. I think there are fighters on the ground that can do that.

Senator PERDUE. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Markey?

Senator MARKEY. Thank you, Mr. Chairman, very much.

Thank you all for your testimony.

I agree that 1,800 refugees being taken in by the United States this year from Syria is unacceptably low. We have a far greater responsibility to deal with the human suffering that has been created in that region. We are part of the creation of the problem. We have to be part of the relief valve to help these families. And so we thank you for that. 1,800 is just too low.

So what I'd like to do is just follow up on what Senator Perdue was talking about and that is looking at this interaction between Russia and the United States, especially in light of these reports where Al Qaeda now is intending to move in more deeply into Syria to partner with Al Nusra and to declare a caliphate. No small moment in Syrian history if that does happen, creating a tension not only against Assad but simultaneously against ISIS, a really complicating problem.

So if I could come back to you again, Ambassador Ford—and thank you for your service. Could we go to, again, this issue of Russia and the United States agreeing on a chapter 7 enforcement action so that we can create the space for humanitarian aid to go in, we could create some space where additional weaponry is not being introduced into that region, and that the United States and Russia can agree at the U.N. in Geneva—that that would be a pathway forward? What would it take for that kind of an agreement to be reached?

Ambassador FORD. During my time in government, Senator Markey, the Russians were extremely averse to any kind of Chapter 7 action against the Syrian Government. I would add that Iran is now sending in fighters directly, as well as weaponry. They are even organizing Shia to come from places like Iraq and Afghanistan to fight in Syria. And so it would have to be Chapter 7 not only against the Syrian Government but potentially against Iran. And I can imagine that that is going to be not easy for people in Moscow to swallow.

Senator MARKEY. So in your opinion then that whole process just cannot come to anything because the Russians would be unwilling at any time to stand up and say that the Iranians as well must be bound by any restrictions that are placed on the transfer of humanitarian aid into these troubled areas and the maintenance of a ceasefire so that these people are not caught in the crossfire?

Ambassador FORD. Senator, I am not aware of any American efforts in the past year to take humanitarian assistance issues to the United Nations Security Council and try to get an action under Chapter 7. And I think it would be useful to pin the Russians on that frankly. I think it would be very useful. I do not think we have tried it, but I would just caution you that I do not think the Russians are likely to cave very easily.

Senator MARKEY. Even on humanitarian aid.

Ambassador FORD. Even on humanitarian assistance.

Senator MARKEY. Ms. Lindborg?

Ms. LINDBORG. Senator, if I could just comment on that. Beginning in February 2014, there was the first of, I think, about four different resolutions passed on this issue, all but the Chapter 7 provision. They have all had no teeth in them whatsoever. It has been a hard-fought but unanimous vote. You would not get it passed based on that experience if you tried to put any teeth into

it. I think they walked it as far and as hard as they could and got repeated blocks. What we are seeing now is a possible alternative in the Vienna process that hopefully will take us further than what we have been able to do in the Security Council.

Senator MARKEY. Well, I think that if the Iranians seem to feel that they are exempt from this process and they are a continuing and increasing problem in Syria, then unless the United States raises this issue in a formal way that puts Russia on the spot, then I am just afraid we are going to see again a repetition syndrome that escalates inside of Syria.

So, Ambassador Ford, coming back to you again, would you recommend that the United States bring this in a much more focused way to the Russians as an issue that we force them to vote upon?

Ambassador FORD. Senator, I would, and I say that with great respect to former colleagues because the amount of work that goes into taking an issue to the Security Council and pushing on a resolution with Chapter 7 sanctions—the amount of work is enormous. But I do think it is useful to force the Russians to publicly—publicly—either defend the Assad government's actions blocking humanitarian access or to accept that there should be some Chapter 7 measure against the Syrian Government and against any other group——

Senator MARKEY. So if it applied to Assad and the opposition groups, could Russia support it?

Ambassador FORD. I do not think they would, Senator.

Senator MARKEY. We have to press that question.

Thank you.

The CHAIRMAN. Thank you.

Senator Rubio.

Senator RUBIO. I am going to let Senator Johnson go.

The CHAIRMAN. He kind of came in first, but I will let you guys arm wrestle.

Senator RUBIO. No, I am not going to arm wrestle. [Laughter.]

Senator RUBIO. I think he has got to be somewhere. I do not have to be somewhere for a few more minutes. So go ahead.

Senator JOHNSON. Sorry about that.

How long have we been talking about a negotiated settlement? Ambassador Ford.

Ambassador FORD. Since 2011.

Senator JOHNSON. Is it not true that diplomacy follows facts on the ground?

Ambassador FORD. Sometimes it can get out in front of facts on the ground, but facts on the ground will definitely influence diplomacy.

Senator JOHNSON. So the fact on the ground is that Iran has gained strength. Correct? We do not know exactly how many billions have been injected into their economy and military, but they are gaining strength. Correct?

Ambassador FORD. I would put it this way, Senator. There are more Iranians and Iranian-backed militias in Syria now than a year ago or 2 years ago.

Senator JOHNSON. So Iran is gaining strength in Syria.

Russia has, obviously, entered the war and certainly the opposition is weakening. Correct?

Ambassador FORD. It is a stalemate for the most part, Senator.

Senator JOHNSON. The opposition certainly is not gaining strength.

Ambassador FORD. Yes and no. But it is basically a stalemate, Senator.

Senator JOHNSON. So how do you create any kind of pressure on either the Assad regime or Iran or Russia to make any concessions whatsoever in a negotiation?

Ambassador FORD. As I said before, Assad himself was admitting defeats last July, and that is what brought the Russians in. So my question then would be is there no way to facilitate additional supplies to the armed opposition to get us back to where we were last July.

Senator JOHNSON. Are we not deluding ourselves thinking that we can achieve some kind of negotiated settlement and some kind of ceasefire in Syria before Russia, Assad and Iran have achieved their aims? Why would they stop?

Ambassador FORD. I think the Iranians in particular are a bit sensitive about their casualties. They try to keep the number of their direct forces down. That is why they are sending in Afghans and Iraqis. But they have taken a lot of losses among their officers in Syria, which is interesting.

And I do not think the Russians are particularly attached to Assad. The question is are they willing to use any leverage to get a replacement, and I have not seen that willingness.

Senator JOHNSON. I remember in testimony before this committee, the administration making the point that Russia is going to regret going into Syria. They are going to enter a quagmire there. This is going to be terrible for Russia. Has it turned out that way? Do you think they are regretting their involvement right now?

Ambassador FORD. No, I do not think they regret it, but they have not won either.

Senator JOHNSON. Dr. Wittes, do you have anything to add to this?

Dr. WITTES. I guess I would just say that the Russians had modest goals for their intervention, which was resetting the balance in Assad's favor. They achieved those goals. If they can sustain that at modest cost, I think they will be happy. So Ambassador Ford is suggesting that we find ways to increase the cost, and I think that is an appropriate avenue.

Senator JOHNSON. So, again, short of something pretty dramatic happening to change that equation, change that balance of power, the facts on the ground continue to favor Assad, Russia, and Iran.

Dr. WITTES. If I may make one more point. You know, I think there have been some suggestions made recently in the commentary that perhaps the United States should not be so stuck on the idea of Assad's departure as part of a peace settlement and that letting go of that demand might allow some kind of U.S.-Russian condominium. I actually think that rests on some faulty assumptions.

First, as we have seen, it is not clear the Russians have the will or ability to exercise leverage over Assad. But more than that, if you look at other cases of civil wars settled with the help of outside

powers, you can get that international agreement, but you still have to impose it on the parties on the ground. And in the Bosnian case, for example, doing that required a set of Croat military victories, and then it required a NATO air campaign. So I do not think we can look to diplomacy alone to settle this.

Senator JOHNSON. Thank you.

Thank you, Senator Rubio and Mr. Chairman.

The CHAIRMAN. Senator Coons?

Senator COONS. Thank you, Chairman Corker and Ranking Member Cardin, for convening this important hearing and to all three of you for your lengthy and important public service and for your testimony here today.

The grinding, brutal nature of the humanitarian crisis in Syria is something that has, I know, occupied you and many on this committee for years and is one of our greatest unaddressed, unresolved tragedies of the modern era. So let me try to ask briefly three different questions across three different topics and then leave you in turn to answer them.

First, about Iran's role and the distinctions between Iran's role and Russia's role and their intentions. You have all at different points talked about we need to find ways to increase the cost on the ground. There are slight differences in priority between Russia and Iran, but Iran has doubled down, has sent in forces, has sent in militias. And that is really the only thing that has shifted the balance on the ground and the momentum in Assad's favor and has significantly complicated the path forward towards any kind of lasting cessation in restoration of humanitarian aid.

Why not now move to plan B, to significantly increasing our train and equip mission and investing in finding forces on the ground that will oppose Assad in a meaningful and sustained way? I can imagine the critiques of that, but I would be interested in hearing yours rather than mine.

And then second, if I might, there is an upcoming conference, Ms. Lindborg, in Istanbul. I strongly agree with your view that we need to recalibrate humanitarian assistance from being emergency and temporary to recognizing that a whole generation of Syrians will likely grow up in the midst of conflict and outside their native country, and we have to begin investing in human development in order to have any hope for a next generation of Syrians capable of carrying out a peace in that country once restored.

Kenya is currently making, I think, really unfortunate and threatening gestures about the tens of thousands—hundreds of thousands of Somali refugees in northeastern Kenya. The reality is they have lived there more than 20 years. And so we have to accept that many who are currently refugees may well be refugees for decades.

How do you expect the model of development to change at the Istanbul conference, and what, frankly, could we in the Senate do to provide support whether for some new strategy on the ground in Syria that might change the balance on the battlefield? And how do you imagine that we could peal Iran and Russia apart in their views? And then how do you imagine we might be more effective in supporting a change in the humanitarian delivery and the long-

term prioritization of humanitarian assistance? I would be interested in your response to those questions, any of the panel.

Dr. WITTES. Thank you. Let me kick it off with Iran and Russia.

First, I would say that what shifted the dynamic on the battlefield is the Russian intervention, not primarily these Iranian militias and IRGC commanders. The militia presence I think is an indication that Iran is sensitive to the costs of this intervention, just as Russia's announcement of its withdrawal, although it did not in fact withdraw much, is evidence of its sensitivity to cost. Hezbollah, for its part, has lost 1,000 people fighting in Syria, and it has to answer to its Lebanese constituency for that. So none of these parties are insensitive to the price they pay for supporting Assad, and some of them are more cost-sensitive than others. So if you want to peal them apart and you can increase the cost, some of them will start to step away, probably the Russians first as we have been discussing.

Now, on the train and equip question, the first thing I would say is that even in the best case scenario, that is a very long-term strategy. That is a multiyear strategy. And the administration's early efforts here were too little and, some would argue, too late as well to make much impact. So if we are going to kick that off again, we should expect that to operate over a 3- to 5-year time frame minimum.

And then, of course, the other barrier so far has been the American priority on fighting ISIS in Syria. And so the administration would have to be willing to shift its priority set. It would be much more in line with our regional partners who are dealing with the Syrian conflict. They would like to see us turn our attention to Assad first and ISIS later. But I think that that is something the American people might not feel the same way about. We have seen in public opinion a strong shift that creates a better environment for the United States to invest in fighting ISIS because of the fear of ISIS. But I am not sure that there is sufficient consensus here that the broader Syrian conflict or removing Bashar al Assad is something that we want to invest in.

Senator COONS. I am almost out of time. Ms. Lindborg, if you could just answer the humanitarian question, please.

Ms. LINDBORG. Thank you, Senator Coons.

You know, despite the urgency of the situation, for 2016 we are still only seeing 23 percent of the humanitarian appeal being funded globally, 23 percent of $4.5 billion. So at a time where people urgently need assistance and we have refugees overwhelming country systems, it is severely underfunded.

The World Humanitarian Summit in Istanbul next week, which is the first of its kind, is really seeking to look at a global system that is crushingly overburdened, driven by Syria but also by protracted crises like Kenya that have persisted for decades. We are seeing 80 percent of global humanitarian funding now going to conflict-affected crises. A decade ago, it was 80 percent to natural disasters.

So we need to rethink how we provide both development and relief assistance so that we tackle the roots-of-conflict earlier—before we are forced to rely on gigantic needs for peacekeeping and humanitarian assistance. There is a big effort to increase both effec-

tiveness and efficiency. We need to have more donors who are in the system, but we really need a different kind of approach that blends the emergency response with the longer-term support; support for youth, for education, for livelihoods, for psychosocial impacts, and for the kind of rebuilding of social cohesion at the community level when it has been torn apart by these conflicts. These factors will lead to repeated cycles of conflict if we do not invest as much in them.

So this is an opportunity for a gigantic reset. I think it will probably be the opening of a door instead of the end of a conversation. It will require ultimately support from you, Senators, to enable the U.S. to be a leader in rethinking the kind of flexibility that we need to work at the community level in very complex environments.

Senator COONS. Thank you.

The CHAIRMAN. Senator Rubio.

Senator RUBIO. Thank you.

Ambassador Ford, you have heard this today and some of the questions kind of allude to the fact that there is no one to work with. Is it not true that until the Russians began airstrikes in September, non-ISIS, non-jihadist, Arab local forces were making significant military gains and that in fact that was the reason why Russia began to conduct airstrikes last September?

Ambassador FORD. Precisely. That is what Bashar al Assad admitted in his speech to the Syrian nation at the end of July 2015.

Senator RUBIO. And in fact, the Russian airstrikes have been largely targeted at the non-ISIS fighters for much of the conflict because Assad is trying to create a binary choice for the world between the Islamists and himself.

Ambassador FORD. I think that is accurate.

Senator RUBIO. And as long as Assad is in power, will there ever be peace in Syria? I will give you an example. I watched recently a program on Frontline called "The Children of Syria." It followed some children for 3 years. And one of the children, a very young child, 8 or 9 years old said into the camera if I ever get my hands on Bashar al Assad—I forgot the exact term—I am going to torture him, kill him, strangle him, the point being you now literally have millions of people who have seen loved ones killed, cities entirely wiped out. The bottom line is as long as Bashar al Assad is in power, there will be some other group that will rise up and resist his rule. As long as Assad is there, there is not going to be peace in Syria.

Ambassador FORD. I think that is accurate, Senator. I would just say it is not only Assad, it is an entire security apparatus that has terrorized Syrians for decades.

Senator RUBIO. My question to you and to Wittes is, is it time to start thinking about the reality that perhaps Syria, as we have known it, its existing borders as a unitary nation, that the fact is it may never again be possible to bring all of these communities to share a common nation given what has transpired over the last few years? I am sure that is not the ideal outcome, but is that where we are headed?

Ambassador FORD. Senator, it may be that in the end Syrians decide that partition is better. It may be. I do not know. No Syrian now is calling for it, and I do not think it can be imposed—a parti-

tion can be imposed. It is different that way from Bosnia, say, and the Balkan experience.

I think in the meantime what needs to be done is to try to help Syrians build bridges across very bitter divides. And I would like to see much more effort complementing whatever the United States is doing through formal diplomatic efforts. I would like to see more effort on informal efforts, offline meetings between Syrians, civil society organizations because that is the only way to lay a foundation to get past the bitter fighting we have——

Senator RUBIO. And I do not know the answer to the questions. That is why I asked. Is there enough a Syrian identity, separate from sectarianism, separate from tribalism? Is there enough of a Syrian identity to unify a nation around?

Ms. LINDBORG. If I could just chime in. There is certainly a long history of communities living and working with one another. And we see in both Syria and Iraq that tensions have been exacerbated and inflamed because of the respective conflicts. But my institution, the U.S. Institute of Peace, has experience helping to broker negotiations between Sunnis and Shias, for example, in Tikrit that enabled hundreds of thousands of people to return. You can build peace from the ground up, but it has to be within a framework for a larger pathway forward.

Dr. WITTES. Let me perhaps make a broader point which is I do not think the problem here is about borders. I think the problem is about politics. This is how people settle their differences peacefully. If they cannot settle their differences peacefully, they are going to do it violently. And when politics does not work, when your government betrays you and turns its guns on you, then you revert to other ways of telling friend from foe and you look for other people with guns who can protect you. That is what is going on. That is not an irreversible process.

And I would say too that I do not see any place you can draw lines that will automatically end the fighting because people are not fighting over square inches of land.

Senator RUBIO. Let me ask this. This is relevant to the last point I wanted to raise before I run out of time. We are about to go through a pretty significant conundrum between Turkey and the Kurds up north in the Manbij Pocket that there is going to be an effort to close. The Kurds say—and they are important in this effort and they are a NATO ally—that the YPG elements in the north of the country that are trying to unify the cantons are basically the PKK, their moral enemy, and that once they unify the cantons, the next step is to come across the border.

On the other hand, others like the United States would argue that the YPG and others are the only group up north that can be worked with that have proven effective.

Is it in fact the goal of the YPG to not just engage in this closing of the Manbij Pocket but to establish across the northern part of Syria, unify the cantons from Afrin all the way to the east, and create their own state? Is that not what they are calling for now, is the creation of their own state?

Ambassador FORD. Senator, they have not publicly said they want to create a state, but they have already announced an autono-

mous zone. Their model is something like what the Iraqi Kurds have in northern Iraq.

Senator RUBIO. The Iraqi Kurds want their own state now. So that would be the next step I guess.

Ambassador FORD. It might very well be.

Absolutely they want to take that pocket and create a contiguous region. There is no question about that. And that is why the Turks have reacted badly.

May I just say one thing? The YPG, that militia that the United States has been supporting, is absolutely affiliated with the PKK.

Second, there are other groups that are operating up there that have been fighting the Islamic State but also fighting the Bashar al Assad regime. They have never gotten the kind of support that the YPG has received. They have never gotten the kind of close combat air support that that Kurdish militia has received. You can ask the administration why that is.

I do not believe that the YPG is an irreplaceable element of an American strategy against the Islamic State.

The CHAIRMAN. Senator Shaheen?

Senator SHAHEEN. Thank you. Thank you all very much for being here today.

Ambassador Ford, I certainly agree with you that I would like to see more focus on humanitarian aid, that we should do a much better job. I think all three of you have said that. I think the United States should do much more to accept Syrian refugees, and I think it is disappointing that we have an election cycle that seems to be inhibiting that in the way that it is.

But one of the things I also heard I think all three of you agree on is that until we remove Assad, the fighting is going to continue and that the only way we are going to get Assad to consider negotiations and all of the parties to consider that is by putting greater military pressure on him. And what I do not understand, Ambassador Ford, is how we are going to be able to do that if the train and equip mission has not worked, the opposition groups have not been successful. I mean, I am not in favor of putting U.S. troops on the ground there, but how do we accomplish that end of putting greater military pressure on Assad if we are not willing to do anything that is actually going to do that? I mean, I throw that out to all three of you. How does that happen?

Ambassador FORD. Frankly, Senator, it does not happen unless the United States, working with regional partners, provides greater material assistance to the armed opposition. I would not do that without making it part of a broader strategy, a political strategy. But it has to be one element, an important element, of that broader political strategy, otherwise frankly I see no positive outcome from a Geneva peace process even if it does restart.

Senator SHAHEEN. But let me explore that just a little bit further because it seems to me that we are now more willing to provide arms and equipment to opposition fighters, but it does not seem to be having the kind of positive impact that we would like. So I guess I am not sure how that gets us where we want to go. And maybe somebody else would like to respond.

Dr. WITTES. Well, I will make one more note about the nature of the support that has been provided to those fighting Assad in

Syria. The U.S. support, of course, is being provided to groups that are fighting ISIS, and that is because the U.S. priority is the defeat of ISIS. Our partners in the region are divided. Some of them have a priority of defeating ISIS. Some of them have a priority of defeating Assad. Now, I think we all agree that both those things are important. It is a question of which is primary.

But in the absence of sufficient coherence within our friends and partners on that set of priorities, the assistance is not being directed in a unified manner, and it is not being directed against a political strategy. And you see instead the different regional actors are backing their favorite factions in a way that is inefficient and ultimately ineffective on the battlefield.

Senator SHAHEEN. Thank you. That is helpful.

Because my time is short, I want to also explore the comments about supporting local civil society groups and local communities because I certainly agree that that makes a lot of sense as an alternative to a central government that can be stable. But I think one of the challenges has been how to do that in a way that is consistent, that actually gets support to those communities when they are in the middle of a civil war. So I wonder if you could elaborate on that a little more, Ms. Lindborg and then perhaps Dr. Wittes as well.

Ms. LINDBORG. Sure. Thank you.

There has been, actually, considerable effort by the U.S. Government and a number of USAID partners to provide support to local provincial councils, to local civil society groups, as well as to a really courageous group of first responders called the White Helmets. Underneath what we see and what we hear about, there is still a remarkable amount of activity and action and leadership on the ground by Syrians. It is critically important to support that to help it expand. That will be the foundation of a future Syria.

