

MSF
September 2016

Review of Attack on Al Quds hospital in Aleppo City



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Executive summary



© Association Press¹

Figure 1: Al Quds hospital post-attack.



© Reuters²

Figure 2: Al Quds hospital post-attack.

On 27 April 2016, amidst the Syrian government-led coalition's offensive on East Aleppo, Basel Aslan (Al Quds) hospital was attacked and severely damaged by two airstrikes. According to interviews with staff present at Al Quds hospital during the attack, at exactly 9.37pm, a building across from the hospital, identified as Ain Jalout school, was struck by an airstrike. Following the first strike, Al Quds medical staff retrieved the wounded to transfer them to the hospital for medical care. Soon after, the Al Quds staff residence, located a few buildings down from the hospital, was hit by a second strike.

Witnesses said that minutes later, a third strike assaulted the entrance of the hospital's emergency room. This strike killed and injured Al Quds medical staff ushering patients into the emergency room, including those wounded from the first strike. According to medical staff, five minutes later a fourth strike hit the hospital, strongly impacting the emergency room and destroying the two top floors. This second strike to the hospital cut the electricity. A doctor present in the emergency room stated that more patients were in the hospital than usual because of the number of casualties from the preceding strikes, as well as the reported five bombardments in East Aleppo earlier that day, which resulted in scores of wounded.

Quantifying the attack's exact number of victims was hindered by the difficulty of recovering bodies from deep under the rubble caused by the attack. According to Al Quds management, as of 4 May the total death toll of the 27 April attack on Al Quds hospital was 55. The dead included 6 Al Quds staff, namely 1 pediatrician, 1 dentist, 2 nurses, 1 technician and 1 guard. Eight of the hospital staff were also seriously injured. The pediatrician and dentist killed were said to be among the last medical specialists left in East Aleppo after five years of war. Approximately 80 people were injured.

Al Quds re-opened 20 days after the attack, but not all services were activated and capacities were greatly limited given that (a) two operational floors were destroyed, (b) two specialist doctors and two nurses died and (c) significant medical equipment had been lost. Pediatric, cardiology and neurology services were suspended, as the hospital's pediatrician was killed and essential medical equipment was destroyed. Also, the emergency room and lab, along with their vital supplies, were lost. The internal medicine, gynecology/obstetrics and general surgery departments were progressively restarted, but operating with great limitations.

¹ The Associated Press (AP) photograph of Al Quds post-attack visualizes the damage suffered by the hospital, but it cannot be verified by MSF.

² The Reuters photograph of Al Quds post-attack visualizes the damage suffered by the hospital, but it cannot be verified by MSF.

The majority of the hospital's patients have struggled to access medical care following the 27 April attack

Three alternative referral hospitals were attacked within a month after the 27 April attack, further stretching medical facilities' capacities amid the patient overload



© Al Quds hospital

Figure 3: Al Quds doctors conduct surgery previous to 27 April attack.



© Al Quds hospital

Figure 4: Al Quds medical staff treats patients previous to 27 April attack.

The 34-beds were reduced to 12, diminishing the hospital's capacity to one-third. The sanitation system, water tank and the hospital's structure were also badly damaged. Following the attack, half of Al Quds's 5,000 estimated monthly patient load were forced to seek healthcare elsewhere.

Al Quds is the only cardiology, neurology and pediatric ICU hospital in East Aleppo, as well as a main referral center for gynecology/obstetrics and chronic disease patients. The majority of the hospital's patients have struggled to access medical care following the 27 April attack. Due to access and security-related restrictions, the only alternative options for all cardiology, neurology and ICU pediatric cases are health facilities bordering or inside Turkey. Because of the depletion of Al Quds's remaining specialty medical services, patients have sought treatment from the few other health facilities in East Aleppo for pediatrics, gynecology, chronic diseases and general surgery. Three of these alternative referral hospitals were attacked within a month after the 27 April attack, further stretching medical facilities' capacities amid the patient overload. The other main gynecology/obstetric referral hospital was forced to stop services because of an attack and re-directed all cases back to Al Quds. As a result, patients have continued seeking medical services from Al Quds, despite its post-attack limitations during its rehabilitation, because of a lack of greater access to healthcare in East Aleppo.

A clear trend of attacks on medical missions has been recognized and recorded since the beginning of the conflict by MSF, as well as many local and international actors. To MSF's knowledge, the bombardment of Al Quds on 27 April was the seventh attack on a health structure in April 2016 in opposition-held areas of Aleppo governorate. Following the bombardment of Al Quds, medical facilities were bombed every day for four days in these areas. A total of 14 medical facilities were attacked in opposition-held Aleppo in April 2016. Beginning in July 2016, periods of siege were imposed on Aleppo City, restricting people's right to flee and further strangling humanitarian access. July also reportedly saw the greatest number of attacks on health facilities in Aleppo since the start of the conflict, with bombardments and periods of siege continuing into August and September.

Whilst attacks on medical facilities have been taking place throughout the conflict, 2016 has seen a surge of bombardments affecting the population's access to medical care



© Mahmoud Abdel-Rahman

Figure 5: Hospital staff stitches a patient's wound in MSF's hospital in A'zaz district, Aleppo.

The eight hospitals and few medical facilities remaining in East Aleppo are struggling to respond to the medical needs of the estimated 250,000 people. More attacks have resulted in more patients needing more services. Faced with every constraint, health facilities continue to respond. Whilst attacks on medical facilities have been taking place throughout the conflict, 2016 has seen a surge of bombardments affecting the population's access to medical care. The rise of these bombardments in Aleppo coincides with the Syrian government-led coalition's offensive on the city. It is very difficult to determine or prove the intention behind these attacks. As a humanitarian organization, MSF is not in a position to establish military intention and it is neither prepared nor equipped to conduct formal investigations or participate in proceedings. However, MSF believes that: 1) medical action in Syria is not protected; 2) the parties to the conflict do not meet the necessary obligations of precaution in the attacks as enforced by International Humanitarian Law; and 3) the review of the information available suggests that in certain cases the attacks could be targeted against medical action.