Senator SHAHEEN. Okay. Well, excuse me for interrupting. So what are you suggesting that would be more effective than what we are doing? Increasing the amount of assistance that is going to those groups?

Ms. LINDBORG. Supporting its continuation, expanding it when possible because it varies depending on who is controlling territory at a given time. But this will be part of a longer-term strategy that extends into a future for Syria.

Senator SHAHEEN. Well, that is what I was going to ask, and I am out of time. I know that. But how long into the future? Because what you are talking about is a decades-long strategy. Is it not?

Ms. LINDBORG. It is both immediate because the local structures are providing some stability in certain parts of Syria for their community members, and they will provide the nucleus for a future of Syria into the future, however long that becomes necessary. This is a very important part of the strategy, though, because Syrians—and it has been alluded to by all three of us—Syrians beyond the armed groups have to be a party to negotiations, to local conversations, and opportunities to envision a peace.

Senator SHAHEEN. Thank you.

The CHAIRMAN. Thank you.

Senator Murphy?

Senator MURPHY. Thank you very much, Mr. Chairman.

Ambassador Ford, I wanted you to maybe touch a little bit more deeply on your skepticism about the effectiveness of U.S. combat troop deployments into Syria. You know, our deployment in the region certainly is not as deep as it was during the Iraq War but it is frankly broader and wider than ever before. We now have troops in Iraq, in Syria, in Yemen. Of course, the history of our engagement in places does not tell you that thin deployments get thinner. It tells you that they get thicker over time.

So you had some strong words in your opening statement about your unwillingness to endorse broader deployments but your discomfort with the existing deployments. Can you just talk a little bit about your fears in this respect?

Ambassador FORD. Three comments.

Number one, we have gained—our side, our allies in Syria and in Iraq, have gained a lot of ground against the Islamic State. And that is a good thing. That is a good thing.

But, number two, as we saw in Iraq, Senator, what do you do on the day after? I was just speaking a little while ago with Senator Rubio about the Kurdish militia that we have relied upon. That Kurdish militia has been accused of war crimes by groups like Amnesty International. In some cases, Syrian refugees flee it and do not go towards the Kurdish areas. They run away from them. They go into Islamic State territory, which tells me that governance is an issue. The Kurds cannot provide that governance. Who is going to provide it? It cannot be American special ops. So there is a lot more to this than just sending in special forces.

And number three, there is a price for sending in American forces which is it does play right into the recruitment videos of the so-called caliph and others who say this is a jihad against the hated Americans. It is harder for them to say that when they are only fighting Syrian Muslims, whether they be Kurds or Arabs.

Senator MURPHY. Dr. Wittes, I wanted to sort of give you a chance to respond in part to what Senator Shaheen was raising and maybe in this context. So that sounds wonderful, a future Syria in which local communities are empowered to work for themselves and protect themselves. The recent history of the Middle East would not suggest that that is a paradigm that can last. What we have mostly is either strongmen or chaos. And even a place like Lebanon which certainly has more local community empowerment than others, it is still required there to have a very complicated Rube Goldberg scheme of national governance that provides cover underneath.

So answer Senator Shaheen's question about why this matters, empowering local communities, but then also address my skepticism that that is a sustainable solution in a region that does not have a lot of evidence that there is a middle ground between strong central governance or chaos.

Dr. WITTES. Thank you, Senator. I think that is a fantastically important question not only for Syria but for the region as a whole. And it is an important question because that is precisely what the Arab world is struggling with right now, the collapse of an unsustainable political model of authoritarianism. These strong central governments failed their people, and everybody knows it. And the result is that there is intense skepticism among Arab citi-

zens, particularly young Arabs, not just about central governments or strongmen, but about political parties, about politics in general, about religious institutions or other people who stand up and claim to tell them what to do and what to believe. And in an environment where citizens have that much frustration and that much skepticism, what they really want is their own voice and their own choice, and I think that means local empowerment.

You see that in other countries around the region. Morocco, for example, has committed to a path of decentralization that is pushing budgets and decision-making down to the local level. So I think that governments are already recognizing——

Senator MURPHY. Let me sneak in one last question. But are you going to get to that place by the United States picking and choosing what local communities get funding and support and what do not?

Dr. WITTES. Okay. Thank you. And that does give me an opportunity to link up to Senator Shaheen's very good question.

I think there are some specific things that the United States can do, although most of this has to be done in and by the region. In the Syrian context, I would point to a couple of things.

One is that right now the support that is being provided to these local councils in northern Syria is being provided across the Turkish border. And as you know, we are working very hard to close that border to prevent jihadis from going back and forth. So the United States needs to work with the Turkish Government to ensure that the civilian aid and the civilian workers, the Syrians who are getting trained and going back into work with their own communities can get back and forth across that border. That is one very specific thing the United States can do.

A second thing I do not think we are doing much of right now and I think we could do a lot more of is working with refugee populations who are outside of Syria, in some cases quite far away, to help them build the skills and platforms for dialogue, for conflict resolution so that they can plug into this stuff when and if they are able to go back. There is no reason not to start working on that now, and no one else is doing it.

Senator MURPHY. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Having used none of my time, I just want to ask one brief question. Ambassador Ford, this conflict has evolved. And we had a tremendous opportunity I felt in September of 2013 when the red line was crossed. We had a 10-hour operation planned off of the Mediterranean, no boots on the ground, at a time when the moderate opposition had tremendous momentum to really sort of recalibrate and push Assad back.

I am struck by your comments, your consistent comments, of sort of lesser U.S. engagement. And I am just wondering has it always been that way or has it been because of the way the conflict has evolved and we let it get to a place where you now feel that greater U.S. engagement is not as useful.

Ambassador FORD. Senator, I have never been comfortable with having American combat forces in Syria. I have always thought this was, first and foremost, a Syrian fight. There is no perfect angel in this civil war, but there are some that are much worse

than others. And I think the American policy should be aimed at helping those who accept that there needs to be a genuine political solution and a political process out of that solution that allows Syrians to choose their own form of government. I do not think special operations forces, as good as they are—and they are fabulous—they can govern the spaces that are going to be liberated from the Islamic State, and I do not think they should be choosing—I do not think they should be choosing who governs those spaces either. I worry that given the fragmentation among Sunni Arabs, they will just start killing each other, and if we do not insist on a process by which they choose, I fear that it is going to go very bad again, just as western Iraq did.

With respect to material assistance to the armed opposition, Senator, I think I actually have been pretty consistent over the years.

The CHAIRMAN. I think most of the committee has been too, as has Congress. It just has not happened—appropriately happened.

Senator Flake?

Senator FLAKE. Thank you, and I apologize if some of this ground has been covered.

The New York Times reported over the weekend that al Qaeda's top leadership has decided that its future lies in Syria and that it has dispatched more than a dozen of its seasoned veterans there. Is this your understanding, Ambassador Ford? Is that happening, and if it is, how is that going to complicate the situation there? Talk about the interplay between al Qaeda and ISIS.

Ambassador FORD. The Nusra Front, the al Qaeda affiliate in Syria, has been gaining ground for most of the last 2 years. I have seen these reports about them declaring a caliphate or intending to. I do not think they have reached a final decision on that, Senator. If they do, it will complicate greatly their relations with other Syrian opposition groups on the ground and their relationship with other Syrian opposition groups—I am not talking about the Islamic State, but in northwestern Syria where there is no Islamic State. It will greatly complicate their relations up there.

Senator FLAKE. Is there, as The New York Times is claiming, a renewed emphasis on Syria by al Qaeda and injecting more of its forces there?

Ambassador FORD. Absolutely. Zawahiri in Central Asia, wherever he is, South Asia, has been paying more attention to Syria. He has sent envoys to try to line up the leadership of the Nusra Front, the al Qaeda affiliate in Syria. So they are absolutely paying attention.

I do not think they have a finalized decision on what strategy to pursue. And so they are paying more attention to it. They are sending more people, as you said. But I think they are still in their own internal deliberative process. The key thing to watch for, Senator, is whether or not they declare a caliphate of their own.

Senator FLAKE. Ms. Lindborg, did you have any thoughts on that?

Ms. LINDBORG. I would simply reiterate and underscore something I said in my earlier comments: the importance of really paying attention to a generation of Syrian youth who have been dispossessed. They are without educational or job or future opportunities. That leaves them much more vulnerable to predatory employ-

ers, human trafficking, and violent ideologies. We ahould be relentlessly focusing on assisting a generation of Syrians who are currently uprooted.

Senator FLAKE. Ambassador Ford, if no one there really believes that we will put ground forces or a significant number of ground forces there, what leverage do we have in Syria? And is it more leverage than we had 2 years ago, or is it less?

Ambassador FORD. I think we have less leverage than we did 2 years ago, Senator.

Senator FLAKE. How is that?

Ambassador FORD. The Russians have combat forces in Syria. That has increased their leverage. The Iranians now have their own combat forces in Syria. That has increased their leverage. And I think frankly Turkey, Saudi Arabia, and other countries in the region who have been fighting against Assad I think look at this administration and perceive that it is not consistent with respect to what is happening in Syria and the American response. And therefore, our credibility with those governments has diminished.

Senator FLAKE. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator Menendez?

Senator MENENDEZ. Well, thank you, Mr. Chairman.

You know, last month, the U.N. Special Envoy Staffan de Mistura said that Syria—the conflict there has claimed nearly 400,000 deaths. Some estimates place that closer to a half a million; 4.5 million have fled the country since the start of the conflict, most of them women and children. And 6.5 million people are internally displaced inside of Syria. That is 11 million people who have either fled or are internally displaced.

I think we have become desensitized to that reality. The degree of carnage and butchery is unparalleled today, and it has bled over into Europe in a trail of death that traverses the Mediterranean and under dangerous roots where it threatens to destabilize an entire continent.

So I listen. And I have great respect for all of you. You have come before the committee many times. And this is not an easy situation. But what I hear here is testimony that in essence amounts to recommendations for selective engagement on a scale that in my view will not lead to meaningful changes to stop the human catastrophe or relieve the human suffering that we in the Congress, as well as this administration, has done little to stop. I think we had an opportunity to affect that when several years ago this committee passed a bipartisan effort to arm and vet the moderate Syrian rebels at a time that it would have made a difference. Unfortunately, the administration was not ready to engage in that, and when it did, it was way too late and the conflict had already conflagrated in such a way that there were no clear sides so to speak.

And I think while we are trying to figure out what we do now, I think there are lessons to be learned here for the future. We had a hearing here recently about America's role in the world. Well, you know, I appreciate and fully have supported on Syrian refugees into the United States. I have supported the humanitarian assistance. But I want to stop the slaughter, not just simply feed those

who survive the carnage. And in that respect, I do not get much of a sense that we have a lot of options. I think we have lost the opportunity and emboldened and strengthened our enemies whether those are Assad, Iran, Russia, the Islamic State, and I think history is not going to look too kindly on us in the years ahead.

So with that as my own perspective on where we are at and how we got here, the question is how do you—specifically, if you could give me an A, B, or C—affect the calculus and the leverage with Russia who clearly has its interests? It has committed troops. It changed the paradigm. It gave Assad a new life at a time that Assad—look at the differences of Assad in July versus afterwards. A very dramatic difference. And we are even in the midst of some negotiations that say we accept him for a period of time. God knows how long that is going to be.

The Iranians, as you have all testified—they have their interests, and their interests largely do not coincide with ours or for that fact, the Syrian people, most importantly. And we seem to be hesitant to do anything to push back on them because we are worried that anything we do affects the nuclear agreement.

So at the end of the day, what are—and the Russians at the Security Council can veto anything. I agree with you that having consequences for not permitting humanitarian assistance and other elements of a ceasefire, that there should be consequences for those who violate it. But if it is going to be at the Security Council, you have got a Russia who is not going to vote for that.

So at the end of the day, what are the things that we can do to leverage against or with Russia and Iran, the two big players here, as well as other regional players, but where do we start there that we can change the dynamics? Because otherwise, we are just going to keep having these hearings and talk about the carnage, but we are not going to do anything to end it.

I hope silence is not just——

The CHAIRMAN. The one person who is most equipped please answer.

Ms. LINDBORG. I am not the most equipped, but I would just say that I think everybody shares the utter sense of frustration. This is obviously one of those terribly complicated situations, especially right now, that does not yield to easy answers.

I would say, however, one of the challenges among the many that we have already talked about here today is the lack of unity and focus among the purported allies we have in the region. You have Saudi Arabia, one of our strong allies, that is distracted by Yemen and is blocking negotiations with parts of the opposition. You have Turkey that is distracted now by its fight with the Kurds. So a terrible situation has been further complicated by a splintering of interests among a complex set of actors who have different stakes in the conflict.

So that leaves no easy path forward. Whether it is a combination of what Ambassador Ford has talked about, or what is being addressed in Vienna with these talks, it does not appear as if there will be a fast, satisfactory conclusion to what is a soul-ripping set of humanitarian catastrophes.

Senator MENENDEZ. So there are no leverage points against the Russians, against the Iranians is basically what I am hearing.

Ambassador FORD. I am not an Iran expert, Senator Menendez. But I do think the Iranians are very sensitive about their domestic economy. I am a little puzzled that there seem to be efforts by the administration to promote business with Iran in Europe when Iran is causing us problems in regions such as Syria.

And second, they are sensitive to casualties on the ground in Syria. And so if there is a way to increase that cost, I think that might be a way to get leverage.

We need to be clear about what Iran is interested in in Syria, Senator, and that is, they want a government in Damascus that has good relations with Hezbollah and will give Hezbollah sustained strategic depth in its confrontation against Israel. That is the Iranian goal, and that goal is at great odds with American policy.

The CHAIRMAN. So I am going to need to step out, and I appreciate Senator Cardin bringing this to a conclusion after Senator Udall.

I just want to say I sat here for an hour and a half and listened, and we thank you so much for your testimony and service. But in essence, what we have allowed to occur is this is going to be settled in the manner that Russia and Iran decide it is going to be settled. And that pendulum swung when Russia stepped into the vacuum that we allowed to exist for so long. We did not, along the way, do the things that we said we were going to do. I mean, all of us have visited the refugee camps and talked to the people there telling them help was on the way, and this is what we are going to do to keep their sons and uncles and nephews from being slaughtered. And we never delivered. Not with any frustration towards each of you. You are doing your best to rationalize what is happening and to help directly in many ways. It is pretty unbelievable to me that this has gone on as long as it has gone on. We did not even do the things that we said we would do, and certainly missed huge opportunities along the way to keep 405,000 people from being slaughtered and half the country from being displaced.

So we thank you for your efforts.

I see no real solution that the United States is going to drive. Russia, Iran, and the Syrian regime is going to drive whatever solution occurs, and we are going to be basically acquiescing to that. I think we all know that. And I say that with tremendous frustration.

So with that, Senator Udall.

Thank you each for being here. If you do not mind, there will be some questions, and if you would answer them fairly promptly, we would appreciate it.

With that, Senator Cardin I know will adjourn. Thank you so much.

Senator UDALL. Thank you very much, Chairman Corker and Senator Cardin. I really appreciate you calling the hearing and very much appreciate all of your service and hard work on many of these issues in the Middle East.

Director of National Intelligence Clapper was pretty frank about the situation in Syria, and he said—and I quote—the U.S. cannot fix it. The fundamental issues they have, the large population bulge of disaffected young males, ungoverned spaces, economic

challenges, and the availability of weapons won't go away for a long time.

So what can we do? Many Senators on this committee staunchly opposed arming the so-called moderate Syrians, and that program has been an abysmal failure, as you all know. We have to make some hard choices to end the killing in Syria and Iraq. Yet, another occupation by U.S. forces is not the answer. I know, Ambassador Ford, you said you did not think that was the case. I am sure others feel that way.

We already are slowly, incrementally heading there in Iraq without congressional approval, which is something that I am very worried about. A limited presence may be justified, but I have deep concerns. I firmly believe that the lack of an AUMF has weakened the Congress and set a dangerous precedent. That is not in our Nation's long-term interest, and it is not in line with the Constitution.

So a question to Dr. Cofman Wittes. You wrote about this slippery slope. In just 2 years, the United States has moved from airstrikes to hundreds of military advisors in Iraq and 4,000 troops on the ground in both Iraq and Syria. And now the growth of ISIL in Libya and elsewhere is leading to more airstrikes in that country, all without congressional authorization. This is a generational struggle to contain ISIL and al Qaeda globally.

Do you believe it is appropriate for Congress to place limits on our military footprint to prevent another full-scale war in the Middle East and without the approval of the American people?

Dr. WITTES. Well, that is a very big question, Senator, and I am glad that I do not carry the burden that you carry in having to decide these issues up here. Let me do my best to give you an academic's perspective.

ISIS is a threat to the region. It is a threat to the United States. It is a threat to the world. And I think it appropriate that we are working in coalition to defeat them and to deal with that threat. I think DNI Clapper said we cannot do this. We cannot do it alone. That is for sure. And so I think the key ingredient to success is that we have a strong coalition.

And we have talked a lot over the last hour and a half about the fractions within America's coalition, whether it is competing priorities or concerns about the prospect of state failure in Syria, or other states like the issue of Kurdish autonomy or independence. These are issues that if the United States does not want to go it alone and wants to be successful in coalition it is going to have to address individually with some partners and collectively with others. It is not a small matter.

And I think the conclusion that I draw not only from these last years of efforts to resolve the Syrian conflict, but more broadly looking across the arc of our policy in the Middle East over the last years is the importance of alliance relationships, the importance of partnerships, and the importance of dialogue because we are not always going to agree on interests or on priorities. But we can never stop talking and go on our own ways because we end up creating more problems for ourselves and for our friends.

Senator UDALL. There was a lot of attention given to the fact that the Russians pulled back and they made public announcements and everything. What actually happened there? Are they

still just as engaged and just as involved in Syria as they were before? What is your sense from everything you can tell, open sources and everything, the numbers of troops, the numbers of fighting forces, weaponry, all of that, to any member of the panel here?

Ambassador FORD. Senator, they are still deeply involved militarily. They continue to conduct combat operations. They did withdraw some kinds of aircraft, but they sent in ground attack helicopters instead. And so in a sense, they adjusted their force structure, adapted it to conditions on the ground.

Senator UDALL. Any other panelist have a thought on that? No? Please go ahead.

Ms. LINDBORG. Only that as we saw, the Syrian regime, with support from primarily the Russians but also the Iranians, has continued to do relentless bombardment of civilian populations, especially in and around Homs and Aleppo. And as Ambassador Ford has said, that is with the reinforcements that they received over the last 9 months.

Senator UDALL. And once again, let me echo what everybody said. We really appreciate all your hard work, your focus on this, your thoughtfulness. And you can tell a lot of us are very frustrated like I think you are.

Thank you very much, Senator Cardin.

Senator Cardin [presiding]: And let me join the chairman in thanking our panel.

The magnitude of the crisis here demands U.S. leadership and attention. Clearly the underlying solution is for the Syrians to have an opportunity to develop a country that they want and respect and have credibility. And that requires the United States, working with our coalition partners, to make it clear that those who interfere with that that there are consequences. I agree, Ambassador Ford, I do not want U.S. troops in Syria for the reasons that you just said. But there have got to be consequences to those who block humanitarian aid. There have got to be consequences to those who violate a ceasefire. And the United States, working with our coalition partners, need to be able to provide that type of a framework so that we can move forward for peace among the Syrian communities and isolate the terrorists and work to eliminate the terrorists.

And I think this hearing has been helpful in that regard, and I thank you all for your comments.

As the chairman said, the record will remain open until Thursday. If questions are asked, we would ask that you try to respond to that quickly.

Without objection, the Human Rights First statement will be included in the committee record.

Senator CARDIN. And with that, the committee stands adjourned. Thank you all very much.

[Whereupon, at 12:40 p.m., the hearing was adjourned.]

Additional Material Submitted for the Record

STATEMENT SUBMITTED BY HUMAN RIGHTS FIRST

We are pleased to submit this statement on behalf of Human Rights First. Human Rights First works in the United States and abroad to promote a secure and humane world by advancing justice, human dignity, and respect for the rule of law. Human Rights First is an independent advocacy organization that challenges America to live up to its ideals. We are a non- profit, nonpartisan international human rights organization with offices in New York City, Washington D.C., and Houston, Texas.

For over 30 years, we've built bipartisan coalitions and teamed up with frontline activist and lawyers to tackle issues that demand American leadership, including refugee protection and the advancement of civil society. American leadership is needed now more than ever. Effectively addressing the war in Syria and the resulting refugee crisis will require the kind of strong global leadership that the United States is has a long history of providing.