MSF has maintained a close working relationship with Al Quds hospital since December 2012 as part of a broader network of health facilities and medical actors in Aleppo's opposition areas providing impartial access to quality healthcare to the population. MSF has provided Al Quds and health facilities in Aleppo's opposition-held zones with regular support in the form of training, medical donations, drugs, medical equipment and small sums of cash for operational costs. Apart from supporting Al Quds and many other health centers in Syria, MSF has directly managed two medical facilities (now reduced to one) in Aleppo and served as an active participant in the medical referral system in Aleppo governorate and to Turkey.



© AI Quds hospital

Figure 6: AI Quds medical staff treats a patient.



© AMC, Aleppo Media Centre³

Figure 7: Rescue groups respond to the attack on AI Quds hospital the night of 27 April 2016.

Since the outset of the MSF-AI Quds relationship, MSF has maintained regular contact with the hospital manager, doctors and staff. Long-term contact and commitment has solidified a relationship of trust between MSF and AI Quds. Based on (a) MSF's long-time relationship with AI Quds hospital, (b) a review of the 27 April 2016 attack and (c) validation through larger research, MSF considers that:

- 1. AI Quds hospital was attacked on 27 April 2016, killing and injuring tens of people and severely damaging the hospital, which significantly reduced the hospital's capacity to provide medical assistance to an extremely vulnerable population.**
- 2. The 27 April 2016 attack on AI Quds hospital was an illegitimate attack on a functioning hospital.**
- 3. AI Quds hospital's adherence to the humanitarian principles of impartiality and independence was not compromised before or at the time of attack, and there is no reason to infer that the principle of neutrality as defined by International Humanitarian Law was not respected by the facility.**
- 4. The attack on AI Quds hospital is part of a long-term pattern of attacks on medical facilities, which has intensified in 2016. This consideration is not only based on the concrete case of AI Quds but also on MSF's five years of experience in Syria where the organization has also itself been subjected to the said pattern.**

³ The Aleppo Media Centre (AMC) photograph of AI Quds soon after the attack visualizes the damage suffered by the hospital, but it cannot be verified by MSF.

Introduction

Objective

Following the 27 April 2016 attack, MSF is producing this report with the objective to describe the bombardment on Basel Aslan (Al Quds) hospital and illustrate the humanitarian consequences on the population in the wake of the long-term trend of attacks on medical facilities in East Aleppo.

Justification

When confronted with a serious incident affecting its medical-humanitarian work, MSF has the responsibility to find out internally what it can regarding the circumstances of the incident. Moreover, MSF publicly denounces attacks against its medical services and aims to give visibility to the consequences of those attacks for the population. Al Quds hospital in Aleppo is not an MSF-run hospital, but an MSF-supported one. However, MSF feels compelled to present this report on the 27 April attack on Basel Aslan (Al Quds) hospital¹ and the subsequent medical humanitarian impact on the population in East Aleppo because:

1. MSF has fostered a close medical relationship with Al Quds hospital since December 2012 and is familiar with the hospital's functionality and significance as a central provider of impartial specialized healthcare in East Aleppo.
2. MSF has participated in Aleppo's medical network since 2012 and been painfully aware of the regular attacks on medical facilities in the area. Attacks on health care have been seen on MSF-supported medical facilities, as well as those with lesser or no formal relationship with MSF. As per MSF's responsibility to speak out on behalf of the people it assists to bring intolerable situations to the forefront of public attention, the organization has regularly communicated on Syria's medical humanitarian situation and on the attacks to the medical mission since the start of the conflict. MSF will continue to denounce attacks that disregard the protected nature of medical facilities under International Humanitarian Law.

MSF and Al Quds hospital have cultivated a long-term collaborative medical relationship to provide impartial access to quality healthcare for the population of East Aleppo. It is on the basis of this strong collaboration that MSF offered to narrate this specific incident and its consequences.

¹ Basel Aslan (Al Quds) hospital was renamed after its re-opening in November 2012, following the opposition's takeover of East Aleppo. Hereafter, it will be referred to as "Al Quds hospital".

Since 2012, MSF has participated in East Aleppo's medical network, engaging and coordinating with medical authorities and associations representing the city's hospitals, health facilities, blood banks and first aid points (FAPs). Before international staff were evacuated from Syria following a kidnapping incident at the end of 2014, MSF maintained a presence of more than 700 international and national staff in the country to facilitate humanitarian operations, including the regular presence of national and international staff in East Aleppo, paying regular visits to Al Quds and other medical facilities. In parallel with the evolution of the context, MSF has built up a support program to deliver drugs, medical consumables, specialization kits, equipment, as well as training in response to the increasing health needs amidst narrowing humanitarian access.

At present, MSF supports 26 medical facilities in Aleppo governorate and more than 150 throughout Syria. In addition to maintaining weekly contact by phone and messaging with medical staff in Aleppo, the health facilities' managers also make occasional visits to MSF offices in al Salameh (Syria) and Kilis and Gaziantep (Turkey). Al Quds hospital is among these many facilities to which MSF provides regular medical support and maintains close contact.

As a long-time participant in the Aleppo medical network, MSF has solidified its acceptance and trust among the network's members, Al Quds in particular, through three main contributions:

a. Two MSF-Managed Medical Facilities in Aleppo Governorate

MSF has managed two health facilities as part of the medical network in Aleppo governorate.² Through these health facilities, MSF has actively contributed to the patient referral system among Aleppo's health facilities, as well as to Turkey when necessary.

b. Measles Vaccination Campaign

From March to May 2013, MSF launched a mass measles vaccination campaign in collaboration with Al Quds hospital, which supplied vaccines to 49 medical facilities with the support of over 100 volunteers. In addition to fulfilling the urgent medical needs, the campaign facilitated MSF's acceptance and trust among opposition groups, medical associations and the population. It demonstrated MSF was willing to support Aleppo's medical professionals and take risks to deliver assistance to the people in the wake of the healthcare system's decline.

² Al Salameh hospital in A'az district was established in October 2012. Al Maskan health facility, which was established in April 2014, after moving twice since July 2013 because of multiple security incidents, was handed over to a local medical actor at the end of 2015 because of security concerns. Following the handover, the facility was closed because of the government takeover of the area.

c. Regular & Urgent Medical Donations and Support

MSF has sent regular provisions of in-kind medical supplies, drugs and medical equipment to health facilities from January 2013 until the present day.³ In addition to consistent medical donations, MSF fulfills urgent needs requests in the case of resource shortages and post-attack rehabilitation needs.