PROTECTING REFUGEES RIGHT TO FLEE

Drafted in the wake of World War II and in the context of the many border restrictions that denied refuge to those fleeing Nazi persecution, the 1951 Refugee Convention and its Protocol prohibit states from refoulement, or returning people to places where their lives or freedom would be at risk. Even states that are not party to the Refugee Convention and Protocol must comply with this prohibition as it constitutes a tenet of customary international law. At a time when thousands of families fleeing Russian bombs, Syrian government attacks, and ISIL terror have been blocked from escaping the violence raging within their country, compliance with these refugee protection tenets and international law is more important thanever.

In the absence of adequate responsibility-sharing by other countries, front- line refugee hosting states have imposed an array of restrictions, escalating in 2015, blocking entry to many refugees trying to flee Syria. Jordan has restricted the entry of refugees since 2013 and largely closed its borders to Syrian refugees in 2014. As of May 2016, over 50,000 Syrian refugees were stranded on a berm in a remote desert area "no man's land" along the Syrian-Jordan border. Likewise, in January 2015 Lebanon imposed new border rules that generally bar Syrians from escaping to Lebanon, leading many to be turned away and forced to return to Syria in violation of customary international law protections against refoulement.

Turkey has also closed its borders to Syrians seeking refuge, preventing thousands from escaping Syria. As Syrian government attacks on Aleppo and its surrounding countryside, supported by Russian aerial bombing, escalated in February 2016, tens of thousands of Syrians fled to the Turkish border, only to be barred from crossing into Turkey. In April, human rights researchers reported that Turkish border guards shot at Syrian refugees trying to cross to safety in Turkey, and multiple reports indicated that refugee camps within Syria near the border have been attacked.

While the countries that border Syria have legitimate security concerns, they can address these concerns through individualized exclusion assessments conducted in accordance with international law. Blanket or random denials of entry violate the Refugee Convention and international law prohibitions against return. Not only do border restrictions that improperly bar refugees violate international law, but they leave Syrians with no way out of a country ravaged by barrel bombs, conflict, and terror. These moves also make clear to many Syrians that they cannot secure effective protection in the region.

ADVANCING REFUGEE RESETTLEMENT

With respect to Syrian resettlement alone, Oxfam calculated in its 2016 Syria Crisis Fair Share Analysis that only 128,612 resettlement or other humanitarian admission spots had been pledged by the world's richest governments—still 331,388 below the overall Syrian resettlement need level (as of February 2016) of 460,000. The United States, long the global leader in resettlement, admitted only 105 Syrian refugees in fiscal year 2014 through resettlement, only 1,682 in fiscal year 2015, and only 1,736 so far this fiscal year.

Resettlement is a tangible demonstration of responsibility-sharing by countries outside the region, providing critical support to front-line refugee hosting states as they struggle under the strain of hosting large numbers of refugees. Resettlement

can also, most critically, be a life-saving solution for vulnerable refugees who are struggling to survive in front-line countries. In addition, it can also be a tool for protecting other refugees—particularly if effectively leveraged—by encouraging front-line countries to continue to host the bulk of refugees and to allow additional refugees to cross into their countries to escape conflict and persecution.

The lack of effective resettlement or other orderly routes to protection has significant consequences. As detailed in Human Rights First's February 2016 report The Syrian Refugee Crisis and the Need for U.S. Leadership, based on research in Jordan, Lebanon and Turkey, the lack of effective regional protection, exacerbated by the lack of assistance and insufficient orderly resettlement or visa routes for refugees, has driven many Syrian refugees to embark on dangerous trips to Europe. In Turkey primarily, and also in Jordan and Lebanon, Human Rights First researchers heard reports that refugees who had been struggling to survive for years in exile lost hope while waiting for potential resettlement and decided to instead take the dangerous trip to Europe.

However, U.S. commitments to resettle Syria refugees have—so far—fallen far short of the necessary leadership, given the scale of the crisis and the impact of the crisis on U.S. allies, regional stability, and U.S. national security interests. With its pledge to resettle 10,000 Syrian refugees this fiscal year, the United States has agreed to take in only about 2 percent of the Syrian refugees in need of resettlement, which amounts to less than 0.2 percent of the overall Syrian refugee population of 4.7 million. The lackluster U.S. response has been particularly detrimental given the traditional U.S. role as the global resettlement leader.

Seven months into the fiscal year, the United States has resettled just 1,736 Syrian refugees. With five months left to meet the remaining 81% of its goal for the fiscal year, the United States has a long way to go to meet its modest goal. It is imperative that the United States meet this commitment, and significantly increase its resettlement commitment for the next fiscal year. The United States has the capacity and security systems to resettle far more than 10,000 Syrian refugees. A bipartisan group of former humanitarian and national security officials has recommended that the United States resettle 100,000 Syrian refugees, and the U.S. Commission on International Religious Freedom has also recommended that the United States resettle 100,000 vulnerable Syrian refugees.

In a December 2015 letter to Congress, a bipartisan group of former national security advisors, CIA directors, secretaries of state, and Department of Homeland Security secretaries pointed out that the refugee "resettlement initiatives help advance U.S. national security interests by supporting the stability of our allies and partners that are struggling to host large numbers of refugees" and also stressed that refugees "are vetted more intensively than any other category of traveler." The bipartisan group, cautioned that barring Syrian refugees "feeds the narrative of ISIS that there is a war between Islam and the West," urging the U.S. government to reject "this worldview by continuing to offer refuge to the world's most vulnerable people, regardless of their religion or nationality." Some of the signers on the letter included Former Secretary of State Madeleine Albright, Former CIA Director and Secretary of Defense Leon Panetta, Ret. General and former CIA Director David Petraeus, former Secretary of Homeland Security Michael Chertoff and former Secretary of Defense Chuck Hagel.

TURKEY'S BORDER CLOSURES RESTRICTING CIVIL SOCIETY

In President's Obama's December 7, 2015 televised addressed, he billed Turkey's border closure as an achievement in the fight against the Islamic State in Iraq and the Levant (ISIL).

In reality, the opposite is true. After consultations with Syrian civil society activists, including during fact-finding trips to the Turkish border in 2015 and 2016, it is clear that the closure does not deter ISIL from crossing in and out of Syria. Rather, it prevents civil society activists from doing their vital work in the fight against ISIL and against the repression of Bashar al-Assad's regime. To the limited extent that international attention has been paid to the danger of Turkey's border closure, it has focused on the very real harm to refugees trying to flee Syria. Even less discussed is the threat to Syrians trying to support civil society in their country.

Activists working across the border are trying to prevent exactly the sort of grievances that ISIL feeds on. Activists can dissuade potential recruits from joining ISIL, but only if they can reach them. The effective closure of legal crossings since July 2015 for all but humanitarian emergencies and a few other exceptions is strangling the work of these activists.

If America's "support for civil society is a matter of national security," as President Obama declared in late 2014, Washington should be doing everything it can

to empower Syria's peaceful voices battling the Assad regime, ISIL and other extremist groups. Unsealing the border will let them do their lifesaving work.

THE ROLE OF CIVIL SOCIETY IN THE SYRIA PEACE PROCESS

Currently, there is no formal role in the Geneva talks for Syrian civil society. Secretary Kerry has rightly said that the initiative's goal should be creating "the basis for an inclusive, peaceful, and pluralistic Syria." However, it will be difficult for parties to reach an informed political deal without the direct input of those who are battling to hold what's left of Syrian society together.

Syria's problems are too big to be left to politicians alone. If the Geneva talks are to be the beginning of the end of the Syrian conflict, delivering a successful, long-lasting peace deal will require the early involvement of the country's medics, students, engineers, and other civil society representatives. The United States should push for their participation in these negotiations.

SUPPORT FOR ARMED GROUPS IN SYRIA

Finally, Syria's conflict has produced hundreds of local, regional and national fighting forces. While the regime's Russian and Iranian backed military remains the most powerful force, the United States should not ignore the many smaller opposition groups, including Free Syrian Army, Kurdish groups, ISIS, Al Nusrah and many others whose allegiances can shift depending on what other forces are threatening their locality.

The larger and smaller opposition groups generally rely on outside sponsorship to survive, although ISIS, which controls lucrative oil fields and major population centers like Mosul in Iraq, and has a vast arsenal of weaponry, is largely self-funding.

Turkey, the United States and the Gulf Cooperation Counsel (GCC) states are the main political and military backers of these other groups, although the complicated internecine nature of the war means it is not always clear who is fighting whom at any particular time.

At a meeting with GCC foreign ministers in Bahrain on April 7, 2016, Secretary Kerry urged Saudi Arabia, Qatar, and Washington's other regional partners to use their influence with these rebel groups to keep the truce and to support the negotiations in Geneva. This is a message President Obama should emphasize as talks continue.

Just as countries should be pressed to control their proxies, President Obama should also push them to support enforcement of United Nations Security Council Resolution 2139, to have medical facilities and personnel protected during the conflict.

In February 2014 the United Nations Security Council unanimously adopted resolution 2139 (2014), demanding the safe passage of food and medical aid to civilians and that "all parties respect the principle of medical neutrality and facilitate free passage to all areas for medical personnel, equipment and transport." However, it has not been enforced, and the United States should press its regional allies to support enforcement of the resolution by using their influence with the militias and by supporting greater enforcement mechanisms at an international level.

RECOMMENDATIONS

The United State should lead a comprehensive global initiative to protect Syrian and other refugees. Such a comprehensive approach would enhance the stability of refugee-hosting states and the broader region surrounding Syria, and would advance the national security interests of the United States and its allies. Key elements:

- *Champion the protection of refugees.*—The U.S. government should use its influence with its allies to protect refugee rights to cross borders to seek protection, to work and to access education, to move freely without living in fear of arbitrary detention or xenophobic violence.
- *Encourage Turkey, Jordan, Lebanon, Egypt and other states in the region surrounding Syria to stop blocking or preventing Syrian refugees from fleeing their country.*—The United States and other donor states should increase their support to these states—through humanitarian aid, development investment and resettlement—and make clear that they expect these nations to comply with international law and allow Syrian refugees to cross their borders.
- *Lead by example and substantially increase the U.S. commitment to resettle Syrian refugees.*—A bipartisan group of former U.S. government officials, including ones with national security and humanitarian expertise, have called on the United States to resettle 100,000 Syrian refugees, noting that such a commitment would "send a powerful signal to governments in Europe and the Middle

East about their obligations to do more." The Bipartisan U.S. Commission on International Religious Freedom, explaining that "[t]he United States must continue to live up to our nation's core values," has similarly recommended that the United States resettle 100,000 Syrian refugees. This commitment would be miniscule compared to that of Jordan, Lebanon and Turkey, and would amount to just over 2 percent of the overall Syrian population hosted by these and other states in the region and only about 21 percent of the overall resettlement need, estimated to exceed 460,000. This commitment would still fall far short of the U.S. "fair share" level of 163,392 Syrian resettlements.

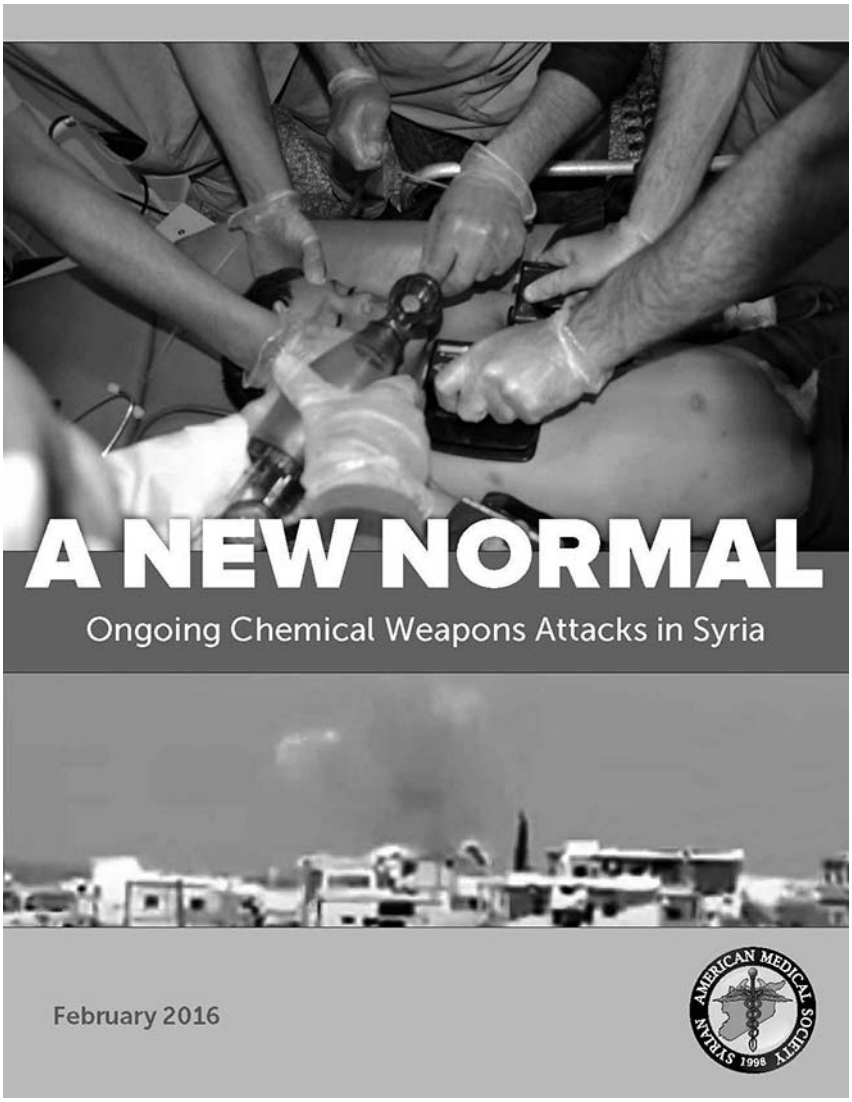
- *Continue to address staffing and efficiency gaps to reduce backlogs, bottlenecks in resettlement and SIV processing.*—The U.S. Department of Homeland Security, Department of State and other agencies should continue efforts to increase staffing, efficiency, prioritization and resources to address the backlogs, delays and efficiency gaps that are hampering the U.S. resettlement process. The President and Congress should encourage and support increases in staff and resources. These backlogs undermine the reputation of these programs and the nation's ability to meet its commitments to U.S. allies, other refugee-hosting countries, and vulnerable refugees, including those facing grave risks due to their work with the United States. Addressing delays, backlogs and efficiency gaps would not undermine security; rather it would strengthen the effectiveness of U.S. processing. It is certainly not in the security interest of the United States to have delays in security vetting, which would potentially put off the identification of a person who might actually pose a security threat.
- *Ensure that NATO actions, as well as any proposed "safe zone," "no fly zone," or similar endeavors, do not violate the human rights of refugees and migrants,* including the right to flee persecution and seek asylum, and do not end up exposing civilians to dangers. UNHCR has cautioned that NATO's mission in the Aegean Sea should not "undermine the institution of asylum for people in need of international protection." Efforts to block people from crossing borders to secure protection often instead push them—and the smugglers who profit off migration barriers and human misery—to find other, sometimes riskier, routes.
- *Work with other donor states to meet humanitarian appeals and significantly increase U.S. humanitarian aid and development investments in frontline refugee hosting states.*—In particular, with Congress' support, the administration should substantially increase both U.S. humanitarian assistance for Syrian refugees and displaced persons and U.S. development aid. The United States and other donors should expand and replicate initiatives that increase opportunities for refugees to work and access education, while also supporting refugee-hosting communities.

To address the ongoing conflict in Syria and work to bring about its swift, peaceful resolution, Human Rights First urges the United States to:

- Press Turkey to allow human rights activists to cross the border freely into Syria;
- Ensure that Syrian civil society are included in peace negotiations; and
- Urge its allies to use their power to improve the behavior of the armed groups they support, including respecting human rights in the areas they govern.

A New Normal—Ongoing Chemical Weapons Attacks in Syria, *February 2016*

SUBMITTED BY THE SYRIAN AMERICAN MEDICAL SOCIETY





Above: Bab Al Hawa Hospital, Idlib, April 21, 2014.
On the cover, top: Bab Al Hawa Hospital, Idlib, April 21, 2014; bottom: Binnish, Idlib, March 23, 2015.

ABOUT THE SYRIAN AMERICAN MEDICAL SOCIETY

The Syrian American Medical Society (SAMS) is a non-profit, non-political, professional and medical relief organization that provides humanitarian assistance to Syrians in need and represents thousands of Syrian American medical professionals in the United States. Founded in 1998 as a professional society, SAMS has evolved to meet the growing needs and challenges of the medical crisis in Syria. Today, SAMS works on the front lines of crisis relief in Syria and neighboring countries to serve the medical needs of millions of Syrians, support doctors and medical professionals, and rebuild healthcare. From establishing field hospitals and training Syrian physicians to advocating at the highest levels of government, SAMS is working to alleviate suffering and save lives.

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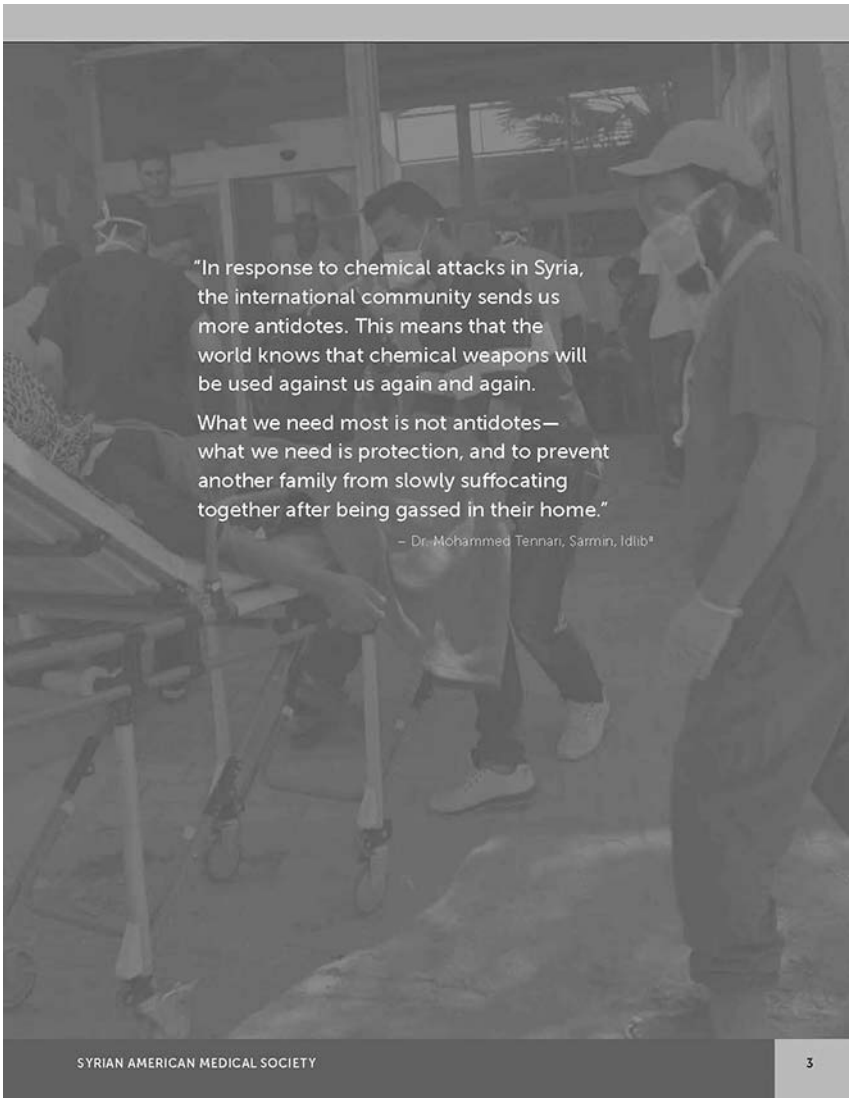
We appreciate the pioneering efforts of local Syrian medical leaders, Syrian diaspora medical leaders, and colleagues in the international community for establishing and spearheading the Chemical, Biological, Radiological, and Nuclear Taskforce in Syria (CBRN-TF), particularly Dr. Houssam Alnahhas, the local coordinator and training team leader; Professor Raphael Piti, Associate Professor in Emergency and Disaster Medicine, and the scientific advisor of the CBRN-TF; Dr. Ziad Alissa, the general coordinator; Dr. Khaled Al Milaji, the external coordinator; Dr. Abdul Aziz Al-Adel from the Aleppo Medical Council, who oversaw local preparedness efforts; and the 25 Taskforce members from Syria, U.S., France, United Kingdom, Switzerland, Saudia Arabia, Lebanon, Jordan, Turkey, and United Arab Emirates. We especially want to thank UOSSM, the Syrian Expatriate Medical Association (SEMA), and other Syrian medical NGOs for their exceptional and ongoing work. Thank you to the Arab Medical Union based in Egypt for their help in preparedness planning and training.