Reciprocally, MSF has developed a relationship of trust with Al Quds hospital, which is based on the following:

1. A Common Interest: Providing Impartial Medical Care

The foundation of MSF and Al Quds's relationship is to support the population's impartial access to quality healthcare. This relationship has continued from December 2012 until the present day.

2. Personal Relationships

MSF has worked with the same hospital managers and medical staff in the network in general, and Al Quds in particular, since establishing a presence in Aleppo in 2012. Thus, these are long-time relationships that have been cultivated over time by working together through the evolution of the conflict.

3. Medical Staff's Clear Commitment to support the population

MSF has confirmed through communications, visibility measures and the medical staff's mere refusal to leave East Aleppo, despite the intense dangers, that they are fiercely committed to providing healthcare to the population, even at the cost of their own lives.

4. Minimal Possibility of Misuse

There is very little opportunity for the misuse of MSF support. Donations to Al Quds have consisted of medical equipment, supplies and drugs, as per MSF's standard list.

³ As most other organizations are constrained by donor commitments and an inconsistent flow of resources, they are unable to consistently deliver support for timelines exceeding one year. For this reason, MSF's capability to provide regular and swift support over three years is of significant added value. MSF is able to do so because of its financial flexibility, derived from monetary independence, which eliminates reliance on major donors and attached stipulations or timelines. In addition, given MSF's logistical capacity and medical knowhow, the provision of medical supplies is adapted to the specific needs of each facility.

Methodology

This report was developed from July through September 2016. Its primary sources of information were semi-structured interviews with Al Quds hospital's board and staff, MSF staff, donors to Al Quds and residents of East and West Aleppo⁴. In total 36 interviews were conducted during a two-week visit to Gaziantep (Turkey) and Amman (Jordan), as well as remotely by Skype, WhatsApp and email.

Key MSF documents detailing support to Al Quds and other hospitals in Aleppo were also consulted. Additionally, correspondence, media monitoring and analysis was provided from the mission and headquarters. Lastly, international, regional and local media, as well as social media, were reviewed for a broader understanding.

In developing this report, three main limitations were realized, as follows:

1. Absence of Direct MSF Witnessing and Reliance on Secondary Sources

MSF staff did not directly witness the attack and has not visited Al Quds hospital since 2014, following the evacuation of international staff because of security restrictions. For this same reason, the author of this report was not able to visit the hospital. MSF staff and this report relied on (a) trusted accounts from survivors of the attack, (b) second-hand information from the hospital and (c) visual aids following the incident to illustrate the scene.

2. Delayed Collection of Facts

Although the attack took place on 27 April 2016, a review of the incident did not begin until July 2016. As the report relied on sources recalling the events of the attack, it was a challenge for all parties interviewed to remember specific details months later.

3. Lack of Medical Data

Characteristic of most hospitals in Aleppo City, Al Quds's patient load exceeds the capacity of the available medical staff. Overloading of the hospital and immediate focus on serving the population's medical needs understandably leads to de-prioritization of the collection and documentation of medical data. MSF has only one month of Al Quds's medical data, February 2016. Due to the limited availability of data among East Aleppo's health facilities, it is difficult to fully quantify the attack's impact on the community.

⁴ Respondents from East Aleppo were interviewed remotely in Gaziantep and Kilis, Turkey. Respondents from West Aleppo were interviewed in-person and remotely in Gaziantep, Turkey, and in the United States.

Medical care under attack in Aleppo



© Al Quds hospital

Figure 8: Interior of Al Quds hospital.



© Al Quds hospital

Figure 9: Al Quds medical staff prescribes medicine to a patient.



© Al Quds hospital

Figure 10: Medical staff conducts surgery at Al Quds hospital.

Background: medical care under attack in Aleppo

MSF has documented attacks on medical care since the beginning of the Syrian conflict.⁵ The warring parties have hindered the population's access to healthcare through attacks on medical facilities and staff because of real or perceived siding with the alternative party to the conflict. Despite repeated requests to Damascus, MSF has so far been denied permission from the Government of Syria (GoS) to work in areas it controls. As a result, MSF has not been able to respond to the humanitarian medical needs in the government-held areas of Syria, including western Aleppo city. This lack of access has prevented MSF from reliably documenting attacks on medical care in state-controlled zones.

From the outset of demonstrations in 2011, it was recounted that Ministry of Health facilities functioned as an extension of security forces.⁶ There were numerous accounts of snipers positioned in front of hospitals and of the arrest and torture of activists inside facilities. To respond to demonstrators' health needs, doctors and medical students established underground groups to treat the injured in makeshift health centers. This led to the state's intimidation of medical professionals treating or suspected of sympathizing with protestors, and eventually the deliberate attack on medical workers, health facilities and ambulances.

Aleppo City is divided between the government-held west and opposition-held east, with two Kurdish-held northern districts. The city's dividing line has served as a frontline between warring parties since July 2012. When East Aleppo came under opposition control, the Ministry of Health stopped servicing medical facilities there. The absence of the GoS authorities facilitated the establishment in the area of doctors positioned against the government. Solidarity among East Aleppo's doctors in the wake of the population's increasing medical needs garnered external support to sustain health services. Syrian businessmen, diaspora groups, as well as wealthy individuals and organizations in the Gulf, organized to donate needed medical equipment and supplies to keep medical structures afloat. Yet, regardless of external support,

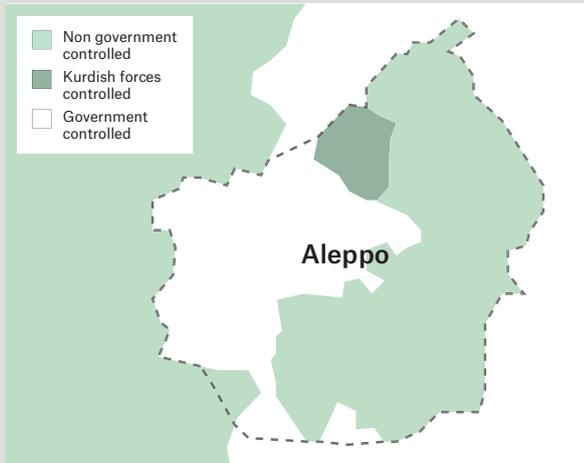
⁵ Respondents from East Aleppo were interviewed remotely in Gaziantep and Kilis, Syria Two Years On - The Failure of International Aid so far. Médecins Sans Frontières. 7 March 2013.