Thanks to friends of SAMS for providing consultation and review, particularly Professor Cherif Bassiouni, Emeritus Professor of Law at DePaul University for reviewing the report and authoring the Foreword; Kassem Eid, a witness of the August 2013 sarin gas attack, for providing consultation; and Tyler Thompson for providing review and feedback.

We would like to acknowledge the many SAMS Board members, leaders, and staff who helped in chemical preparedness planning and training, delivery of Personal Protection Equipment to the field, and advocacy around the chemical attacks. We would like to give special recognition to Dr. Ammar Ghanem, who led the SAMS response after the August 2013 sarin gas

attack; Dr. Jaber Monla-Hasan, for incorporating chemical preparedness into the training of Syrian doctors and medics; Dr. Mazen Kewara, who helped facilitate the delivery of samples for testing and documentation: Dr. Abdel Ghani Sankari, for helping document the medical symptoms of the victims; Dr. Bassel Atassi and Lucine Saleh, for taking the lead in sending Personal Protection Equipment to local Syrian medics; and Dr. Zaher Sahloul, for advocating on behalf of the Syrian doctors and victims of chemical attacks in Syria throughout the crisis.

Most importantly, we are indebted to the amazing and challenging work of the local Syrian physicians, nurses, and medics who implemented chemical preparedness plans and treated victims of chemical weapons attacks in spite of limited resources, lack of protection, and stressful environments. Several of them fell victim to the chemical agents and some lost their lives. Our deepest gratitude to those who contributed to this report and shared their personal experiences treating victims of chemical weapons attacks, including Dr. Mohamad Katoub, Dr. Mohammed Tennari, Dr. Hassan Al Araj, Dr. Khalil Al Asmar, and Dr. Tariq Najjar. Their work is an inspiration to all healthcare workers in areas of conflict. **This report is dedicated to all physicians and medical staff who have worked or currently work inside of Syria.**


"In response to chemical attacks in Syria, the international community sends us more antidotes. This means that the world knows that chemical weapons will be used against us again and again.
What we need most is not antidotes— what we need is protection, and to prevent another family from slowly suffocating together after being gassed in their home."
– Dr. Mohammed Tennari, Sarmin, Idlib[8]
SYRIAN AMERICAN MEDICAL SOCIETY
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Bab Al Hawa Hospital,
Idlib, April 21, 2014

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Acronyms

CBRN-TF: Chemical, Biological, Radiological, and Nuclear Task Force

CWC: Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction

FFM: Fact-Finding Mission

Geneva Protocol: Geneva Protocol for Prohibition of the Use of Asphyxiating, Poisonous or Other Gases and Bacteriological Methods of Warfare

ICC: International Criminal Court

IDP: Internally Displaced Person

INGO: International Non-Governmental Organization

ISIL: Islamic State of Iraq and the Levant

JIM: OPCW-United Nations Joint Investigation Mechanism

NGO: Non-Governmental Organization

OPCW: Organisation for the Prohibition of Chemical Weapons

PPE: Personal Protection Equipment

SAMS: Syrian American Medical Society

SNGO: Syrian Non-Governmental Organization

UNSC: United Nations Security Council

UOSSM: Union of Medical Care and Relief Organizations

WHO: World Health Organization

Foreword

The use of chemical weapons is illegal and immoral, yet has occurred in Syria with impunity for the past three years.

These frequent chemical weapons attacks, as documented in this publication, are substantiated by the reports and findings of the Organisation for the Prohibition of Chemical Weapons (OPCW). These facts were established pursuant to the Geneva Protocol for the Prohibition of the Use of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare (Geneva Protocol), and the Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction (CWC).

The use of chemical weapons has constituted a war crime since 1925 under Customary International Law as well as Conventional International Law, and was reinforced as a war crime under the Geneva Conventions of August 12, 1949, to which Syria is a state party. Moreover, the widespread and systematic use of chemical weapons, particularly when used against a civilian population, also constitutes Crimes Against Humanity as defined in Article 7 of the Rome Statute of the International Criminal Court.

In response to numerous reports on the use of chemical weapons in Syria, particularly those involving sarin gas and chlorine gas, the UN Security Council (UNSC) passed Resolutions 2118 and 2209. In addition, through Resolution 2235, the UNSC established the Joint Investigative Mechanism (JIM) of the UN and OPCW to investigate these attacks.

A total of 116 alleged incidents of the use of chemical weapons have been reported by the OPCW. The OPCW Fact Finding Missions (FFMs) have investigated 29 of them, and confirmed the likelihood of exposure to chemical weapons of 23 of these cases to warrant further investigation by the UN Joint Investigative Mechanism. Surprisingly, however, the United Nations Independent Commission of Inquiry on the Syrian Arab Republic established by the Human Rights Council has not addressed this issue in its recent reports.

This report by the Syrian American Medical Society (SAMS) documents these very serious international crimes, for which individual criminal responsibility attaches. This includes command responsibility for those who ordered the use of such weapons, assisted in the supply of such weapons or the materials to make them, or knew of the commission of such crimes and failed to do anything to prevent them, even though

This report by the Syrian American Medical Society (SAMS) documents these very serious international crimes, for which individual criminal responsibility attaches.

they may have been in the position to do so. The documentation of these international crimes, as well as others, will become useful one day when criminal accountability will occur. Such criminal accountability has occurred since the end of World War II with the Nuremburg and Tokyo war crimes trials, and more recently in the former Yugoslavia and in the genocidal civil war in Rwanda, before the International Criminal Tribunal for the Former Yugoslavia and the International Criminal Tribunal for Rwanda, respectively. The establishment of the International Criminal Court created another possible forum to adjudicate the international criminal responsibility of certain actors who have committed any of the crimes within the jurisdiction of the court, namely: Genocide, Crimes Against Humanity, and War Crimes.

The documentation of these international crimes, as well as others, will become useful one day when criminal accountability will occur.

Considering the extent of the harm that has befallen the Syrian people, and I refer here to innocent civilians, it is shocking and incredible that the Security Council has not taken stronger steps to intervene and stop the carnage that is ongoing. How much more blatant must the attacks against civilians be before significant and meaningful legal action is taken by the international community?

In the meantime, NGOs like SAMS and others can and must continue to document these international crimes, not only for posterity's sake, but also because the international community needs to be confronted with its failure to act in the face of such international crimes.

—M. Cherif Bassiouni
Emeritus Professor of Law, DePaul University

Executive Summary

Since the conflict in Syria began, there have been numerous and horrific violations of humanitarian and human rights law, including the systematic use of chemical weapons. *A New Normal: Ongoing Chemical Weapons Attacks in Syria* is a report by the Syrian American Medical Society that documents 161 chemical attacks from the beginning of the conflict through 2015, using reports and first-hand accounts from physicians and health workers in Syria. SAMS compiled another 133 reported chemical attacks that could not be fully substantiated. The 161 documented chemical attacks have led to at least 1,491 deaths and 14,581 injuries from chemical exposure. Out of the 161 attacks, 77% have occurred after the passage of United Nations Security Council (UNSC) Resolution 2118 in September 2013, which created a framework for the destruction of Syria's declared chemical weapons stockpiles. In 2015, there were 69 chemical weapons attacks, making it the year with the most chemical weapons attacks in Syria to date. At least 58 chlorine attacks, or 36% of the total chemical weapons attacks, occurred after UNSC Resolution 2209 which condemns chlorine gas as a weapon in Syria.

The use of chemical weapons in Syria has continued into 2016.

Chemical weapons were used in Syria as early as December 2012, when civilians in Homs were treated for symptoms of chemical exposure. The use of chemical weapons escalated beginning in March 2013, particularly in Rural Damascus, Aleppo, and Homs. On August 21, 2013, rockets filled with sarin were launched into Rural Damascus in the largest chemical attack in Syria to date—more than 1,300 people lost their lives in this horrific attack and over 10,000 more were affected.

This massacre was a turning point in the conflict in Syria, shifting the course of chemical weapons use. In the fall of 2013, Syria acceded to the Chemical Weapons Convention and began dismantling its declared chemical weapons stockpile under the process established by UNSC Resolution 2118. The use of nerve agents all but ceased, but was replaced with the widespread use of chlorine gas. Barrel bombs filled with chlorine gas were used systematically in civilian areas of opposition-held territories beginning in 2014, particularly in Hama and Idlib. By the summer of 2015, the types of chemical agents being used and number of actors using chemical weapons increased, as non-state actors including ISIL were accused of using mustard gas and chlorine gas. The use of chemical weapons in Syria has continued into 2016.

The chemical preparedness and response efforts in Syria have been almost entirely Syrian and Syrian NGO led. Since early 2013, Syrian NGOs took

the lead in creating public awareness campaigns around chemical attacks and developing locally salient training programs for health workers and first responders. These trainings address general preparedness operations, health problems following exposure to chemical agents, personal protection equipment, decontamination procedures, medical management, criminal documentation, and more. Syrian NGOs have also taken a leading role in collecting and transferring samples for the international documentation process.

Chemical attacks have caused civilians to flee their homes and communities.

The psychological impact of chemical attacks on individuals and communities is particularly dire. Exposure victims and medical personnel often suffer from post-traumatic stress disorder, flashbacks, and depression, compounded by other daily horrors of life in a conflict zone. Chemical attacks have caused civilians to flee their homes and communities. Medical workers are placed in a particularly challenging situation, having the burden of deciding who will live and who will die.

The information and analysis in *A New Normal: Ongoing Chemical Weapons Attacks in Syria* lead to a number of conclusions:

- The rate of chemical attacks increased after UNSC Resolution 2118, through the use of chlorine-filled barrel bombs being dropped primarily over civilian areas and residential neighborhoods.
- The use of chemical weapons is part of a strategy of displacing Syrians in opposition-held territories.
- The lack of enforcement of international humanitarian and human rights law and several UNSC resolutions spurs the continued use of chemical weapons.
- Local and Syrian NGOs overwhelmingly led the chemical preparedness and response efforts inside of Syria, from developing a locally salient response training to creating a documentation protocol.


Syria
Relief
PART I
SYRIAN AMERICAN MEDICAL SOCIETY
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Bab Al Hawa Hospital,
Idlib, April 21, 2014

Introduction

Physicians in Syria have had to adapt their practice drastically to meet the scale, scope, and type of humanitarian need during the protracted conflict. Medical professionals have moved facilities underground to provide security for staff and patients, performed surgeries by the light of their cellphones, and treated patients from medical issues inconceivable before the conflict, such as the effects of chemical weapons exposure. **Since the beginning of the conflict, medical workers and first responders in Syria have treated victims from at least 161 chemical attacks.**

A New Normal: Ongoing Chemical Weapons Attacks in Syria documents the chemical weapons attacks in Syria from the beginning of the conflict through the end of 2015, using reports and first-hand accounts from physicians, first responders, and civilians in Syria. Syrian medical workers have played a critical role in the response to each chemical weapons attack, using limited supplies and experiential learning to act quickly and save lives. They are forced to make rapid assessments based on the symptoms that victims display, and often suffer from secondary exposure as they treat patients. In addition to treating civilians, medical workers collect samples and document the attacks, providing details about the symptoms and experiences of exposure victims.

While conventional attacks on civilians are much more frequent and take a dramatically greater toll in terms of human life—after nearly five years of conflict in Syria, organizations report that between 250,000—470,000 people have been killed, with only around 1,500 people killed from chemical attacks—the individual and collective impact of chemical attacks is unique and long-lasting. Chemical attacks have generated intense fear and psychological trauma, led to birth defects and long-term health effects, broken down communities, and driven mass internal displacement and displacement into neighboring countries. **The fear and reality of ongoing chemical attacks has become the new normal in Syria.**

Chemical attacks have generated intense fear and psychological trauma, led to birth defects and long-term health effects, broken down communities, and driven mass internal displacement and displacement into neighboring countries.

The physicians who have treated chemical exposure victims tell a similar story. They talk of patients arriving in a panic, coughing, choking, or unable to breathe, children collapsing on the field hospital floors foaming at the mouth and gasping for air, and checking the victims' eyes to find pinpoint pupils. They recall the brave first responders who rush to the scenes of the chemical attacks, using t-shirts to cover their mouths instead of proper protective equipment, exposing themselves to chemical fumes in order to help civilians out from rubble and bring them to the nearest field

hospital. Physicians and civilians who have witnessed or experienced a chlorine gas attack describe seeing barrel bombs falling, but not hearing any explosion. They describe the chaos as victims, whose skin becomes a sickly pale color, fill the hospital that soon smells like bleach.

SAMS supports over 1,700 health workers in over 100 medical facilities in Syria, many of which have treated and documented victims of the chemical attacks. *A New Normal: Ongoing Chemical Weapons Attacks in Syria* gives an overview of the chemical weapons attacks in Syria based on their experiences and documentation. It presents an overview of the chemical attacks that have occurred in Syria in table format, showing the date, location, agent used, number of victims of chemical exposure, and number of deaths for 161 attacks. This report examines the work of Syrian NGOs (SNGOs) in chemical preparedness and response, the inadequate international response, and the devastating impact that chemical attacks have on the people in Syria, from death, to trauma, to displacement.

This report examines the work of Syrian NGOs in chemical preparedness and response, the inadequate international response, and the devastating impact that chemical attacks have on the people in Syria.

This report also includes information from surveys of civilians and health workers who survived chemical attacks and/or treated patients from chemical attacks. Surveys were conducted by SAMS field staff in January 2016 using convenience samples from East Ghouta and Hama. These surveys include 30 health workers—20 from East Ghouta and 10 from Hama—and 21 civilians—11 from East Ghouta and 10 from Hama. Among the 51 respondents, 6 were female. For security purposes, only the first names of respondents are used.

This report is laid out in three parts, followed by an annex:

Part I: Part I presents a brief background and an analysis of the chemical weapons attacks. It presents the attacks chronologically with a focus on trends in agents, areas targeted, and the scope of the attacks. This section includes first-hand medical accounts from several physicians who treated victims of chemical exposure.

Part II: Part II describes the on-the-ground chemical preparedness and response efforts, led primarily by SNGOs, and presents the human effects of chemical weapons attacks.

Part III: Part III summarizes conclusions that follow from the information presented and puts forth recommendations for the international community.

Annex: The report is followed by an annex with the full spreadsheet of documented chemical attacks and the methodology behind the documentation.

Background

Now approaching its sixth year, what began as peaceful demonstrations in Syria has become the worst humanitarian crisis since World War II. Over the past five years, civilians have been subjected to indiscriminate and targeted aerial attacks, deprivation through the use of siege, chemical weapons attacks, and other egregious and flagrant violations of international humanitarian law (IHL). In Syria, conventional attacks are the most deadly—however, the individual effects of chemical attacks are long-lasting and the fear they inspire can break down communities and drive mass displacement.

At the beginning of the conflict, Syria was estimated to have the third largest stockpile of chemical weapons in the world. Though relatively small-scale chemical attacks had been occurring in Syria since late-2012, it was August 21, 2013 that brought widespread international attention to the use of chemical weapons in Syria. During this attack on Rural Damascus, over 1,300 Syrians were killed and over 10,000 were injured by sarin gas. Less than a month after the deadly attacks, the Syrian government acceded to the Chemical Weapons Convention (CWC) under international pressure. This virtually halted the use of schedule 1-3 chemicals as weapons in Syria. However, despite the CWC accession and Syria's cooperation through the destruction of its declared chemical stockpiles after September 2013, the use of non-schedule chemical agents like chlorine against civilians continues unabated.

In SAMS-conducted interviews with chemical attack survivors, one respondent, a 29-year old nurse from Irbin, Rural Damascus, reported, **"Each kind of weapons has its way in killing people, but what worries me the most is the silence of the international community."**[1]

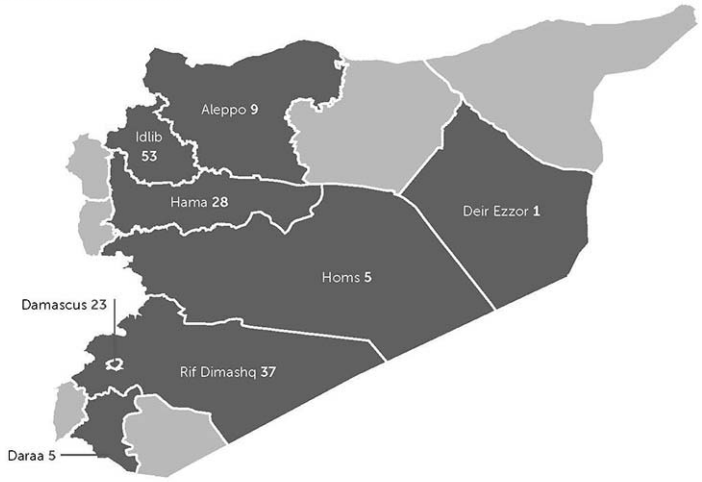
161
chemical attacks in Syria

77%
of chemical attacks occurred after UNSC Resolution 2118

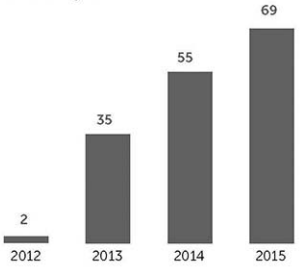
14,581
victims of chemical attacks

1,491
deaths from chemical attacks

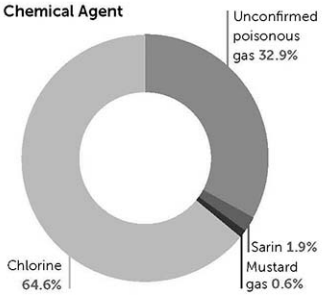
Attacks by Governorate



Attacks by Year



Chemical Agent



Chronology of Chemical Attacks

December 2012–August 2013

Chemical weapons were used in Syria as early as December 2012, when civilians in Homs were treated for symptoms matching those of chemical agents, including miosis (pinpoint pupils), nerve convulsions, loss of consciousness, eye pain, nausea, and more.[1] It wasn't until March 2013, however, that chemical weapons became frequent, with attacks occurring in Aleppo and Rural Damascus. On May 26, 2013, SAMS staff reported a chemical attack in Harasta, Rural Damascus: "According to doctors who treated patients in the field, symptoms caused by the attack included nausea, vomiting, pinpoint pupils, coughing, difficulty in breathing, headache and respiratory failure. The severity depended on the proximity of the victims to the center of the sites of the explosions and their general health. Patients' symptoms were reversed by high doses of Atropine... in addition to Oxygen and general measures. Doctors described shortage of Atropine, other ancillary medications and ventilators. There was general panic among the civilian population as the effect of the chemical agent spread over wide area due to wind. Three victims are reported to have died and another 69 injured so far in Harasta. Many are still in a critical condition. Members of the first responders reported symptoms also. Review of videos from the field showed that none of the medical personnel or patients had protective gear or proper masks."[2]

Dr. Mohamad Katoub, a medical practitioner working in coordination with SAMS in Douma, East Ghouta at the time, spoke about the growing use of chemical weapons: "We had received 5 or 6 chemical attacks at this time, but most of them had been on the front lines. We saw many soldiers and fighters who were victims, but fewer civilians. The first attack was so hard because we did not think the regime would use chemical weapons. We began to think, 'What would happen if the same chemical bomb went off in a civilian area? It would be such a disaster.'"[3]

Chemical weapons were used sporadically, but leading into the summer of 2013, the frequency and size of attacks began to increase. The majority of these chemical attacks occurred in strategic areas of Rural Damascus which would allow access to either the center of Damascus or the main highways, and which were contested by armed opposition.[4] Other attacks occurred in the strategically important cities of Aleppo and Homs. Various types of chemical agents were used during this time period, including sarin, though it was logistically difficult to confirm the agent used in each attack.



1–2: Saraqeb, Idlib, April 29, 2013. 3: Otaybah, Rif Dimashq, March 19, 2013. 4: Al Bahariyah, Rif Dimashq, May 26, 2013.







1: Sheikh Maqsood, Aleppo, April 13, 2013. 2: Harasta, Rif Dimashq, May 26, 2013. 3: Darayya, Rif Dimashq, April 25, 2013. 4: Al Bahariyah, Rif Dimashq, May 26, 2013. 5: Zamalka, Damascus, June 19, 2013.

On August 1, 2013, UN inspectors entered Syria to investigate chemical attacks. They confirmed four likely chemical attacks, in Khan al Asal, Aleppo; Jobar, Rural Damascus; Saraqeb, Idlib; and Ashrafiah Sahnaya, Rural Damascus.

On August 5, 2013, the largest chemical attack in Syria up to that point occurred in Douma, East Ghouta. Over 400 people sought treatment for symptoms of chemical exposure. This attack was a glimpse into the nightmare that would occur only 16 days later.

Other attacks occurred in the strategically important cities of Aleppo and Homs. Various types of chemical agents were used during this time period, including sarin, though it was logistically difficult to confirm the agent used in each attack.