Aleppo: Medical Aid Besieged From Medical Care under Fire to the Near Impossibility of Humanitarian Action. MSF's Account of 2 Years in Aleppo. Médecins Sans Frontières. March 2015.

Syria: Report documents war wounded and war dead in MSF-supported medical facilities in Syria. Médecins Sans Frontières. 17 February 2016.

⁶ Special Report: In Syria, Medicine as a Weapon of Persecution. Médecins Sans Frontières. 6 February 2012.

MEDICAL CARE UNDER ATTACK IN EAST ALEPPO



13 Attacks damaging medical structures in east Aleppo (from 16 July to 24 August)



8 Attacks damaging ambulances in east Aleppo (from 15 July to 15 August)



* All attacks that damaged hospitals have been confirmed by different sources except those on 14 August which were confirmed by hospital management. Damages on ambulances were reported by Directory of Health of east Aleppo.

MSF-supported hospitals in east Aleppo city damaged by attacks

M2	Damaged on 16 July, and 3 and 6 August. Basic info: 64 beds in total. General hospital, including surgery.
M10	Damaged on 19 July and 4 August. Basic info: 31 beds in total. Trauma centre with general surgery.
Al Bayan	Damaged on 23 July, and 6 and 13 August. Medical supplies room destroyed. Basic info: 16 beds. Trauma hospital.
Al Daqaq Hospital	Damaged on 23 July, including operations, theatre and emergency room. Only emergency services are currently running. Number of beds 14.
Al Zahraa Hospital	Damaged on 23 July, one operation theatre out of order. Damaged on 6 September. Number of beds 14.
Al Hakim / Paediatrics	Damaged on 23 July, including paediatric ICU. Basic info: 24 beds + 12 incubators. Paediatrics, neonatal.
Hospital Al Zarzour	Damaged on 14 August.
Al Quds Hospital	Damaged on 14 August shortly after receiving MSF shipment of medical supplies.

Figure 11: Attack of MSF - supported medical facilities in East Aleppo from 15 July to 15 August 2016⁴.

East Aleppo's medical facilities have constantly struggled to sufficiently staff and resource the de-facto health system to keep up with increasing health needs. East Aleppo's medical workers are often perceived by many within the GoS as supporters of the opposition because they treat their enemies. As a result, attacks on medical facilities in opposition-controlled areas of Aleppo have been an indelible feature of the conflict.

There is reportedly minimal access or communication between East and West Aleppo. Medical cases that are unable to be treated in East Aleppo, largely due to resource deficits, are sometimes referred to West Aleppo. However, East Aleppo's medical facilities report that the cases are not always accepted. Referrals are not made directly because medical workers do not communicate over the frontline. As such, political spillover has enflamed sensitivities between East and West Aleppo, impacting medical relationships and affecting

⁴ The map reflects the territorial gains in Aleppo according to different open sources, but does not reflect MSF's opinion.



© Al Quds hospital

Figure 12: Al Quds doctor provides treatment to a patient previous to the 27 April attack.

access to impartial quality healthcare for the population of East Aleppo.⁷ Alternatively, referrals from East Aleppo are made through the local medical network to health facilities bordering or inside Turkey.

As the number of armed opposition groups⁸ has multiplied over the evolution of the conflict, medical care in Syria has met a new threat. Armed opposition groups have demonstrated a disregard for the protection of healthcare, launching attacks in both government –and opposition– held areas. In GoS-controlled areas of Aleppo, reports state that armed groups have fired mortar bombs on state hospitals, as well as other densely populated civilian centers. According to some accounts, in western Aleppo city, Al Razi hospital, the main government-run public health facility for the governorate, treats wounded civilians daily.⁹ Al Razi is one of 11 hospitals that are serving the 1.5 million residents of government-controlled Aleppo.¹⁰ According to Syrian government statistics, state health facilities provided 280,000 of Aleppo’s residents with medical services in the first quarter of 2016. Notably, an estimated one-third of East Aleppo’s residents have fled to West Aleppo since the start of the conflict in search of safety. Given that MSF has never obtained the permission to access government zones, nor to contact or support medical facilities in government-held areas, the organization is limited to expressing concern about the consequences of attacks on medical facilities, but cannot confirm specific facts.

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- ⁷ Complex medical cases from East Aleppo were referred to West Aleppo through the Syrian Arab Red Crescent (SARC), until 1 April 2016. On 31 March 2016, East Aleppo’s health providers, through the Health Directorate of Aleppo, issued a letter to SARC expressing concern about its perceived siding with the GoS. Previous to the letter’s release, a number of health actors in East Aleppo were accused of suspiciously collaborating with SARC. Soon after, SARC closed its sub-branch office in A’zaz and patient referrals to West Aleppo were suspended. Suspension of referrals to West Aleppo has further limited patients’ access to quality healthcare.
- ⁸ “Armed opposition groups” is used to refer to the many non-governmental armed groups who have influenced the dynamics of the conflict and had a subsequent impact on the population. While international media attention has focused on the “Islamic State” (IS) in Syria, this group is one among many armed non-state actors who have affected Aleppo’s fluid context and humanitarian situation. Recognition of the multitude of armed opposition groups beyond the Islamic State group is significant, as the IS group is purportedly absent from Aleppo City and its activities are not referenced in this report.
- ⁹ “Aleppo’s Healthcare in Critical Condition”. Syria Deeply. 4 August 2016.
- ¹⁰ According to WHO, only 6 of these 11 hospitals are fully functioning and 5 are partially functioning. See Public Hospitals’ Report for West Aleppo, June 2016, Health Information Management Unit, WHO, Syria.

The rampant violence and targeting of healthcare structures, personnel and assets has deprived the sick and wounded from being able to safely seek access to medical care amidst Aleppo's dire humanitarian situation

In opposition-held areas, armed groups have also violated the protected status of healthcare. Accounts have been provided of: harassment; abduction; execution of healthcare workers; seizure of hospitals, ambulances and/or medical teams for an armed group's own usage; and prioritization of medical care for fighters over civilians. In MSF's own experience in Aleppo, armed groups repeatedly threatened or detained medical workers based on their perceived ideology or behavior.

Although the trend of purposefully depriving populations of protected, impartial medical care for political ends is not new and has occurred in many other wars, it has largely characterized the Syrian conflict. The five-year war in Syria has been marked by a ruthless disregard for civilian life by both state and non-state actors, in the form of indiscriminate attacks, large-scale killings, forced displacement, siege and a deprivation of people's basic needs. According to all accounts, the government has been responsible for the large majority of the attacks on medical facilities. The rampant violence and targeting of healthcare structures, personnel and assets has deprived the sick and wounded from being able to safely seek access to medical care amidst Aleppo's dire humanitarian situation.

As provided by the World Health Organization (WHO), Syria experienced the greatest number of attacks on health facilities worldwide from January to June 2016.¹¹ According to Physicians for Human Rights (PHR), there were 43 attacks on healthcare facilities in Syria in July 2016, meaning more than one attack every day. The number of assaults on medical structures in July 2016 equates to the 47 attacks that took place in the five-month span of January to May 2015. According to WHO, 2015 saw 135 attacks in total on medical facilities in Syria, meaning the attacks in July 2016 constitute 3 months of attacks in all of 2015. Since the beginning of the conflict, PHR has documented 373 attacks on 265 medical facilities and the death of 750 medical personnel. MSF cannot confirm the validity of the provided data. These figures reflect the available information to generally illustrate the pattern of attacks on medical facilities in Syria and their notable increase in 2016.

¹¹ Attacks on Health Care Dashboard. United Nations World Health Organization. August 2016.



Figure 13: Aleppo City in April 2013.

© MSF

Medical care under attack in east Aleppo 2016

Given the open war, chaos and virtually nonexistent safe access to Aleppo, it is nearly impossible to provide an independent and fully accurate account of the scale of devastation of the health system in the city. However, even if incomplete, available information paints a gloomy picture of regular attacks in Aleppo governorate, particularly Aleppo City. Since March 2016, Aleppo has experienced an upsurge in fighting, with attacks on civilian-inhabited areas, particularly through aerial bombardments.¹²

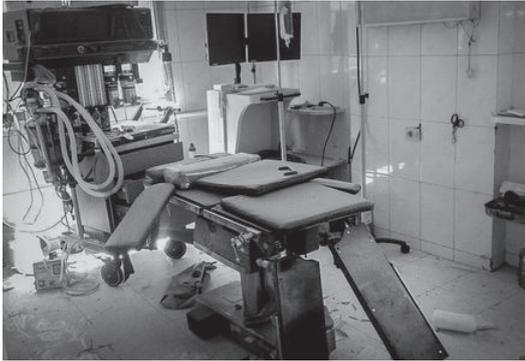


Figure 14: Damage inside MSF-supported Al Daqaq hospital in Aleppo City after two nearby bombings.

© MSF

According to MSF's information, the bombardment of Al Quds hospital on 27 April was the seventh attack on a health structure in Aleppo governorate in April 2016.¹³ These attacks struck hospitals, health centers and ambulances. Following the bombardment of Al Quds, medical facilities were bombarded every day for four days (28 April – 1 May). To MSF's knowledge, 14 medical facilities were attacked in East Aleppo in April 2016. According to the Forensic Office in the opposition-held part of Aleppo, airstrikes in the city between 21 April and 30 April killed 193 civilians, including 40 children and injured at least 398 civilians.¹⁴ The Syrian Observatory for Human Rights reported that 670 people were killed in Aleppo between 22 April and 22 June. Beginning in July 2016, the offensive began imposing periods of siege on Aleppo City, restricting people's right to flee and further strangling humanitarian access. This has persisted through August and into September 2016. The increasing trend of attacks on health facilities corresponds with the renewed offensive of the Syrian-led coalition on Aleppo.

The increasing trend of attacks on health facilities corresponds with the renewed offensive of the Syrian-led coalition on Aleppo

Since April 2016, the bombardment of civilian infrastructure, including health facilities has persisted. The Syrian Institute for Justice documented that 11 medical centers were attacked in Aleppo governorate in June 2016. The Syrian Human Rights Committee (SHRC) documented that of the 49 recorded attacks on civilian infrastructure in June, 24 took place in Aleppo.

¹² Report of the Independent International Commission of Inquiry on the Syrian Arab Republic - A/HRC/33/55. United Nations Human Rights Council. 11 August 2016.

¹³ Previous attacks that month took place on 3 April, 11 April, 14 April, 22 April, 23 April and 26 April.

¹⁴ "Syria: UN Security Council must step up pressure to end attacks on hospitals as hundreds killed in Aleppo." Amnesty International. 3 May 2016.

There are today eight hospitals in Eastern Aleppo with surgical and inpatient capacity and a few smaller medical facilities. They are all struggling to respond to the medical needs of the estimated 250,000 people. More attacks have resulted in more patients needing more services. Faced with every constraint, health facilities continue to respond.

Practical difficulties

East Aleppo lacks enough health professionals to respond to the medical needs of the population. Most have fled or been killed, many while providing medical care

Targeted and collateral attacks on medical facilities are choking East Aleppo's gasping health system. In addition to the absence of protected medical space, East Aleppo lacks enough health professionals to respond to the medical needs of the population. Most have fled or been killed, many while providing medical care. East Aleppo's remaining medical staff are working around the clock in order to treat the multiplying number of wounded and patients increasingly affected by the living conditions inflicted upon them by war. Doctors in East Aleppo work at several health facilities in an effort to cover the gaps. Every doctor counts. The loss of one doctor, such as pediatrician Dr. Maaz of Al Quds, is a loss to all health structures in East Aleppo. Faced with insurmountable challenges, medical workers must also think about mitigation measures to keep their facilities and patients safe from attacks. An attack could happen at any moment.

Medical workers must also think about mitigation measures to keep their facilities and patients safe from attacks. An attack could happen at any moment

Unreliable access to electricity has precipitated health structures' dependence on generators, which are very expensive and require donor support. For hospitals, such as Al Quds, large amounts of fuel for generators are needed to keep them running. Without electricity and fuel, medical staff cannot perform surgeries, power incubators for babies or operate life-saving equipment. When the equipment needs to be fixed, spare parts are not available, rendering the machines inoperable. Then, hospitals must appeal to donors for new equipment, hoping a replacement will arrive soon so as not to restrict needed services for the population. In addition to equipment, regular access to drugs and medical supplies is a constant struggle, compromising the population's health. The growing shortage of resources has resulted in outbreaks of vaccine-preventable diseases, malnutrition and the inability to adequately treat pregnancy complications, chronic and non-communicable diseases.