FIRSTHAND MEDICAL ACCOUNT

"Dozens of patients came to the emergency room on August 5. Ambulances didn't stop and we had to wake up the whole medical staff to respond. Most of the cases were simple—as soon as we washed the bodies they began to respond and became better. A very small number needed atropine. The thing we were most afraid of was the uncertainty—what is happening? Is this a test? We were afraid about what may happen next. The regime may use chemical weapons against civilians in a crowded area. It was a terrible night and NGOs began to respond and media began to respond finally. But within 16 days, the massacre happened. This was not enough to convince whole world that the regime could kill with chemical weapons—400 patients sick from a chemical attack, but nobody died, was not enough. We needed to lose our children and our families to convince world."

—Dr. Mohamad Katoub, Douma, East Ghouta[5]

August 21, 2013

'All of the previous chemical attacks until August 21 were just tests to see the response."

—Dr. Khalil Al Asmar, Douma, East Ghouta[6]

The chemical attack on August 21, 2013 was a defining moment of the conflict in Syria, both for Syrians and for the international community. In the early morning, rockets filled with sarin were launched into Zamalka and Ein Tarma in East Ghouta and Moadamiya in West Ghouta, all areas of Rural Damascus that were and continue to be besieged by the government. Satellite images show the strikes coming from government-controlled areas to the east and west of Damascus.[7]

On-going shelling and inability to leave the area due to the siege made it almost impossible for civilians to escape the chemical agent. Many initially believed that a conventional rocket had been launched and did not leave their cellars, which exacerbated the effects of sarin exposure, as the gas is heavier than air and sinks to the lowest point. More than 1,300 people in East Ghouta and Moadamiya lost their lives and over 10,000 more were affected. Approximately 97% of the fatalities were civilians.[8]

"It appeared that everyone was waiting for a Srebrenica-like moment in Syria. The sarin massacre in Ghouta was Syria's Srebrenica. But the international response did not stop the suffering and the chemical weapons attacks continued afterwards."

—Dr. Zaher Sahloul, SAMS Past President

The situation overwhelmed the already limited medical system in East Ghouta. First responders reported neighbors screaming for help and an unrecognizable smell similar to burning. Paramedics were overwhelmed by the number of victims. Due to lack of equipment, such as gas masks or protective suits, first responders, paramedics, and health workers became ill as they tried to rescue people. Doctors reported receiving patients with symptoms of vomiting, foaming at the mouth, pinpoint pupils, eye redness, bloody nose and mouth, neurological convulsions, confusion, and respiratory and heart failure. The few medical points in the area could not handle the volume of cases. The floors of medical facilities and the roads in front of them were crowded with thousands of women, children, and men lying on the ground in need of care.



1–5: East Ghouta, Rif Dimashq, August 21, 2013

FIRSTHAND MEDICAL ACCOUNT

"I was sleeping in the doctor's house in one of the basements beside the operation room. At about 2:30am, we got a call from the central ER. The physicians who were on staff that night informed me that it was a chemical attack. I arrived and in the next 10 minutes, it was like a nightmare. One of the medics entered and said gas had fallen in Zamalka and all the people died. Then I realized that it was a huge chemical attack. All of the hospitals from Zamalka to Douma were filled. I asked some people to go to the mosque and use the speakers to request that everyone who had a car go to Zamalka and help. I don't know if it was a wise decision or not. But there were so many heroes that night. Our local culture says that we would die to save others.

"The numbers became over all capacity. I asked to our staff to do medical work in two schools and mosques, where there are water tanks. If there is no water, you don't have a hospital. There was just one person who could classify the patients—me. I was the only one who studied it. I had to decide quick response for bad cases and delay medium and moderate cases. After 30 minutes, there were hundreds. We didn't realize how many, but we knew there were hundreds.

"I put two medics on the door of the ER. I said that every patient who is unconscious or shaking, take him down to the ER. All kids or seniors, or anyone shouting loudly, put him in the second ER. All others should go in the third medical point. We could not do anything in the second or third medical points—we could not provide them with any medicine. From the first hour, I gave all staff their mission so that they know what to do. I told them not to ask, just to give atropine to all. The first problem was washing the bodies. The second problem was just how many people were there. The power engine became unable to warm water. The other problem was that most patients were female and we were unable to give them any privacy. They were delivered in sleeping suits.

"After 90 minutes, one of my medical staff fell down. The symptoms began to appear on medical staff themselves, and we had to change our strategy. I chose to see the patients one by one, and check vital signs to see if there was a misunderstanding. I spent 5 seconds for every patient, and did not do any medical procedures myself—I just made decisions. The staff did a great job here.

"At 11 am, the bombs and shelling began. The regime used to use bombs after every chemical attack. We see dead bodies without blood as doctors. But when the media sees blood, they will be confused. I called my friend Majed and he was crying as we prepared the first report for media. The number in Douma was 630 patients and 65 victims. We could realize some symptoms we never saw before.

"I will never forget the work of the medical staff and civil defense members—how they pulled the people up and brought them to the medical points. When everything was okay, they checked houses. One told me a story of how when he entered the house, he found a man had arrived to the door and put his hand on handle to get out but couldn't get out. He was holding his kids.

"Some people kept their birds in cages, and those were dead. Of course the free birds were okay. But humans cannot fly."

—Dr. Khalil Al Asmar, Douma, East Ghouta[9]

These attacks happened only a few days after UN investigators arrived in Syria to investigate earlier allegations of chemical weapons. A second investigation, this time into the August 21 attacks, was launched.

Following the chemical attack on August 21, the United States threatened to use limited military force against Syrian government military targets. Under

threat of U.S. military intervention, Syria acceded to the Chemical Weapons Convention (CWC) in September 2013. After extensive negotiations, the U.S. and Russia proposed a plan to eliminate Syria's chemical weapons stockpiles, which Syria agreed to, and the U.S. halted pursuing military intervention. Under this plan, Syria had to declare its chemical stockpiles, production facilities, and mixing and filling equipment. Verification and destruction of the chemical weapons was overseen by the OPCW and a timeline was created for the destruction of Syria's chemical weapons by mid-2014. The UNSC passed Resolution 2118, which implemented the framework of the U.S.-Russia deal and empowered UNSC action under Chapter VII of the UN Charter if Syria failed to comply.

2014

After Syria joined the CWC and began dismantling its chemical weapons stockpile under Resolution 2118, the use of nerve agents all but ceased. However, a deadly weapon, designed to be indiscriminate and inflict maximum amount of damage on populated areas, emerged as a keystone of the government's military strategy: the barrel bomb. Barrel bombs are canisters often filled with shrapnel and explosives, dropped from helicopters and hitting the ground causing huge explosions. The use of barrel bombs filled with chlorine gas became widespread beginning in 2014. Unlike sarin, chlorine has multiple peaceful uses, including water sanitation, and is not regulated by the CWC; however, to use it as a chemical weapon is illegal under the CWC. In April 2014, the use of chlorine, particularly in the Hama and Idlib governorates, became systematic.

On April 29, the OPCW announced its first Fact-Finding Mission (FFM) into the reports of on-going chlorine gas attacks. Despite the impending investigation, the attacks continued frequently throughout May 2014. Between the months of April and May, over 20 chlorine attacks were reported, the majority of which were in Idlib and Hama.

The OPCW FFM focused on the locations most impacted by the chlorine attacks, investigating Talmenes and Al Tamanah, Idlib and Kafr Zita, Hama. The attacks in all three locations shared similar characteristics. Witnesses reported a greenish-yellow or honey-colored gas and a smell similar to cleaning solutions and chlorine. They also noted that the barrel bombs sounded quieter when they hit the ground and in many cases did not explode. The majority of people nearby the barrel bomb's location of impact suffered no physical trauma but exhibited symptoms consistent with a pulmonary irritant. The most common symptoms were coughing, difficulty breathing, feeling of suffocation, burning sensation, excessive tearing and nasal discharge. The gas killed livestock and other animals in the area and plants exposed to the gas turned brown and died.[10]

Medical personnel struggled to respond to the high volume of patients from the chlorine attacks. In Talmenes, because of a short supply of ambulances, people used personal cars to transport victims. In Al Tamanah,



1: Kafr Zita, Hama, April 11, 2014.
2: Atman, Daraa, August 19, 2014.
3: Kafr Zita, Hama, April 18, 2014.
4: Talmenes, Idlib, April 21, 2014.
5: Kafr Zita, Hama, April 18, 2014.





1: Jobar, Damascus, August 20, 2014. 2: Kafr Zita, Hama, August 28, 2014.

there was only one ambulance equipped with oxygen to transport people to a medical point almost an hour away. The lack of protective equipment meant ambulance drivers and first responders who entered affected areas often had to receive treatment for chlorine exposure as well. Medical personnel only had surgical masks and latex gloves to protect themselves, resulting in exposure through cross-contamination. The large number of patients from frequent chemical attacks overwhelmed medical points. People had to lie on the floors because there were no longer any beds available. In Kafr Zita, despite increased oxygen supplies after repeated attacks, medical points could not handle the volume of patients and often ran out of supplies. Severe cases required intubation or medical ventilation, which were not available in field hospitals.

Though chlorine is significantly less lethal than sarin, the chlorine attacks caused significant panic among civilians. Medical personnel reported that many people sought medical treatment after attacks purely out of panic. The fear caused by these chemical attacks resulted in the displacement of hundreds of thousands civilians from their homes and districts at this time, particularly from Hama.

FIRSTHAND MEDICAL ACCOUNT

"At the beginning of the first attack on April 11, we did not know we were being exposed. The attack began at 6pm. As usual, we were on walkie talkies. We heard helicopters overhead. This is a hospital that is bombed a lot, so when we saw the helicopter, we did what we usually do—go to the basement. The hospital is 3 floors and we went to the lowest one. We moved the patients, we carried every single patient down. When we see a helicopter, our priority is that not a single person is left on the top floor.

"Normally, we hear from the walkie talkie about the bomb and then civil defense are sent to the scene where the bomb was dropped. The bomb hit the area 300 meters away from hospital.

"I went to the roof and noticed that the atmosphere was orange but the smell hadn't reached the hospital. I knew that something was wrong. Normally, we send out emergency teams, and they come back. This time the emergency team just came back with high level of people but nothing was visually wrong. Doctors still weren't sure what was wrong, and the civil defense said it must have been gas. Then the smell started seeping off of clothes. It reminded me of what you use to clean.

"It was a matter of deduction—we put one and two together from the smell and color. We began with the protocols we have, especially the ones for affected respiratory systems. There were around 90–100 cases at first, and many women children and elderly. We divided the cases between mild, moderate, and severe. We gave oxygen and hydrocortisone to the mild and moderate patients, and took the severe to the ICU. The most severe cases were transferred to Turkey. We saw people coughing up blood, sleepy to the point that they could not stay awake, blueness in fingers, and difficult breathing."

– Dr. Hassan Al Araj, Kafr Zita, Hama[11]

FIRSTHAND MEDICAL ACCOUNT

The village of **Talmenes**, in the suburbs of Idlib, was attacked by chlorine on **April 21, 2014**. The injured were transferred to and treated at four health centers: Alsiddiq field hospital, Jarjanaz field hospital, "Medical Facility A", and "Medical Facility B" at the Syrian-Turkish border.

Field Report

Area inhabitants and injured victims reported that a helicopter was flying over the area when it threw two big containers at **11:45 am**. One of the containers fell in a residential backyard without exploding, releasing an irritating smell. The second container hit a house and exploded about 100 meters from the first container. It damaged the rooms of the house and caused a dense cloud of green-yellow smoke.

The monitoring station reported the helicopter route as follows: Departure 10:30am en route to Hama → Souran → Skek → Abo Makki → Jarjanaz → Talmenes.

The container carrying the toxic substance was 180 cm in length, and 90 cm in diameter. The field investigation encountered a strong irritating smell in the area that required team members to wear protective cloths and masks to protect their airways. A number of dead animals in the area were reported, especially birds and cattle. Trees also turned yellow in the areas of the two attacks.

The two holes caused by the attacks were measured and the areas were examined.

Witnesses reported that there was a strong west to east wind on the day of the attack, which allowed the contamination to spread about 2 KM. The temperature that day was 20–25 degrees Celsius.

Medical Report

Alsiddiq field hospital in Talmenes, Idlib: Following an explosion, the Alsiddiq field hospital in the village of Talmenes received and treated approximately 250 injured patients. Jarjanaz field hospital received and treated another 100 patients. Medical facilities A and B received cases as referred from either Alsiddiq or Jarjanaz field hospitals.

19 of the 350 cases needed more advanced medical care, which they received at Medical Facility A.

One of the doctors working at Alsiddiq field hospital reported that patients arrived to the hospital from the attack area with the following symptoms: irritation, seizure (one case), vomiting, bluish skin, redness of the skin with itching, redness of the eyes, hyper secretion of saliva, dyspnea, pupil contraction, epiphora, cough, abdominal pain, difficulty breathing, and loss of consciousness.

The hospitals treated the patients in the following manner:

- Removing the patients' clothes and cleaning the contamination
- Respiratory support with oxygen, bronchodilators, frequent aspiration of secretions, and intubation if the O2 saturation was less than 80%.
- IV fluids
- Allergy management with systemic corticosteroids and intradermal adrenaline
- Symptomatic medications like antiemetic, anti-seizures, Atropine

The doctor also reported that staff evacuating the patients to the hospital demonstrated symptoms of contamination such as eye and skin irritation. All hospital staff were unharmed.

The last case was received two hours after the attack. Some of the injured were located approximately two kilometers away from the attack site. Patients were still following up with the hospital until the time of the doctor's testimony (30 hours after the incident).

Medical Facility A, Idlib: At 12:00 pm, the hospital received a warning of a chlorine attack. The hospital staff immediately made arrangements for their own protection. The hospital received

19 cases of asphyxia. The first 10 patients arrived together (4 women and 6 children).

One of the doctors and three nurses reported their testimony to the investigation team. They reported that when the ambulance arrived, there was an irritating smell so they took further protective arrangements. The patients' symptoms included dyspnea, coughing, difficulty breathing, nausea, vomiting, itching and redness of the skin.

There were no seizures, pupil contraction, bradycardia, or muscle spasms.

Managing the cases included:

- Removing the patients' clothes and cleaning the contamination
- Respiratory support with oxygen, bronchodilators, frequent aspiration of secretions, and intubation if the O2 saturation was less than 80%
- IV fluids
  - Allergy management with systemic corticosteroids and intradermal adrenaline
  - Symptomatic medications like antiemetic, anti-seizures, Atropine

A chest X-Ray was performed on the patients, which showed non-specific consolidations in the lung areas.

Thirteen of the patients were discharged eight hours after their arrival and asked to follow up with the hospital if any respiratory symptoms re-occurred. The other six cases were transferred to Medical Facility B at the Syrian-Turkish border.

Medical Facility B, Idlib: At 1:30 pm, the hospital admitted five patients exposed to chlorine. Around 7:00 pm, the hospital received two additional cases suffering from similar symptoms.

The treating doctor send a full report with a clinical presentation of the cases. Here are the reports for the first five patients:

First case: Mohammad Abdul-Razzak Alhashash, 6-year-old boy, arrived to the hospital at 1:30 pm. He was getting prepared to go to school when he was exposed to a yellow toxic gas. He was unable to breathe and lost consciousness. The patient arrived at the hospital intubated under mechanical ventilation; both his heartbeat and breathing stopped. CPR was performed and all attempts to revive him failed.

Clinical symptoms upon arrival included: redness in the face, pink foamy secretions, pupil dilation, diffused crackles in both lungs areas.

Mohammad died at 2:00 pm on April 21, 2014.



Second Case: Khadejah Barakat, 65-year-old female, arrived to the hospital at 2:30 pm. She was at home when the toxic material container hit. Yellow gas started to spread and she experienced difficulty breathing and asphyxia.

Upon arrival, she was awake and oriented, with symptoms of dyspnea, tachycardia, sweating, irritation, extensive cough, crackles in both lungs areas, and O2 saturation of 70%.

By 2:40 pm, she was intubated and put under mechanical ventilation with aspiration. Her secretions were foamy and extensive.

Her oxygen saturation declined to 60%. At 7:00 am on April 22, 2014, the patient was transferred to Turkey for advanced medical care.

Third case: Marwa Hashash, 15-year-old girl, arrived to the hospital at 7:00 pm. She was at home when the toxic material container hit, yellow gas started to spread and she experienced difficulty breathing and asphyxia.

Upon arrival, she was awake and oriented, with symptoms of dyspnea, tachycardia, sweating, irritation, extensive coughing, crackles in both lungs areas, and O2 saturation of 60%.

She was transferred to Turkey for advanced medical care at 7:00 am on April 22, 2014.

Fourth case: Ahmad Barakat, 64-year-old male, arrived to the hospital at 2:30 pm. He was at home when the toxic material container hit, yellow gas started to spread and he experienced difficulty breathing and asphyxia.

Upon arrival, he was awake and oriented, with symptoms of dyspnea, tachycardia, sweating, irritation, extensive cough, crackles in both lungs areas, and O2 saturation of 80% on room air. O2 saturation increased to 90% with the oxygen mask.

The patient was observed for 48 hours. By managing with bronchodilators and oxygen, O2 saturation improved to 95%. The patient was discharged from the hospital on April 23, 2014 after performing this CXR:



The patient reported his testimony about the attack and his injury, and it matched all the other testimonies previously mentioned.

Fifth case: Marioumeh Alhashash, 19-year-old woman, arrived to the hospital at 2:30 pm. She was at home when the toxic material container hit, yellow gas started to spread, and she experienced difficulty breathing and asphyxia.

Upon arrival, the patient was unconscious, with symptoms of dyspnea, tachycardia, sweating, irritation, extensive cough, crackles in both lungs areas, O2 saturation of 45%.

The patient was intubated and put under mechanical ventilation with aspiration of secretions, which were foamy and extensive.

After observation on mechanical ventilation for 72 hours, O2 saturation did not surpass 92%.

The patient was transferred to ICU and died on April 25, 2014 of respiratory deterioration and non-cardiac lung edema. The following pictures depict the patient's situation and CXR 24 hours after the attack. (The first name on the X-Ray is inaccurate by mistake).











1: Hawash, Hama, April 26, 2015.
2: Sarmin, Idlib, March 16, 2015.
3: Binnish, Idlib, March 24, 2015.
4: Kansafra, Idlib, May 3, 2015.
5: Al Bashiria, Idlib, June 9, 2015.

March 2015–June 2015

On March 16, 2015, only 10 days after the UN Security Council passed Resolution 2209 condemning the use of chlorine as a weapon in Syria, barrel bombs filled with chlorine were dropped over the towns of Sarmin and Qaminas. One of the bombs hit the house of the Taleb family, who was hiding in the basement of the house. The six members of the Taleb family, including three children under the age of three, died of suffocation.

Between March 16 and June 9, SAMS documented 43 chlorine attacks in the Idlib governorate, with over 717 Syrians affected by exposure and 9 deaths from suffocation. These attacks coincided with the government's loss of territory in Idlib to armed opposition. These 43 attacks shared many similar features. The majority of these attacks happened in the middle of the night or early morning, increasing the effectiveness of the gas. The sound of the helicopters was often heard before the barrels were dropped, but without the explosion of a conventional barrel bomb. In the wake of the attacks, victims described smelling an odor similar to bleach. Patients experienced redness, burning of the eyes, shortness of breath, coughing, and in severe cases, frothing at the mouth. These symptoms match exposure to a choking agent.

On April 16, one month after the attack that killed the Taleb family, Dr. Mohammed Tennari, the director of the Sarmin field clinic in Idlib, testified about his experiences in front of the United Nations Security Council in an Arria-formula session hosted by U.S. Ambassador to the UN Samantha Power, who was brought to tears by his remarks. Less than two hours after the Security Council meeting, his hospital began receiving victims from another chemical attack in Idlib City.

After the Arria-formula session, Ambassador Power stated, "We need an attribution mechanism so we know precisely who carried out these attacks."[12] The U.S. Mission worked alongside others to create and ultimately pass Resolution 2235, which established a one-year Joint Investigative Mechanism (JIM) to identify those responsible for the chemical attacks. The JIM has the mandate to further investigate the chemical weapons attacks from 2014 to the present to identify those responsible. The JIM will report back to the UNSC, which will ultimately determine accountability for those responsible for chemical weapons use.

FIRSTHAND MEDICAL ACCOUNT

"I heard the helicopters from my home one Monday night as I watched a movie on TV. We hear the chopping wings of helicopters almost every day. They fly over Idlib and drop barrel bombs on our neighborhoods too often to count. But we don't usually hear the helicopters at night.

"On the night of March 16, as I heard the helicopters overhead at about 8:30pm, an announcement blared through my walkie talkie and through mosque speakers of Sarmin that there were explosive barrel bombs that had been dropped. They said that the barrels were filled with poisonous gas- it was a chemical attack. Voices shouted for people to avoid the area where the barrels were dropped and to go to higher ground for safety.