The weakening health system has been faced with the overcrowding of hospitals and a skyrocketing of the population's medical needs. More bombardments have resulted in more patients needing more services

The weakening health system has been faced with the overcrowding of hospitals and a skyrocketing of the population's medical needs. More bombardments have resulted in more patients needing more services. To service the needs, medical workers must constantly appeal to various donors to keep their facilities alive. Health workers must maintain contact with a variety of organizations to elicit future support to prepare for when their current donor can no longer provide resources. Medical equipment, supplies, consumables and drugs are constantly needed to sustain the patients. Operational funds to pay rent, salaries and other expenses are equally necessary to run the hospitals. Al Quds has met these challenges through the perseverance of its staff, solicitation of various donors and investment in diverse mitigation measures to protect the hospital, health workers and patients from further attacks.

Al Quds hospital



Figure 15: Children await treatment at Al Quds hospital.



Figure 16: Al Quds medical staff treats a patient.

Al Quds hospital was started by doctors from Aleppo in November 2012 after the opposition had taken control over East Aleppo. The then manager of al Zarzour hospital, the main trauma hospital in East Aleppo, noted his hospital was receiving more pediatric and internal medicine cases than it could handle. According to East Aleppo residents, it was difficult in the early phases of the conflict to find doctors and medical facilities, until the Local Council began organizing medical care to support the population. In response, the al Zarzour hospital manager and a fellow doctor, Al Quds's current hospital manager, met with the Aleppo Local Council to request the re-opening of a private hospital, which had been abandoned at the outset of the conflict in Aleppo. It was among the first re-established hospitals in the area.¹⁵ Al Quds¹⁶, the facility's original name, was previously a private hospital.

Al Quds hospital's main founders remain involved in its daily operations. Many of the original staff have since fled Syria and sought asylum in Europe or America. Al Quds maintains a staff of 70 people and is administered by a board of five advisors who support the hospital's management and representation outside of Syria.

Al Quds hospital's medical services and patients before 27 april 2016

Al Quds hospital was a 34-bed general hospital providing the following specialty services: Pediatrics, Internal Medicine, Cardiology, Obstetrics & Gynecology, Dialysis Intensive Care Unit (ICU), Laboratory, Orthopedics, Neurology, X-ray, Emergency Room, General Surgery, Inpatient Department (IPD) and Outpatient Department (OPD). To provide these services before the attack, Al Quds had eight doctors: 1 General Surgeon, 1 Urologist, 1 Gynecologist, 1 Pediatrician, 1 Neurologist and Cardiologist and 2 Medical Residents, as well as 28 nurses (including 3 for gynecology), 3 medical students and 20 cleaners, security and maintenance personnel.

¹⁵ It should be noted Al Quds hospital occupies approximately one-third of the building it inhabits. The building is not synonymous with the hospital, as it does not occupy the entirety of the structure.

¹⁶ According to Aleppo residents, before the war Al Quds was a well-known and respected general surgery referral hospital in East Aleppo. The founding doctors maintained the name Al Quds (which means Jerusalem), adding the name "Basel Aslan" out of reverence for one of the first Syrian medical workers killed at the start of the crisis. Basel Aslan was said to be an Aleppo University medical student part of Nabel al Hayyat, a medical group who provided clandestine healthcare to injured anti-government demonstrators. It was reported in July 2012 that Basel and two fellow students were kidnapped, tortured and burned to death for providing life-saving medical treatment in a makeshift field hospital.

The hospital takes many referrals from surrounding facilities because it is among the few specialized hospitals in the area



Figure 17: Al Quds' doctors perform surgery on a patient.



Figure 18: Inside Al Quds Hospital.

Since 2013, Al Quds has been East Aleppo's ONLY cardiology, neurology and pediatric ICU provider, as well as a main referral hospital for pediatrics, internal medicine, ICU and gynecology/obstetrics. According to Al Quds's doctors, it was the first gynecological hospital in East Aleppo after the start of the war. The additional specialized services were added in 2014 in response to the community's increasing health needs. The hospital takes many referrals from surrounding facilities because it is among the few specialized hospitals in the area. It has a full service diabetes and dialysis center, which generally sees 25-30 chronic disease patients daily. The hospital performs an estimated 10 surgeries a day, as well as 5 deliveries. The ICU was always at 100% occupancy and its nursery at approximately 80% occupancy. On average, Al Quds saw 5,000 cases monthly and provided services free of charge. Most patients are poor and could not receive treatment if Al Quds charged for its services. Although these figures are estimations that could not be cross-checked with official medical records, they are consistent with MSF's understanding of the hospital's activities since December 2012.

As mentioned earlier, medical records are sparse. Most communication between MSF and Al Quds regarding the volume of patients and types of pathologies was done during frequent visits, when still possible, and thereafter by phone. Since the beginning of 2016, efforts have been made to improve the formal registry of data. Available data from February 2016, two months prior to the attack, provides a snapshot of the hospital's activities.

Al Quds hospital's medical data from February 2016 indicates 9,089 admissions and 46 registered deaths. A breakdown of morbidity cases can be seen below:

Morbidity	< 5 years	> = 5 years	% Combined Total
1. Non-bloody diarrhea	0	0	0 %
2. Bloody diarrhea	0	0	0 %
3. Other gastro intestinal	340	944	14 %
4. Lower Respiratory Infection	272	865	13 %
5. Violence	31	251	3 %
6. Non-violent trauma	46	201	3 %
7. Obstetrics (deliveries, miscarriages, etc.)	0	7	0 %
9. Gynecological disease	0	902	10 %
10. Urinary tract infection	20	289	3 %
11. Cardiovascular disease (includes CVA)	11	2,764	31 %
12. Diabetes	0	2,146	24 %
13. Other communicable diseases	0	0	0 %
14. Other non-communicable diseases	0	0	0 %
Total	720	8,369	100 %

As Al Quds is the only hospital in East Aleppo offering specialized cardiology services, it is logical this constitutes its greatest concentration of patients. The data also supports that Al Quds is a leading chronic disease care provider, namely for diabetes, accounting for almost a quarter of its patient load. Al Quds saw relatively low numbers of violence and trauma cases. MSF's donation of specialization kits in ICU, gynecology/obstetrics and pediatrics to Al Quds are consistent with the hospital's morbidity data as delineated, further contributing to mutual trust with the hospital.

Based on the services offered by Al Quds and verbal and recorded medical data provided to MSF, the majority of the hospital's patients are women, children and people with chronic diseases with limited resources. Most war wounded and trauma patients do not seek treatment from Al Quds because of the proximity of Al Zarzour hospital, the city's main trauma surgery referral hospital, located in the same neighborhood as Al Quds, Sukkari/Ansari. In this way, Al Quds and Al Zarzour's services to the neighborhood complement each other and serve different needs of the community.

In regular follow-up assessments in 2013 and 2014, MSF systematically concluded that Al Quds was among the top referral hospitals in East Aleppo for pediatrics, medical emergencies and ICU. Due to security restrictions, MSF staff is no longer able to visit Aleppo and therefore the organization has lost the ability to directly assess supported medical facilities. However, given (a) previous knowledge of the hospital, (b) strength of the partnership and (c) continuous regular communications with the doctors and hospital staff, MSF is confident it has a reasonable understanding of the main issues and challenges faced by Al Quds hospital.

MSF's knowledge of Al Quds's status and needs have been confirmed by information provided by the East Aleppo medical network. Al Quds and its staff are active and well-respected members of the network. In this way, MSF has never doubted Al Quds' functionality or needs because of the two-pronged approach of (a) directly contacting Al Quds and (b) receiving information through the wider medical network. Thus, collaboration with the medical network has facilitated MSF's ability to continue closely monitoring the situation on the ground. Indicators from MSF's direct relationship with Al Quds and the East Aleppo medical network confirm evidence of trust between MSF and Al Quds.¹⁷ Whilst it is clear to MSF that Al Quds has adapted its standards and quality of care to the circumstances of the war, it is also evident the hospital is providing care to the best of its abilities, based on the dedication and commitment of the staff.

MSF and Al Quds hospital

In December 2012, MSF identified Al Quds hospital in an assessment of 51 health facilities to be considered for the medical donations program in Aleppo City.¹⁸ Al Quds was recognized among the top hospitals in East Aleppo for pediatric and ICU referrals, as well as its strong reputation

¹⁷ These examples provide a window into Al Quds's honesty and transparency with MSF, eliciting a relationship of mutual trust. In February 2016, after MSF sent its regular shipment of medical donations, Al Quds manager notified MSF that the hospital already had a donation item sent in stock, and thus had no need for it. The manager asked if the hospital should send it back to MSF or donate it to another facility. Most recently, as MSF prepared to invest in replacement equipment for Al Quds following the 27 April attack, MSF asked the hospital manager what was needed. The hospital manager told MSF a number of the machines proposed were not necessary and MSF need not send them.

¹⁸ MSF support programs started when teams were based in East Aleppo in 2012 because the Ministry of Health stopped serving medical facilities as a consequence of the war. When MSF arrived to Aleppo it became a participant in the medical network, which was already set up and evolving in parallel to Aleppo's changing context.

and trust among the community.¹⁹ The MSF team visited Al Quds²⁰, met with its management and staff and clearly understood the doctors of the hospital were focused on serving the community's health needs, particularly children. Since the 2012 assessment, MSF has provided regular donations of medical supplies, consumables and drugs to Al Quds, as well as training, technical advice and most recently, medical equipment for rehabilitation.

In March 2013, MSF initiated a measles vaccination campaign in East Aleppo, which was based at Al Quds. Because Al Quds prioritized pediatrics and had seen a number of measles cases, it was quick to welcome the collaboration in the interest of the community. For three months, the hospital was the logistics center for the vaccination campaign and sent vaccines to health facilities to the outskirts of Aleppo governorate. During this time, MSF also provided first aid training for lifesaving care at the hospital. MSF's former head of mission in Syria recalls visiting Al Quds at least 20 times during that period until the spring of 2014.

Since the evacuation of all international staff from Syria in 2014 following a kidnapping incident, MSF has continued to provide Al Quds hospital, as well as tens of other health facilities in Aleppo governorate, with regular medical donations and maintain close communication. Habitual donations to Al Quds at present include drugs, medical consumables and medical kits for general hospitals, ICU, gynecology/obstetrics and pediatrics.

In parallel with consistently sending donations, MSF has maintained regular contact with Al Quds hospital management and staff from December 2012 until the present day. Accordingly, MSF maintains timely awareness of the hospital's functionality, types of cases seen, medical impact on the population, resource availabilities and shortages, and issues faced. Until access was cut between East Aleppo and MSF's hospital in al Salameh in January 2016, a member of the Al Quds team met MSF in person monthly. Al Quds's doctors also intermittently visit MSF staff in Gaziantep,

¹⁹ Health structures that receive MSF support are assessed based on a rubric of 25 points. This rubric notes the facility's target population, number of beds and types of services offered. Maternity and pediatric services are prioritized by the rubric. Facilities that meet the criteria are eligible to receive support. There is wide awareness of MSF's regular support to medical facilities in Aleppo, which has precipitated many contacting MSF directly when they face needs gaps. Reciprocally, MSF contacts facilities when it hears they are facing a gap.

²⁰ Although Al Quds is technically located in West Aleppo, just over the frontline, it is in opposition-controlled territory. Through the example of Al Quds's location, it can be seen that divisions are dictated by political, rather than geographical orientations.

Turkey, for face-to-face discussions and updates. The constant information flow through remote and in-person communication has substantiated MSF's close understanding of Al Quds's functionality and medical activities from December 2012 to date.

The almost four-year relationship between MSF and Al Quds constitutes a medical partnership to provide health assistance based on the population's medical needs in East Aleppo. This partnership continues to be based on a medical exchange among health professionals in an effort to augment the access and quality of impartial healthcare for civilians amidst the deterioration of the city's humanitarian situation.