"I immediately left my house and drove to my field hospital, hoping that the injuries would be minor and fearing for my family. Sarmin had never before experienced a chemical attack. As soon as I left my house, I could smell the odor of bleach. When I arrived to the hospital, a wave of people had already begun to arrive. They were all experiencing symptoms of exposure to a choking agent like chlorine gas. Everyone was decontaminated with water before coming into the hospital, and their clothes were taken off of them. Dozens of people had difficulty breathing, with their eyes and throats burning, and many began secreting from the mouth. We lay people on the floor as the beds filled up. Our humble field hospital became chaotic. We tried our best to give people oxygen and hydrocortisone nebulizers to stabilize their breathing. The first wave of 50 people came from the Qaminas village, less than 10 minutes away from Sarmin. We saw 20 additional people from the western neighborhood of Sarmin- the wind had blown the chemical agent in that direction.

"Among the people who entered, I saw my friend Waref Taleb. He ran an electronics repair shop in town, and recently helped to fix my phone. He, his wife, his mother, and his three young children—all under the age of three—were a sickly pale color when they arrived, a sign of severe lack of oxygen and chemical exposure. In the most severe cases of chlorine exposure, your lungs fill with fluid and you suffocate. We immediately intubated Waref and gave him CPR, and rinsed off his wife and gave her atropine. His mother was already dead when she arrived. We worked quickly to treat three-year-old Aisha, two-year-old Sara, and one-year-old Mohammad, giving them oxygen and injecting them with atropine. Mohammad was foaming at the mouth. We were forced to treat Sara and Aisha on the body of their dead grandmother. As quickly as we worked, we could not save them. In a short period of time, Waref and his wife's symptoms progressed rapidly, and they too died.

"We learned from civil defenders who rushed the Taleb family to the hospital that the barrel bombs filled with chlorine had hit their house as they hid in the basement. In our daily barrel bomb attacks, it is safest to go to the basements of houses, but for a chemical attack like this, basements are the worst place you can be. Chlorine is thicker than air. One of the barrel bombs fell through a shaft in their home, filling the ventilation with gas when it broke open and released chlorine. Their basement became a makeshift gas chamber.

"Altogether that night, we saw 120 people. There were only five physicians, including myself, and about 15 nurses working at the hospital. Many civil defenders and medical staff, including me, experienced symptoms of chemical exposure from such close contact with the patients. As I worked, my chest became tighter and tighter, and I had a hard time breathing. My throat was burning. The young nurse who took care of baby Mohammed had symptoms of a critical level. The entire hospital smelled like bleach that night."

– Dr. Mohammed Tennari, Sarmin, Idlib[13]





1: Mare'e, Aleppo, August 21, 2015.
2: Irbin, Rif Dimashq, August 11, 2015.

Summer 2015

In the summer of 2015, the number of actors using chemical weapons and types of chemical agents being used increased. Chlorine continued to be used sporadically in Aleppo, Rural Damascus, and for the first time Deir Ezzour. Reports of unconfirmed gas attacks, like one which occurred in Al-Hasakah on June 28, were linked to ISIL (Daesh). On August 21, a non-state actor, reportedly ISIL, used sulphur mustard gas in an attack on Mare'e, Aleppo in which 23 people were affected on the first day. More than 60 others were affected by mustard gas exposure over the next few days. Mare'e was near the frontline of fighting between ISIL and non-state armed groups. The shell hit the home of a family of four, filling the room with a yellow gas as the parents tried to shield their children with their bodies.

A SAMS field hospital in Mare'e reported on the attack: "Initial symptoms included respiratory irritation, wheezing, coughing, irritation and redness of the eyes and mucous membranes, skin irritation, and severe itching. Civilians developed skin blisters, with doctors identifying the agent to be mustard gas. Patients were treated with dressings for skin lesions, bronchodilators, antidotes, and oxygen. No deaths have been reported as of yet. Samples have been taken from patient blood, clothing, and hair as well from the shelling site to be assessed. The SAMS-supported hospital in Mare'e has witnessed increased levels of civilian injuries and mass displacement in recent months."[14] The youngest child of the family whose home was hit, Sidra, died only a few days later. She was less than a week old when the shell hit.

FIRSTHAND MEDICAL ACCOUNT

"At 9PM, almost 20 missiles attacked Mare'e town within an hour. Most of the missiles fell into the center of the town, and the explosions were not that big, but a black liquid spread out of the missiles. Within 15 minutes, the medical staff of our Mare'e hospital moved to the incident area. A bad smell spread in the area. Suffocation symptoms appeared and breathing difficulties. Cases decreased so the medical team took the injured civilians to the hospital. The general symptoms were respiratory irritation, wheezing, coughing, irritation and redness of the eyes and mucous membranes, skin irritation, and severe itching. Within the first and second hours of the hospital received 12 cases. These patients first passed through the decontamination tent, took off their contaminated clothes and then were transferred to the emergency section. The cases were given hydrocortisone, and put under supervision. Most of the cases were minor and responded to the oxygen masks and emergency medications. They didn't need any ventilation or referred to any other hospital. Some of the cases sent home and others were kept in the hospital under supervision. The injuries were fewer as most of the population was displaced to other areas."

—Dr. Tariq Najjar, Mare'e, Aleppo[15]


PART II
SYRIAN AMERICAN MEDICAL SOCIETY
29



Sarmin, Idlib, March 16, 2015

Symptoms of Exposure of Chemical Weapons Used in Syria

Type of Agent	Mild Exposure	Severe Exposure
SARIN		
Nerve Agent Affects the nervous system by affecting nerve transmissions. Causes seizures and loss of muscle control. **Examples:** Sarin VX Tabun Other organophosphate compounds such as pesticides	Runny nose Watery eyes Pinpoint pupils (miosis) Blurred vision Drooling Excessive sweating Cough Chest tightness Rapid breathing Diarrhea Nausea Vomiting Abdominal pain Weakness Headache Change in heart rate Change in blood pressure	Loss of consciousness Convulsions Foaming at the mouth Paralysis Respiratory failure Cardiac arrest Death
CHLORINE		
Choking Agent Affects the respiratory tract causing irritation of the nose, throat, and lungs. Can cause a buildup of fluid in the lungs. **Examples:** Chlorine Phosgene Chloropicrin	Eye tearing Nose and throat irritation Runny nose	Difficulty breathing Cough Chest pain Headache Nausea and Vomiting Lightheadedness Muscle weakness Dyspnea- upper airway swelling Pulmonary edema Fluid in the lungs Death

Type of Agent	Mild Exposure	Severe Exposure
MUSTARD GAS		
Blister Agent Causes irritation of the eyes, respiratory tract, and skin, and cause cell poisoning resulting in skin blisters. **Examples:** Sulphur Mustard Nitrogen Mustard Lewisite	**2-12 hours after exposure:** redness, itching of the skin, pain, swelling of eyes **13-24 hours after exposure:** runny nose, sneezing, hoarseness, bloody nose, sinus pain, shortness of breath, coughing, blisters begin to develop **24 hours after exposure:** Blisters and cough become worse, skin pigmentation 1- 2 hours after exposure: irritation, pain, swelling of eyes, tears, light sensitivity, blindness	**2-12 hours after exposure:** runny nose, sneezing, hoarseness, bloody nose, sinus pain, shortness of breath, coughing, abdominal pain, diarrhea, fever, nausea, vomiting, blisters begin to develop **13-24 hours after exposure:** symptoms continue to worsen **24 hours after exposure:** blisters and cough become worse, skin pigmentation, aplastic anemia Long term risk of respiratory damage and death from respiratory illnesses, and respiratory cancer Mustard gas can lead to death in high concentrations
BZ OR AGENT 15		
Psychotomimetic Agent Used as incapacitator causing hallucinations and disorientation. **Example:** BZ	Dilated pupils Blurred vision Agitation Hallucination Dry/flushed skin Gastrointestinal issues	Tachycardia Hypertension High temperature Hypothermia Death

Chemical Preparedness and Response

Syrian NGOs have spearheaded the development and implementation of emergency preparedness and response efforts for chemical attacks—from implementing public awareness campaigns, to providing equipment and supplies to respond to specific chemical agents, to training staff and first responders in critical protocols. The majority of INGOs and the international community have been largely uninvolved in this process, with funding and assistance for these efforts being inconsistent, reactionary, and short-term. The U.S. and France have provided a relatively small amount of Personal Protection Equipment to local organizations and have helped facilitate sample collection and documentation, but after Resolution 2118, funding for chemical preparedness and response efforts waned.

"If people do not hear bombing or shelling, people get nervous and think something is coming. What will come? Will they use something new? Now we are afraid of silence."

—Dr. Khalil Al Asmar, Douma, East Ghouta[b]

Pre-August 21, 2013

Since early 2013, when small-scale chemical attacks in Syria began, Syrian medical NGOs like SAMS and the Union of Medical Care and Relief Organizations (UOSSM) began providing public education on chemical attacks and basic response training sessions. The public education sessions aimed to ensure readiness at all levels, and taught community members about health problems following chemical exposure, the main principles of evacuation and primary decontamination, and the risks of unorganized responses to chemical attacks. As the small scale attacks continued intermittently in the spring of 2013, SAMS and UOSSM began to provide Personal Protective Equipment (PPEs), atropine, pralidoxime, protective clothing, ambubags, endotracheal tubes, manual suction devices, and laryngo tubes to medical staff in Aleppo. In June 2013, an on-field medical team conducted the first chemical attack simulation in a field hospital in Aleppo City, which went through the specific protocols and responses for a chemical attack. Following its successful completion, the simulation was presented to Syrian medical professionals and partners during SAMS's 13th Annual International Medical Conference in Amman, Jordan. The simulation, in addition to on-field experience, led to "The Syrian Manual in Preparedness and Response to Chemical Attacks." The manual covered topics such as clinical management and health protection from chemical, biological, radiological, and nuclear incidents; decontamination and care of contaminated victims by healthcare personnel; and guidance for medical operations in the context of chemical attacks and accidents.[1]







In the besieged areas of East Ghouta, chemical preparedness and response efforts took a different form with even more limitations. Medical staff and first responders had no means of protecting themselves from chemical attacks, and the tight siege left them unable to bring protective gear into the region. At this point in the conflict, Syrian medical staff and first responders had seen several dozen chemical attacks, though the attacks had primarily been targeted on the front lines of fighting. Medical staff grew increasingly concerned that a chemical attack with high civilian fatalities was imminent. Dr. Khalil Al Asmar, the head of the Douma Medical Office and head of the education committee of the United Medical Office of East Ghouta, was actively studying the use of chemical weapons throughout history to effectively prepare for such an attack. One of the problems he identified was that the location of a safe medical point to treat patients would be dependent on the direction of the wind at the time. He initiated a system where medical points would be set up in the layout of an "L" shape—one of the points would be an already established field hospital or clinic, and the other two points would be buildings like schools and mosques with equipment that be easily transported, such as water tanks. The medical team in Douma prepared a car filled with all of the necessary supplies and equipment to treat chemical exposure victims for each of the "L" layouts, which would be ready to move to the other medical points if the medical facility was downwind of an attack.

After the chemical attack on Douma on August 5, 2013, when over 400 people suffered from chemical exposure, SAMS began actively scaling up its chemical preparedness activities in East Ghouta. SAMS arranged to set up decontamination centers in southern Syria—planning to set up five in East Ghouta and two in Daraa—and was exploring the process of arranging PPEs for medical staff.[2] However, before the tents were built or the equipment was assembled, Rural Damascus experienced the August 21 sarin massacre. Dr. Ammar Ghanem, the Chair of the SAMS Jordan Committee which focused on the southern Syria response, said, "We knew that a major chemical attack on civilians would happen, but it happened before we were prepared."[3]

Response to August 21, 2013

Everything changed on August 21, 2013. The sarin attacks in Rural Damascus necessitated an immediate response from Syrian NGOs, INGOs, and donor governments. SAMS, UOSSM, and other Syrian NGOs responded immediately, working for several days straight to provide response protocols and feedback in real time to medical professionals in Rural Damascus, deliver PPEs, and finance antidotes for organophosphate exposure and supplies like intubation kits.[4]

Through the use of telemedicine, with Syrian American physicians in the U.S. communicating in real time with health workers in Syria, SAMS members were able to give medical recommendations and advice on

evidence collection. Dr. Ammar Ghanem worked virtually with Syrian health workers in Douma the night of August 21 and for several days afterwards, and said, "We were trying to help them not only to save lives but to show the world that this was happening and provide documentation. Medical staff on the ground were so busy—they were describing something we had never seen. They put people on the floor and in the corridors, there were people screaming all around them, they saw people dying in front of their eyes and they were not able to provide any care. At the same time, they had to do documentation—this is the responsibility of the medical staff. They needed to care for attacks on the minute and had to protect for the future by collecting documentation."[5]

Following the Rural Damascus massacre, the major Syrian medical NGOs strategized collectively on how to best collaborate on the response and maximize their efforts. On August 23, the Chemical, Biological, Radiological, and Nuclear Task Force (CBRN-TF) was established, made up of over 25 NGOs. The goal of the group was to coordinate and organize the preparedness response and to help prepare medical staff, first responders, and civilians for defense against chemical weapons attacks. The CBRN-TF utilized the technical expertise of the group members as well as outside specialists. The group also worked to document and report on the attacks based on international standards.[6]

Equipment Distribution

Following the August 2013 attacks, SAMS, UOSSM, and other Syrian medical organizations ensured the distribution of essential antidotes and protective equipment. Beginning in September 2013, SAMS distributed 1,200 protective suits and masks to 872 medical staff in 28 hospitals. UOSSM also distributed numerous PPEs to health workers. Unfortunately, because of the siege, none of the PPEs were able to be delivered to East Ghouta. Other essential supplies to manage chemical attacks were provided to clinics and medical facilities throughout opposition controlled areas of Syria, including oxygen generators, nebulization devices, throat endoscopies, catheters, serum, atropine, hydrocortisone, protective cloths, saline, and face masks. Antidotes have been provided to over 100 chemical weapons management centers.[7]

Training Programs

In the wake of the sarin massacre, chemical preparedness trainings for Syrian healthcare professionals were facilitated with leading global experts in Gaziantep, Turkey, and Amman, Jordan. During the trainings, the response protocols were updated according to participant research and recommendations.

After the 2013 agreement for the destruction of chemical weapons in Syria, interest in funding preparedness programs began to wane. However, in the spring of 2014, when Hama faced repeated chlorine

"The morning after the Ghouta massacre, I found one of the medical staff crying and I encouraged him and keep working. He said "I had to chose between a mother and a child. What would I do if this child grows up and says 'Why did you not choose my mother?' and what if the mother says 'Why did you not let me die?'"

—Dr. Mohamad Katoub, Douma, East Ghouta[c]



1: Qabr Al Inglizi, Aleppo, March 13, 2015. 2–5: Sarmin, Idlib, March 16, 2015.

attacks, the training program was re-launched. This time the program focused on a comprehensive response to choking agents like chlorine in addition to sarin.[8]

This 3-day training program, called "Medical Management and Preparedness for Chemical Attacks," was led by the CBRN-TF at the Bab Al-Hawa training center. It worked to prepare medical professionals—specifically those in affected areas like Idlib, Hama, and Aleppo—to respond properly to chemical attacks. Through theoretical lectures and practical exercises, the training addressed the following topics:

- **General preparedness operations:** effective site selection, notification and activation protocols, an overview of decontamination operations, and safety principles.
- **Health problems following exposure to chemical agents:** signs and symptoms related to each group of chemical agents and health risks related to secondary contamination.
- **Personal Protection Equipment:** the main elements and levels of PPEs, the minimum required level of protection to manage the victims, responding to challenges that appear while wearing PPEs.
- **Decontamination procedures:** the main elements of proper design for a decontamination point, the steps of the decontamination process, and challenges during the decontamination process.
- **Medical management:** main priorities of decontamination and medical management and medical treatment in mass casualty chemical incidence.
- **Criminal documentation:** an overview of the most important evidence used in documentation, the "Chain of Custody," and verification requirements.

These sessions were followed by a practical on-field simulation and evaluation, where a team of medical professionals would prepare a "facility" to respond to a chemical attack and practice contingency planning to respond to unexpected incidents. Special training courses were implemented to train civil defense members to more quickly evacuate civilians and raise awareness among the population. By the end of 2014, 526 professionals had been trained in the chemical preparedness and response protocols through 22 training courses in Aleppo.[9]

These training programs were replicated in Hama, Idlib, and Latakia. Due to the inability to hold direct training in the besieged areas of Rural Damascus, individual consultations were held during which a medical representative assessed preparedness measures and worked to find solutions for gaps. In September 2014 and November 2014, consultation was provided on the quality of East Ghouta's preparations and response plan.[10]

Decontamination Centers

SAMS and UOSSM have established decontamination centers in areas that have been particularly at risk of a chemical attack. Due to the frequency of chemical exposure victims coming to field hospitals and the harm that the secondary exposure was causing medical staff, the organizations developed the procedure of establishing private tents and centers near field hospitals to treat chemical exposure victims. These centers are well equipped with water, special equipment, and protective clothes so that after a chemical attack, victims can be properly washed, decontaminated, and ventilated. UOSSM established 18 decontamination centers in Aleppo, Idlib, Hama, Homs, Latakia, and Rural Damascus, and SAMS established five decontamination centers in Rural Damascus and Daraa.[11]

SPECIFICATION FOR CHEMICAL WEAPON TREATMENT & DECONTAMINATION CENTERS

- There has to be tight space with closing windows and doors.
- It was to be within the vicinity of a generator in order to facilitate the use of medical devices, particularly the resuscitation and oxygen machines. There should be at least 10 oxygen machines available in every center.
- There must be a proper stocking of the following drugs: Atropine, Diazepam, Adrenaline, Cortisone, Ampoules, sedative pills for nerves, and relievers like Tiger Balm.
- There must be clean water available.
- There must be a large automatic washing machine.
- There should be a fridge to keep the samples of those injured and dead (samples include blood, liver, spleen, lung, soil, leaves, tree bark, or clothing). Keep these samples in tightly sealed bags inside of the fridge.
- There should be private bathrooms with water tanks with Hydrochlorinedecalcium sf20.
- There should be a large bathroom with several showers in case of contamination from chemical weapons or anything that would affect the patients. There should also be soap.
- There should be a medical staff available, equipped with the appropriate protective clothing, rubber gloves, etc.
- There should be a hole to burn waste from infected clothes and other toxic substances.
- There should be a deep drain ditch to properly dispose of toxins without threatening public health.
- There should be new clothes, especially underwear. Patients' clothing should be treated with water and soap for five minutes and then rinsed again in normal water until there is no more soap. Then take all the samples and put them in the fridge. Take all the infected clothes and put them in the washing machine or in the deep pit.









1: Binnish, Idlib, March 24, 2015.
2: Saraqeb, Idlib, May 2, 2015.
3: Kansafra, Idlib, May 3, 2015.
4: Meshmshan, Idlib, May 15, 2015.

Documentation

CBRN-TF leaders have trained local staff and independently worked on forensic sample collection and documentation. They have provided evidence and medical reports to the OPCW FFMs and foreign embassies.

The commonly used methods for sampling in Syria are:

- **Ground (dust, stones, remnants of plants):** Take up to 50 grams and put it in a clean, dry, glass bottle.
- **Water (ground water, a small pond):** Take up to 100 milliliters and place in a clean, glass bottle.
- **Urine:** Take multiple samples, if possible separated by four hours on the first day, then once every day after. Take 20 ML each time. Keep in a clean, glass bottle. Keep in a refrigerator if possible.
- **Blood:** Take samples in the same way as urine.
- **Different materials:** Filter and wear a protective mask. Wipe the edges with a small piece of cotton or dry rag and place in a plastic bag.

When collecting samples, each health worker provides the date of sampling, exact location, name of the sampler, patient name, and weather conditions before sampling. If blood or urine was sampled, the symptoms of the patient are also listed. When transporting a sample, health workers were instructed to keep it a clean glass in a cool, dark glass, but these conditions were not always possible because of the circumstances of the conflict.[12]

SAMS physicians and partners have worked with foreign embassies and the OPCW to provide samples for documentation in the wake of several chemical attacks. In March 2013, after the attack on Khan Al Asal, SAMS field staff collected blood, urine, and hair samples from exposure victims. These samples were delivered to the U.S. Embassy in Turkey. A few weeks later, after the samples tested positive for sarin exposure, American officials declared that sarin had been used in Khan Al Asal. After the Hama attacks in 2014, the CBRN-TF worked with Turkish authorities to deliver samples to the OPCW. In the wake of the March 16, 2015 chlorine attack in Idlib, SAMS worked to gather samples from exposure victims, soil, and a piece of the barrel bomb that had struck the hospital. These samples were delivered to the OPCW and documentation organizations based in Turkey.