Al Quds Donors

Al Quds has received support from a number of international, regional and local donors funded by the United Nations, international governments, as well as private donors. They include: Arche Nova, Deutch Syrischer Verein, GIZ, International Committee of the Red Cross (ICRC), Khayr, Medical Relief for Syria, Relief International, Shafaq and Islamic Relief-UOSSM. As is the nature of medical donations in Syria, most donors provide timely support based on available resources. Accordingly, this list of Al Quds donors includes organizations that have contributed to the hospital's functioning over time.

MSF is among Al Quds's most consistent donors because of the organization's ability to act independently and deliver a timely response by means of its private funding. In most contexts of war and conflict, including Syria, 100% of MSF funding comes from private donors. To support operations in Syria, as well as throughout the Middle East²¹, MSF does not accept money from governments or conditioned private donations with attached interests. MSF's decision to intervene in Syria, as in any crisis, is solely based on an independent assessment of the people's needs, not political, economic or religious interests. Approximately 92% of MSF's overall budget comes from more than 5.7 million private donors.²²

²¹ MSF field teams work in Egypt, Iran, Iraq, Jordan, Palestine, Yemen, Sudan, Lebanon, Syria and Turkey. In addition, MSF has administrative offices in Jordan and the UAE.

²² "MSF to no longer take funds from EU Member States and institutions." Doctors Without Borders. 17 June 2016.

History of attacks on Al Quds hospital

The table below illustrates the four attacks suffered by Al Quds since its establishment in November 2012, preceding the 27 April 2016 bombardment.

Date	Type of Attack	Description of Attack	Impact of Attack
June 2014	Gun fire / Kidnapping	A member of an armed group arrived to the hospital and demanded a service that was unavailable at the time. Angered by the refusal of service, the member of the armed group fired shots in the hospital and kidnapped a member of the staff.	1 hospital staff member killed and 1 kidnapped. In response, the hospital suspended all activities, except for the emergency room (ER), until the kidnapped staff member was returned and a truce was reached with the armed group. In solidarity with Al Quds, all East Aleppo's medical facilities suspended services, except the ER, to send a message of their independence from non-state armed groups.
July 2015	Barrel Bomb	A barrel bomb fell an estimated 15 meters away from the hospital.	Minor damage to the hospital, including broken doors and windows, as well as damage to the outer walls. No casualties.
August 2015	Barrel Bomb	A barrel bomb fell on a building close to the hospital, causing it to collapse. Debris from the collapsed building fell onto the hospital.	Damage to medical equipment, the pharmacy stock and water and electricity systems. The hospital closed for one week to repair the damage.

After the June 2015 incident, Al Quds hospital staff put mitigation measures in place to protect the facility from future attacks. Firstly, the staff stacked sandbags in front of the entrance and walls of the ground and first floors to protect the structure. This is common practice in East Aleppo, not only for medical facilities, but all inhabited buildings. Security cameras were also installed inside the hospital to provide documentary evidence in case of attack. Indeed, the security camera footage captured the hospital staff and patients' activities leading up to the attack on the night of 27 April. This footage was widely disseminated following the bombardment to illustrate the inside of the hospital and medical staff's whereabouts preceding the incident.

27 April 2016 attack on Al Quds hospital

Chronology

Certainty of the Facts

While MSF is confident that interviews with Al Quds's founder, board, hospital manager, doctors and staff provide an accurate overall illustration of the attack, verification of the fine details and exact timing is unattainable because of the following:

1. Many witnesses of the attack were killed, have since fled Aleppo City or were unable to be reached.
2. The attack targeted three different structures and no one could have full visibility of all angles of the bombardments.
3. The series of attacks happened in a time span of what is perceived to be 10-15 minutes, limiting full visibility.

The chronology presents the most likely series of events, as no other scenarios have been determined to negate the accounts provided. What is clear is that a fully functioning hospital was hit in an attack, violating its protection under International Humanitarian Law and limiting the population's access to medical care.

Establishing the Facts of the Attack

According to three hospital staff that were present and survived the attack, at around 9.30pm on 27 April 2016, a building across from Al Quds hospital was hit by an aerial attack. This building was identified as Ain Jalout school, which had been previously hit at least three times. Those without visibility outside of the hospital at the time refer to this strike as happening close to the hospital, but did not see where it hit. The already damaged school was destroyed. Following the first strike, Al Quds medical staff went to retrieve the wounded and transferred them to the hospital for medical care. An Al Quds staff member, at the residence for hospital personnel located a few buildings down from Al Quds, heard the strike and rushed to the hospital. Soon after the staff member left the residence, the residence was struck by a second air strike.



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Figure 19: Rescue groups respond to the attack on Al Quds hospital the night of 27 April 2016.

More patients were in the hospital than usual because of the number of casualties from the preceding strikes, as well as the reported five bombardments in East Aleppo earlier that day

Witnesses said minutes later, a third strike hit the entrance of the hospital’s emergency room. This strike killed and injured Al Quds medical staff ushering patients into the emergency room, including those wounded from the first strike. According to medical staff, five minutes later, a fourth strike hit the hospital, strongly impacting the emergency room and destroying the two top floors. This second strike on the hospital cut the electricity. According to a doctor present in the emergency room, more patients were in the hospital than usual because of the number of casualties from the preceding strikes, as well as the reported five bombardments in East Aleppo earlier that day, which resulted in scores of wounded.



@ AMC

Figure 20: Rescue groups respond to the attack on Al Quds hospital the night of 27 April 2016.



@ Anadolu Agency

Figure 21: Rescue groups respond to the attack on Al Quds hospital the night of 27 April 2016.

In total, four strikes were identified in this attack. Their order is as follows:

Order of Strikes	Impacted Structure
1	Ain Jalout school
2	Al Quds staff residential building
3	Al Quds hospital emergency room entrance
4	Al Quds hospital, potentially the emergency room

Survivors remember hearing the planes remain overhead after the final second strike to the hospital. Information sent from the East Aleppo medical network verified that planes were circling the Sukkari neighborhood and warned people in the area to be on standby. According to the Al Quds hospital manager, the group known as Syrian Civil Defense (SCD)²³ held off responding to the strike because of the position of the planes. As it is common for the SCD group to be hit when responding to attacks, by the tactic known as "double-tap attacks", they cautiously waited. At 9.58pm, the