Summary of Medical Response Needs for Chemical Weapons Attacks

NEEDS	PURPOSE
TRAINING NEEDS	
Training course	Help health care providers recognize symptoms of chemical exposure, learn proper decontamination and treatment for chemical exposure, and understand the risk of secondary contamination
Training manual	Establish standard practices for chemical preparedness and treatment
Protocols	Assist hospitals and medical staff in responding to and documenting an attack
PROTECTIVE GEAR AND DECONTAMINATION	
Water	Needed to decontaminate patients exposed to chemical agents
Face masks	Protect against inhaling chemicals
Personal Protection Equipment (PPE)	Reduce the risk of secondary contamination
Decontamination tent	Provide a separate place to decontaminate patients to keep the health care facility free of contamination and reduce the risk of secondary contamination
Alternative Clothing	Provide those exposed to chemical agents fresh clothing after decontamination
MEDICAL EQUIPMENT	
Oxygen Concentrator	Filters surrounding air to produce concentrated oxygen which can treat patients with low levels of oxygen in their blood
Oxygen Regulator	Control the flow of oxygen from oxygen tanks
Laryngoscope	A device that allows the examination of the larynx and used for tracheal intubation
Portable Ventilators	A portable device that delivers concentrated oxygen into the respiratory system of patients who have been exposed to certain chemical agents

NEEDS	PURPOSE
MEDICAL EQUIPMENT (CONT.)	
Nebulization Devices	Delivers medication through inhalation into the lungs which is important when exposed to a pulmonary irritant like chlorine
Ambu Bags (Adult and Pediatric)	A squeezable bag with a face mask which is a more effective form of mechanical ventilation than mouth to mouth resuscitation
Aspirator	A suction device which can be used to remove excess fluid from the body
Tracheae Tubes	A catheter inserted into the trachea to maintain a patient's airways
MEDICATION	
Atropine	Antidote for nerve agent or organophosphate intoxication
Pralidoxime	Antidote for nerve agent or organophosphate intoxication
Hydrocortisone	Steroid
Diazepam	Depresses the central nervous system and helps reduce convulsions
Bronchodilators (albuterol)	Helps open airways
DOCUMENTATION	
Plastic Bags	To store samples
Tubes	To store liquid samples

Human Effect

Chemical attacks have particularly devastating psychological effects. Dr. Annie Sparrow, pediatrician and public health expert, testified, "Chlorine, cost-effective as a weapon, is designed to generate maximum fear and terror. There is nothing merciful about watching your child painfully suffocating to death, whether due to sarin, which paralyses the respiratory muscles, or chlorine, which turns into hydrochloric acid as is it is inhaled, drowning kids in the dissolution of their own lungs. I have never seen children die in a more obscene manner."[1] The psychological effects of witnessing or experiencing a chemical attack—which can often include post-traumatic stress disorder, flashbacks, epilepsy, depression, and more—is often compounded by other daily stresses and horrors. Many of those who have experienced chemical attacks have also witnessed unimaginable violence, siege and deprivation, displacement, and a breakdown in community or family structure. SAMS doctors estimate that most of the Syrian population is suffering from some level of post-traumatic stress disorder, shock, or depression.

Many civilians who have experienced chemical attacks carry with them the feeling that toxic gas could be released at anytime, anywhere, and they will be unable to protect themselves or their loved ones. While most Syrians have adapted their lives to fit the reality of daily shelling and bombing, moving medical facilities and schools underground, the threat of chemical attacks takes away a feeling of any safe haven. Fear is omnipresent.

The fear caused by chemical weapons use in Syria has led civilians to flee their homes and their communities. Adiba, a 50-year-old woman, was one of the 170 victims in the April 11, 2014 chlorine attack in Kafr Zita. She experienced difficulty breathing, foaming of the mouth, and tearing in her eyes. Adiba has since moved to an IDP camp in Idlib near the Turkish border after the systematic chemical attacks in Hama. She said, "I moved away to live in camps because I was afraid of the chemical weapon attacks."[2] Similarly, thousands of civilians were displaced from Idlib in April 2015, after the scale-up in chlorine attacks in residential areas in the suburbs of Idlib City.

In Rural Damascus, the Syrian government sent the people of besieged Moadamiya the option of evacuation before and after the chemical attack on August 21, 2013. Before the attack, few people chose to leave despite the horrific siege conditions under which they were living. However, after the sarin massacre, 4,000-5,000 people, or about one third of the population, abandoned their homes in Moadamiya. It was the first time

"After four years of conflict in Syria, I have more friends who have been killed than I have who are alive. I have seen too many people from my community take their last breath at my hospital. The hardest part is knowing every day that it will happen again—you will see more of your friends come in on stretchers, you will see more children die in front of you, you will again fear for your family as you hear the sounds of helicopters above. This life is not human."

—Dr. Mohammed Tennari, Sarmin, Idlib[3]

since the beginning of the siege that large numbers of people in the town had chosen to leave.[3]

Health workers in Syria often experience particularly severe psychological trauma, but are perhaps the least likely to access mental health services. They consistently suffer from an overload of work from lack of qualified medical staff in hospitals, surplus of patients with intensive trauma and primary health needs, and 16+ hour workdays. Health workers are overworked, demoralized, depressed, and consistently affected by trauma and secondary trauma.[4] Not only do they witness horrifying injuries and death, but with the lack of medical supplies, they also have the burden of deciding who will live and who will die.

FIRSTHAND MEDICAL ACCOUNT

"One doctor from Ein Tarma, who runs a small rural hospital for 20 patients, told me with a trembling voice that he received about 700 patients in just a few hours. In spite of the heroic efforts by him and his volunteer medical team throughout that night, 141 of his patients died, including 66 children. Another doctor told me that many arrived with respiratory failure—suffocating slowly, foaming and convulsing. He could save only few by placing them on life support, with limited access to respirators. He chose to save the youngest, as they had longer lives to live. Doctors should not be placed in a situation where they had to play God. In Syria, where medical resources are scarce, and where the international community has largely turned a blind eye, this is happening every day.

"Ghouta's first responders weren't spared. We had been able to get antidotes and equipment to areas where there had been chemical attacks, but not enough protective gear, which is usually only in the hands of the military. Many doctors and nurses had symptoms of exposure after a few hours of contact with their patients.

"Dr. Abdel Rahman, from East Ghouta, treated a score of patients, protecting himself only with a simple mask. He developed blurry vision, tightness in his chest and a severe headache. His eyes began tearing and his breathing became heavier. When he told his colleagues that he was unable to continue working, and that he needed help, they injected him with atropine, the only available antidote, and rushed to intubate him and place him on life support. He did not make it, joining the long list of Syrian doctors and nurses who have died or been killed on duty."

—Dr. Zaher Sahloul, SAMS Past President[5]

"I've never been the same person since the chemical weapons attack. Before that, I saw everything, a lot of crazy stuff, but I always say that the chemical weapons attack felt like judgment day. If you talk to any survivor of chemical weapons attacks, it's the sensation of doom, the ultimate fear. It goes straight to your mind and just terrifies you. You somehow become paralyzed by fear. You don't see blood, you don't see a bomb, you don't see anything, you just see people getting killed. It's like a nightmare."

—Kassem Eid, Moadamiya, Rural Damascus[6]


PART III
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Sarmin, Idlib, March 16, 2015

Conclusions

The use of chemical weapons in Syria continues with impunity—there have been over 161 chemical weapons attacks through 2015.

From the beginning of the crisis through the end of 2015, chemical weapons were used over 161 times in Syria. In addition to the 161 attacks that SAMS has tracked under international standards, SAMS has compiled information on an additional 133 reported attacks that could not be fully substantiated. The use of chemical weapons has only escalated as the conflict has continued—the year 2015 saw a remarkable increase in chemical attacks, with 69 attacks, compared to the 55 attacks in 2014. Since the beginning of the conflict, at least 14,581 Syrians have suffered from chemical exposure and 1,491 have been killed. In a flagrant violation of UNSC resolutions, 77% of these attacks occurred after UNSC Resolution 2118 which created a framework for the destruction of Syria's declared chemical weapons stockpile. At least 58 chlorine attacks, or 36% of the total chemical weapons attacks, occurred after UNSC Resolution 2209 which condemns chlorine gas as a weapon in Syria.

"Fear and displacement are exactly the point of using chemical weapons. Fewer people have been killed by chemical weapons than by any other weapon, but it's a weapon of fear."

—Kassem Eid, Moadamiya, Rural Damascus[1]

Chlorine use increased after UNSC Resolution 2118.

The framework brokered by the U.S. and Russia to remove and destroy Syria's declared chemical weapons stockpile, reinforced by UNSC Resolution 2118, did not prevent the use of chemical weapons; it only changed the agents used. From December 2012 to September 2013, before the framework was implemented, there were zero instances of chlorine used as a chemical weapon in Syria. From September 2013 through 2015, there have been 104 instances of chlorine used as a chemical weapon.

By removing Syria's chemical weapons stockpile, Syria's strategic capability to use chemical weapons on a large scale was removed. However, this framework did not prevent the tactical use of chemical weapons in Syria. Personnel and knowledge still remain, and the Syrian government has adapted this knowledge to create and deploy other chemical weapons, like chlorine. Chlorine attacks have been allowed to continue with impunity, and the international community has thus given tacit acceptance to the use of non-schedule chemicals.

Chemical attacks are part of a strategy of displacing civilians in Syria.

Chemical attacks are used strategically to cause civilian displacement in Syria. The fear caused by these silent and unpredictable weapons causes civilians to flee in larger numbers than in the aftermath of conventional attacks. Thousands of civilians were displaced following the April-May 2014 chlorine attacks in Hama, as well as following the chlorine attacks in Idlib in March-April 2015. Internal displacement as a result of the use of chemical weapons is exacerbating the humanitarian crisis.

All ten of the civilians from Hama surveyed by SAMS had moved since they survived chemical attacks in Hama in 2014. All ten of the medical professionals in Hama surveyed by SAMS believe that migration and displacement greatly increased in the wake of the chemical attacks.

Lack of enforcement spurs continued use.

The failure of the international community to meaningfully respond to the illegal and inhumane use of chemical weapons in Syria spurs their continued use. Perpetrators feel emboldened to continue to inflict terror without consequence. The lack of response to smaller-scale chemical use before 2013 was seen as a green light to continue their use. After each attack, a new baseline was established to which the international community did not respond. The operational boundary of chemical weapons use was allowed to expand as the international community was desensitized.

The U.S. government's lack of follow through on its stated "red line" sent a powerful message to perpetrators of chemical attacks that declarations of accountability were hollow. While the Syrian government gave up its declared chemical weapons stockpile following UNSC Resolution 2118, it has continued to use chlorine as a chemical weapon without consequence.

Locals and Syrian NGOs led chemical preparedness and response efforts.

Syrian NGOs led the chemical preparedness and response processes, in terms of both vision and implementation. The international community and international NGOs played a very minimal role, not sufficiently assisting the local response. A report from the SAMS Douma office following the August 2013 sarin massacre states, "Before the disaster in August 2013 we repeatedly drew attention to the huge international abandonment in this summer. [A few] government[s] have provided equipment to deal with the patients of chemical weapons but not towards its prevention. To prevent the occurrences of these disasters, the international community must continue these investigations and reports on these fronts."[1] Funding and assistance for chemical attack prevention

and response has been almost entirely reactionary and inconsistent. Abo Khaled, a nurse in Douma, described this challenge: "After the attack we prepared a place for decontamination for possible attacks in the future, but it was closed later due to lack of support."[2]

"A lot of people who are still alive became bodies moving. They lost their souls. I heard two of my neighbors talking. One said, 'Do you have milk?' The other said, 'No. Three people died in Harasta yesterday.' Those two people are dead inside. They mentioned a chemical attack like they were talking about shopping for rice. Now the chemical attacks are a normal thing, more normal than school for kids."

—Dr. Mohamad Katoub, Douma, East Ghouta[3]



Binnish, Idlib,
March 23, 2015

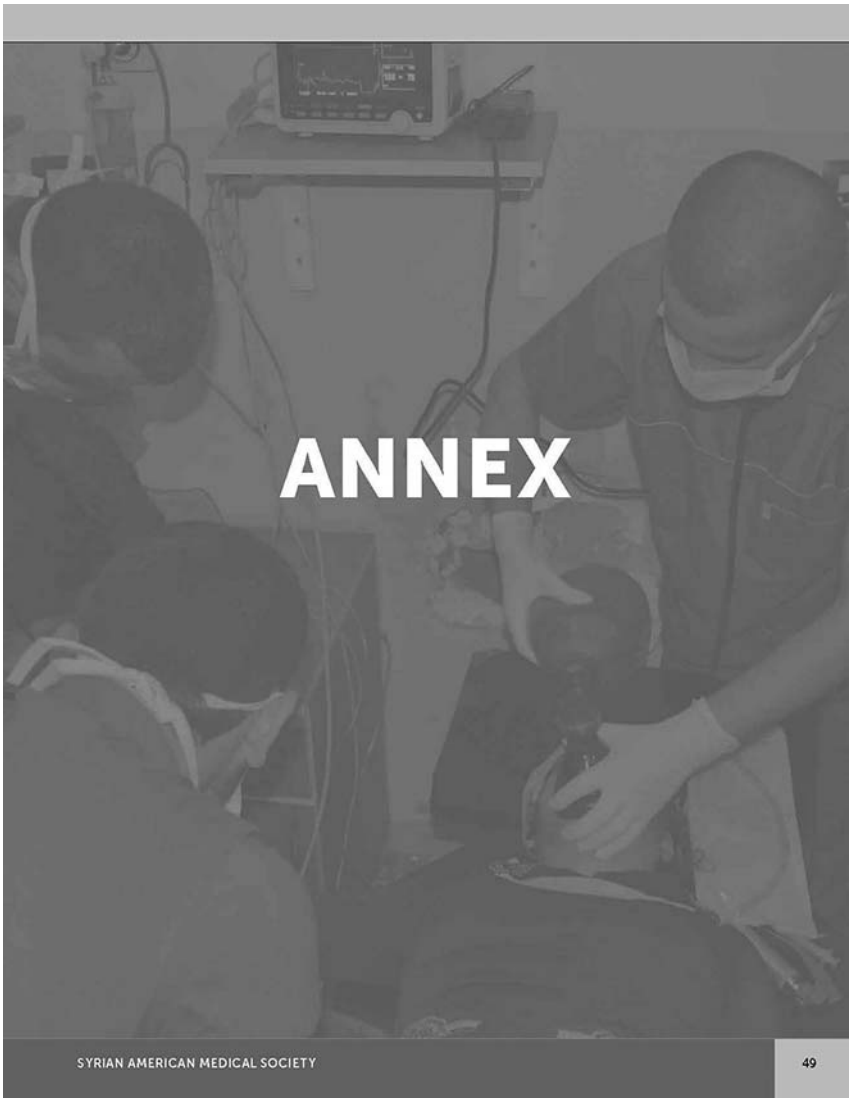
Recommendations

"Though the chlorine-filled barrels have killed far less than barrel bombs filled with explosives and shrapnel, they have added a new type of psychological torture to the people of Idlib. The fear and confusion caused by chemical attacks has driven new waves of mass displacement throughout Idlib. Each day, we worry about what the next day will bring. This is no way to live."

– Dr. Mohammed Tennari, Sarmin, Idlib[h]

The international community must take a more active role in civilian protection and take substantive action to enforce its own resolutions, most notably Resolutions 2118, 2209, and 2235.

- The nonproliferation community and humanitarian community, recognizing that people have been affected by chemical weapons for the past three years, should work together to ensure commitment to the international norms surrounding nonproliferation, in light of widespread and ongoing chemical weapons use.
- The international community must account, corroborate, and attribute as many chemical attacks as possible in order to preserve the record and ensure that stories of victims and communities are heard.
- All countries must empower the JIM as an independent mechanism. After the JIM establishes attribution for chemical weapons attacks in Syria, accountability must be the next step. UNSC members should refer perpetrators of chemical weapons attacks to the ICC or another independent international tribunal.
- In 2011, the OPCW Conference of States established the International Support Network for Victims of Chemical Weapons. This network created a fund financed by voluntary donations by states. The international community should make this fund available for Syrian victims of chemical weapons and increase donations to the fund. In addition, the OPCW—in coordination with local and Syrian NGOs – should establish a database to track Syrian victims of chemical attacks in order to provide them with support from the fund.
- The donor community should increase sustained support for chemical preparedness and response measures, in light of ongoing chemical attacks in Syria. Direct funding to local and Syrian NGOs initiating and carrying out these efforts is necessary. However, financial support from states must occur alongside an active effort by all states to end chemical attacks and other international humanitarian and human rights law violations, and hold perpetrators accountable for violations.


ANNEX
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Bab Al Hawa Hospital,
Idlib, April 21, 2014

Methodology

The table in the annex contains a dataset of 161 verified chemical attacks that occurred in Syria from the start of the conflict through the end of 2015.

The CWC defines chemical weapons as toxic chemicals and their precursors, as well as munitions and devices that would allow the release of toxic chemicals. According to the UK guidelines of clinical management for chemical, biological, radiological, and nuclear incidents, the international standard of a chemical attack is one in which there are three or more chemical exposure victims.[1] However, with chlorine attacks, there is often evidence from ground samples to determine chlorine use. As such, there are chlorine attacks listed on this table that had fewer than three exposure victims but were confirmed through other methods of sampling.

Attacks that are included in this table were verified by at least two independent sources. These sources include SAMS, operational INGOs and SNGOs, civil defense, local documentation organizations, and OPCW and UN reports. Verified reports and data from SAMS medical facilities were used and prioritized when available. In the cases that SAMS field staff did not report attacks, the listings were cross-checked for consistency. In instances in which inconsistent data about the number of victims of chemical exposure was provided, the lowest verified numbers were used. For cases in which the inconsistencies concerned the number of fatalities, no fatalities were included in the dataset. In the cases where there were conflicting reports about whether an attack was chemical or conventional, the attack was taken out of the table. If additional fatalities occurred from the use of conventional weapons or where it was unclear if the deaths were a result of conventional or chemical weapons use, the number of fatalities was removed from the dataset. Listings that were unable to be confirmed by two independent sources were removed from the table. In many cases, the exact chemical agent used could not be verified, due to the inability to collect or assess samples or access an area after an attack. These cases are reflected by the classification 'Unconfirmed poisonous gas' in the table.

It is assumed that there are some cases in which victims of low-scale exposure did not or were unable to seek medical treatment, and therefore were not counted in the dataset. There is an inherent limit in confirmation of the specific agent used in chemical attacks, as proper and sufficient equipment to collect and test samples is lacking is many parts of Syria.

In addition to the 161 attacks listed below that SAMS has documented, SAMS has compiled information on an additional 133 reported attacks that could not be fully substantiated.

Table of Chemical Attacks in Syria

	Date	Village	Governorate	Affected	Fatalities	Chemical agent
1	12/23/12	Al Bayada	Homs	50	7	Unconfirmed poisonous gas
2	12/25/12	Zafarana	Homs	35	0	Unconfirmed poisonous gas
3	3/19/13	Khan Al Asal	Aleppo	110	26	Unconfirmed poisonous gas
4	3/19/13	Otaybah	Rif Dimashq	60	5	Unconfirmed poisonous gas
5	3/24/13	Adra	Rif Dimashq	40	2	Unconfirmed poisonous gas
6	4/4/13	Jobar	Damascus	4	0	Unconfirmed poisonous gas
7	4/6/13	Jobar	Damascus	22	0	Unconfirmed poisonous gas
8	4/7/13	Jobar	Damascus	6	0	Unconfirmed poisonous gas
9	4/9/13	Otaybah	Rif Dimashq	20	0	Unconfirmed poisonous gas
10	4/13/13	Sheikh Maqsood	Aleppo	18	5	Unconfirmed poisonous gas
11	4/14/13	Jobar	Damascus	30	1	Unconfirmed poisonous gas
12	4/17/13	Ein Tarma	Rif Dimashq	8	1	Unconfirmed poisonous gas
13	4/25/13	Darayya	Rif Dimashq	100	0	Unconfirmed poisonous gas
14	4/27/13	Kueres	Aleppo	15	10	Unconfirmed poisonous gas
15	4/29/13	Saraqeb	Idlib	14	1	Sarin
16	5/17/13	Adra	Rif Dimashq	6	1	Unconfirmed poisonous gas
17	5/23/13	Adra	Rif Dimashq	40	3	Unconfirmed poisonous gas
18	5/26/13	Harasta	Rif Dimashq	69	3	Unconfirmed poisonous gas
19	5/26/13	Qaboun	Damascus	15	0	Unconfirmed poisonous gas
20	5/26/13	Al Bahariyah	Rif Dimashq	30	–	Unconfirmed poisonous gas
21	5/27/13	Harasta	Rif Dimashq	56	–	Unconfirmed poisonous gas
22	5/29/13	Al Ahamadiya	Rif Dimashq	10	0	Unconfirmed poisonous gas
23	6/9/13	Al Bahariyah	Rif Dimashq	4	–	Unconfirmed poisonous gas
24	6/19/13	Zamalka	Rif Dimashq	25	1	Unconfirmed poisonous gas
25	6/23/13	Zamalka	Rif Dimashq	32	–	Unconfirmed poisonous gas
26	6/24/13	Qaboun	Damascus	20	1	Unconfirmed poisonous gas
27	6/27/13	Qaboun	Damascus	10	–	Unconfirmed poisonous gas
28	7/5/13	Al Khalidya	Homs	20	–	Unconfirmed poisonous gas

Date		Village	Governorate	Affected	Fatalities	Chemical agent
29	7/21/13	Al Yarmouk	Damascus	10	–	Unconfirmed poisonous gas
30	8/5/13	Douma	Rif Dimashq	400	0	Unconfirmed poisonous gas
31	8/5/13	Adra	Rif Dimashq	25	0	Unconfirmed poisonous gas
32	8/21/13	East Ghouta	Rif Dimashq	9,400	1,242	Sarin
33	8/21/13	Moadamiya	Rif Dimashq	1,226	105	Sarin
34	8/24/13	Jobar	Damascus	30	0	Unconfirmed poisonous gas
35	8/25/13	Ashrafiah Sahnaya	Rif Dimashq	5	0	Unconfirmed poisonous gas
36	8/28/13	Jobar	Damascus	9	0	Unconfirmed poisonous gas
37	11/28/13	Jobar	Damascus	8	0	Unconfirmed poisonous gas
38	1/13/14	Darayya	Rif Dimashq	10	4	Unconfirmed poisonous gas
39	3/2/14	Adra	Rif Dimashq	20	4	Unconfirmed poisonous gas
40	3/9/14	Jobar	Damascus	5	0	Unconfirmed poisonous gas
41	3/27/14	Harasta	Rif Dimashq	25	5	Unconfirmed poisonous gas
42	4/4/14	Jobar	Damascus	6	0	Chlorine
43	4/11/14	Harasta	Rif Dimashq	4	3	Unconfirmed poisonous gas
44	4/11/14	Kafr Zita	Hama	170	3	Chlorine
45	4/12/14	Kafr Zita	Hama	25	0	Chlorine
46	4/12/14	Al Tamanah	Idlib	57	0	Chlorine
47	4/14/14	Halfaya	Hama	5	0	Chlorine
48	4/14/14	Atshan	Hama	25	0	Chlorine
49	4/16/14	Al Zowar	Hama	5	0	Chlorine
50	4/16/14	Harasta	Rif Dimashq	15	1	Unconfirmed poisonous gas
51	4/18/14	Kafr Zita	Hama	100	–	Chlorine
52	4/18/14	Al Tamanah	Idlib	70	4	Chlorine
53	4/19/14	Kafr Zita	Hama	50	2	Chlorine
54	4/21/14	Talmenes	Idlib	350	3	Chlorine
55	4/22/14	Darayya	Rif Dimashq	10	0	Chlorine
56	4/28/14	Ibn Warden	Hama	10	0	Chlorine
57	4/28/14	Latamenah	Hama	–	–	Chlorine
58	4/29/14	Al Tamanah	Idlib	35	0	Chlorine
59	5/8/14	Kafr Zita	Hama	3	0	Chlorine
60	5/19/14	Kafr Zita	Hama	20	2	Chlorine
61	5/21/14	Kafr Zita	Hama	4	0	Chlorine

Date		Village	Governorate	Affected	Fatalities	Chemical agent
62	5/22/14	Kafr Zita	Hama	80	0	Chlorine
63	5/22/14	Al Tamanah	Idlib	12	4	Chlorine
64	5/22/14	Latamenah	Hama	8	0	Chlorine
65	5/25/14	Kafr Zita	Hama	25	0	Chlorine
66	5/25/14	Al Tamanah	Idlib	0	0	Chlorine
67	5/26/14	Khan Shaykhoun	Idlib	23	0	Unconfirmed poisonous gas
68	5/29/14	Latamenah	Hama	17	0	Chlorine
69	5/29/14	Al Tamanah	Idlib	15	0	Chlorine
70	6/6/14	Irbin	Rif Dimashq	4	0	Unconfirmed poisonous gas
71	6/29/14	Kafromeh	Idlib	16	0	Chlorine
72	7/17/14	Kafr Zita	Hama	70	0	Chlorine
73	7/27/14	Kafr Zita	Hama	0	0	Chlorine
74	7/29/14	Halab Alqadema	Aleppo	15	0	Chlorine
75	8/1/14	Latamenah	Hama	8	0	Chlorine
76	8/19/14	Atman	Daraa	7	0	Chlorine
77	8/20/14	Jobar	Damascus	7	3	Unconfirmed poisonous gas
78	8/22/14	Irbin	Rif Dimashq	44	3	Chlorine
79	8/28/14	Halfaya	Hama	10	0	Unconfirmed poisonous gas
80	8/28/14	Al Sayyad	Hama	50	0	Chlorine
81	8/28/14	Kafr Zita	Hama	0	0	Chlorine
82	8/30/14	Kafr Zita	Hama	0	0	Chlorine
83	9/8/14	Haytet Al Jarash	Rif Dimashq	3	0	Chlorine
84	9/13/14	Murak	Hama	0	0	Chlorine
85	9/14/14	Haytat Al Jarash	Rif Dimashq	9	0	Chlorine
86	9/15/14	Dukhaniyya	Rif Dimashq	3	0	Chlorine
87	9/22/14	Dukhaniyya	Rif Dimashq	6	0	Chlorine
88	9/24/14	Adra	Rif Dimashq	9	7	Chlorine
89	10/1/14	Deir al-Adas	Daraa	–	0	Chlorine
90	10/9/14	Inkhil	Daraa	0	0	Chlorine
91	10/15/14	Jobar	Damascus	4	0	Unconfirmed poisonous gas
92	10/20/14	Harasta	Rif Dimashq	15	2	Chlorine
93	1/26/15	Itbaa	Daraa	8	0	Unconfirmed poisonous gas
94	2/21/15	Hayan	Aleppo	3	0	Unconfirmed poisonous gas
95	3/1/15	Jobar	Damascus	6	0	Unconfirmed poisonous gas

Date		Village	Governorate	Affected	Fatalities	Chemical agent
96	3/9/15	Muzayrib	Daraa	2	0	Chlorine
97	3/15/15	Qabr al-Inglizi	Aleppo	6	0	Chlorine
98	3/16/15	Qaminas	Idlib	70	0	Chlorine
99	3/16/15	Sarmin	Idlib	50	6	Chlorine
100	3/23/15	Sarmin	Idlib	3	0	Chlorine
101	3/24/15	Binnish	Idlib	30	0	Chlorine
102	3/24/15	Qaminas	Idlib	8	0	Chlorine
103	3/25/15	Qadam	Damascus	2	0	Chlorine
104	3/26/15	Sarmin	Idlib	5	0	Chlorine
105	3/29/15	Idlib City	Idlib	47	0	Chlorine
106	3/31/15	Idlib City	Idlib	38	0	Chlorine
107	4/10/15	Kafr Zita	Hama	4	0	Unconfirmed poisonous gas
108	4/16/15	Idlib City	Idlib	40	0	Chlorine
109	4/18/15	Al Tamanah	Idlib	15	1	Chlorine
110	4/25/15	Kurin	Idlib	0	0	Chlorine
111	4/26/15	Kafr Awed	Idlib	51	0	Chlorine
112	4/26/15	Al Hawash	Hama	25	0	Chlorine
113	4/27/15	Al Nairab	Idlib	4	0	Chlorine
114	4/28/15	Al Krassa	Idlib	12	0	Chlorine
115	4/29/15	Kansafra	Idlib	10	0	Chlorine
116	4/29/15	Saraqeb	Idlib	12	0	Chlorine
117	4/30/15	Kastoon	Hama	10	0	Chlorine
118	5/1/15	Al Nairab	Idlib	0	0	Chlorine
119	5/2/15	Al Nairab	Idlib	12	2	Chlorine
120	5/2/15	Saraqeb	Idlib	50	0	Chlorine
121	5/3/15	Kansafra	Idlib	25	0	Chlorine
122	5/3/15	Jobar	Damascus	2	—	Chlorine
123	5/3/15	Joseph	Idlib	—	0	Chlorine
124	5/3/15	Ablin	Idlib	12	0	Chlorine
125	5/6/15	Al Bashiria	Idlib	0	0	Chlorine
126	5/7/15	Al Janudiya	Idlib	50	1	Chlorine
127	5/7/15	Kafr Bateekh	Idlib	25	0	Chlorine
128	5/7/15	Kansafra	Idlib	4	0	Chlorine
129	5/10/15	Al Bashiria	Idlib	0	0	Chlorine

Date		Village	Governorate	Affected	Fatalities	Chemical agent
130	5/15/15	Meshmshan	Idlib	20	0	Chlorine
131	5/15/15	Ain Souda	Idlib	–	0	Chlorine
132	5/15/15	Latamenah	Hama	50	0	Chlorine
133	5/16/15	Sarmin	Idlib	5	0	Chlorine
134	5/16/15	Al Sikhna	Homs	3	0	Chlorine
135	5/17/15	Meshmshan	Idlib	3	0	Chlorine
136	5/17/15	Al Kastan	Idlib	9	0	Chlorine
137	5/19/15	Al Bashiria	Idlib	7	0	Chlorine
138	5/19/15	Meshmshan	Idlib	30	2	Chlorine
139	5/19/15	Idlib City	Idlib	4	0	Chlorine
140	5/19/15	Jisr al-Shughur	Idlib	32	0	Chlorine
141	5/30/15	Al Tamanah	Idlib	15	0	Chlorine
142	6/7/15	Al Kastan	Idlib	8	0	Chlorine
143	6/8/15	Saraqeb	Idlib	2	0	Chlorine
144	6/8/15	Kansafra	Idlib	3	0	Chlorine
145	6/9/15	Saraqeb	Idlib	0	0	Chlorine
146	6/9/15	Al Bashiria	Idlib	3	0	Chlorine
147	6/9/15	Sfouhen	Idlib	6	0	Chlorine
148	6/13/15	Jobar	Damascus	9	0	Chlorine
149	7/7/15	Aleppo City	Aleppo	53	0	Chlorine
150	7/8/15	Sheikh Yassin	Deir Ezzour	12	5	Chlorine
151	7/21/15	Harasta	Rif Dimashq	5	2	Chlorine
152	7/27/15	Jobar	Damascus	23	0	Chlorine
153	7/27/15	Zamalka	Rif Dimashq	19	0	Chlorine
154	7/30/15	Jobar	Damascus	15	0	Chlorine
155	8/6/15	Jobar	Damascus	3	1	Unconfirmed poisonous gas
156	8/7/15	Al Rastan	Homs	30	5	Chlorine
157	8/11/15	Irbin	Rif Dimashq	4	1	Unconfirmed poisonous gas
158	8/21/2015-8/24/2015	Mare'e	Aleppo	85	1	Mustard Gas
159	9/3/15	Jamaiyyet Zahraa	Aleppo	3	0	Unconfirmed poisonous gas
160	9/25/15	Harasta	Rif Dimashq	9	0	Unconfirmed poisonous gas
161	10/25/15	Jobar	Damascus	4	0	Chlorine
Total				**14,581**	**1,491**	

Notes

Background

1. Interview with nurse, Irbin, East Ghouta, Syria, 15 January 2016.

Chronology

1. Syrian Network for Human Rights, *Comprehensive report of using chemical weapons by Syrian Regime*, 14 May 2013, http://sn4hr.org/public_html/wp-content/pdf/english/2013/Usage-of-chemical-weapons-by-Syrian-Regime.pdf.
2. Report from SAMS field office, 28 May 2013.
3. Interview with Dr. Mohamad Katoub, Gaziantep, Turkey, 25 July 2015.
4. Interview with Dr. Mohamad Katoub, Gaziantep, Turkey, 25 July 2015.
5. Interview with Dr. Mohamad Katoub, 25 July 2015.
6. Interview with Dr. Khalil Al Asmar, Gaziantep, Turkey 25 July 2015.
7. John Irish, *French Intelligence: Syria's Assad behind chemical attack*, Reuters, 2 September 2013, http://www.reuters.com/article/us-syria-crisis-france-chemical-idUSBRE9810GQ20130902#4u0OWUzF0IkhvfAXq.97.
8. Syrian Network for Human Rights, *The second largest chemical weapons attack on civilians in the modern era*, p.4, 26 August 2013, http://sn4hr.org/public_html/wp-content/pdf/english/Documenting-Chemical-weapon.pdf.
9. Interview with Dr. Khalil Al Asmar, 25 July 2015.
10. United Nations, Organisation for the Prohibition of Chemical Weapons, *Note by the Technical Secretariat: Third Report of the OPCW Fact-Finding Mission in Syria*, S/1230/2014, p. 1, 18 December 2014, *available at* http://photos.state.gov/libraries/netherlands/328666/pdfs/THIRDREPORTOFTHEOPCWFACTFINDINGMISSIONINSYRIA.pdf
11. Interview with Dr. Hassan Al Araj, 25 July 2015.
12. Somini Sengupta, "U.N. Security Council Sees Video Evidence of a Chemical Attack in Syria", *New York Times*, 16 April 2015, http://www.nytimes.com/2015/04/17/world/middleeast/un-security-council-sees-video-evidence-of-a-che mical-attack-in-syria.html?_r=0
13. Interview with Dr. Mohammed Tennari, 14 April 2015.
14. Report from SAMS field office, 21 August 2015.
15. Interview with Dr. Tariq Najjar, 21 August 2015.

Chemical Preparedness

1. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.
2. Phone interview with Dr. Ammar Ghanem, 23 December 2015.
3. Phone interview with Dr. Ammar Ghanem, 23 December 2015.
4. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.
5. Interview with Dr. Ammar Ghanem, 23 December 2015.
6. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.
7. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.
8. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.
9. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.
10. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.

11. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.
12. Houssam Alnahhas, Response to Chemical Threats, Community and Medical Response, International Union of Medical Care and Relief Organizations, 27 May 2015.

Human Effect

1. Annie Sparrow, Statement to the House Foreign Affairs Committee, "Assad's Abhorrent Chemical Weapons Attacks" Hearing 17 June 2015, *available at* http://docs.house.gov/meetings/FA/FA00/20150617/103638/HHRG-114-FA00-Wstate-SparrowA-20150617.pdf
2. Interview with Adiba, Hama, Syria, 20 January 2016.
3. Interview with Kassem Eid, Washington, DC, 4 January 2016.
4. Syrian American Medical Society, Medical Voices From the Ground: The Ordeal of Syria's Healthcare Workers, February 2015, https://www.sams-usa.net/foundation/images/PDFs/Syrian%20Medical%20Voices%20from%20the%20Ground_F.pdf
5. Interview with Dr. Zaher Sahloul, 27 December 2015.

Conclusions

1. Report from SAMS field office, 5 August 2013.
2. Convention on the Prohibition of Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction, Article I, opened for signature Jan. 13, 1993, S. Treaty Doc. No. 103-21, 1974 U.N.T.S. 317. At https://www.opcw.org/chemical-weapons-convention/

Methodology

1. "CBRN incidents: clinical management & health protection." https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340709/Chemical_biological_radiological_and_nuclear_incidents_management.pdf

Quotes

a. Interview with Dr. Mohammed Tennari, Washington, DC, 14 April 2015.
b. Interview with Dr. Khalil Al Asmar, 25 July 2015.
c. Interview with Dr. Mohamad Katoub, 25 July 2015.
d. Interview with Dr. Mohammed Tennari, 14 April 2015.
e. Interview with Kassem Eid, 4 January 2016.
f. Interview with Kassem Eid, 4 January 2016.
g. Interview with Dr. Mohamad Katoub 25 July 2015.
h. Interview with Dr. Mohammed Tennari, 14 April 2015.

Photos

Houssam Alnahhas: Cover (top), inside cover, 4, 12, 50.

Syrian Network for Human Rights: 17 (all), 18 (all), 19 (all), 21 (1–3), 22 (all), 26 (1), 28 (2), 36 (1), 38 (2, 4).

SAMS: Cover (bottom), 21 (4), 26 (2–5), 28 (1), 30, 33, 34 (all), 36 (2–5), 38 (1, 3), 44, 47, 59.

Violations Documentation Center: 21 (5).

Photos on 22–24: Houssam Alnahhas, Report on toxic gas attacks in the suburbs of Idlib and Hama. Chemical, Biological, Radiological and Nuclear Task Force (CBRN-TF). 4 May 2014.



Sarmin, Idlib, March 16, 2015


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TEXT OF "AN OPEN LETTER FROM SYRIANS WORKING WITH U.S. AND EUROPEAN FUNDED ORGANIZATIONS"

Secretary of State of the United States John Kerry

Foreign Ministers of all Member States of the European Union

We write to you as Syrians working in USG and European-funded organizations on programs promoting local governance, civilian livelihood and grassroots organizing; programs meant to support democratic reform and the creation of an inclusive pluralistic nation. Recent events however have raised doubts whether our work has any meaning.

As Russia and the Assad regime's aggression continue to escalate in an unprecedented manner, it has become eminently clear that without immediate action by the U.S. and its allies, including a complete cessation of hostilities throughout Syria and a meaningful political process, our efforts may be lost as the situation on the ground becomes irreversible. With local governance and civil society activity wiped away, extremists on the ground will be decisively empowered and the refugee crisis will spiral out of control.

In recent days, Russia and the Assad regime have targeted and destroyed Syrian civilian infrastructure including the Civil Defense base in Atarib, Aleppo, Al Quds hospital, the only hospital providing healthcare services for women and children in opposition-held Aleppo, two primary health care centers in opposition-held Aleppo, and a marketplace in Muarat Numan, among many other civilian localities.

Five "White Helmets" along with the last remaining pediatrician in opposition-held Aleppo were killed as a result. Indeed, between April 23 and 28, there have been 120 documented cases of regime/Russian shelling and barrel bombing, killing a total of 170 people including 36 children. These people are not only our program beneficiaries, but they are more importantly our families and friends.

While Russia and the Assad regime point to Jabhat al Nusra and ISIS to justify these war crimes, the reality is that there are no legal or humanitarian justification for the targeting of civilians and civilian infrastructure. These claims are mere red herrings to hide the appalling truth that Syrian doctors, nurses, civil defense workers, and children are the real targets of Russia and the regime.

As the co-chair of the Vienna Statement, Munich Agreement and the ISSG working group, the U.S. holds a dominant role in protecting Syrians and ensuring that the regime and Russia are complying with Security Council resolution 2254 which calls for a ceasefire, parallel political process and the immediate cessation of attacks against "civilians and civilian objects . . . including attacks against medical facilities and personnel, and any indiscriminate use of weapons, including through shelling and aerial bombardment."

By failing to take any real steps to enforce this agreement, the U.S. is failing in its legal and political responsibilities to stop the bloodshed of our Syrian brethren.

Indeed, U.S. special Envoy Michael Ratney's statement on April 29 made clear that Aleppo is left out of the current negotiated fighting freeze between the U.S. and Russia, which will grant Russia and the regime carte blanche to further scorch Aleppo to the ground and massacre its people ultimately. We find this utterly outrageous.

While the U.S. and its allies have asked Syrians to be supportive of the Geneva peace process, how can we? At the time of this writing, Russia and the regime are bombing our hospitals and schools and leveling our towns. Minute by minute, we are losing our loved ones to Russian missiles and regime barrel bombs under the international community's watch. Given such realities, the political process has lost any credibility.

In Secretary John Kerry's address to the Syrian people during the Geneva III talks he stated, "The world needs to push in one direction—toward stopping the oppression and suffering of the Syrian people and ending, not prolonging, this war." If an end to Russian and regime aggression is not realized immediately, the conflict will burn on. As a result, the only winners in such a scenario are the Assad regime and extremist groups like ISIS and Jabhat al Nusra, as the real bodies that can create the "inclusive, peaceful, and pluralistic Syria" that our programs have worked so hard to support will have been brutally decimated.

Sincerely,

150 SYRIANS WORKING ON PROGRAMS FUNDED BY: U.S. STATE DEPARTMENT, USAID, FCO, DFID, ECHO, EU, AID RESILIENCE AND STABILIZATION, DANISH FOREIGN MINISTRY, FRENCH FOREIGN MINISTRY, GERMAN FOREIGN MINISTRY, SWEDISH FOREIGN MINISTRY, AND DUTCH FOREIGN MINISTRY.

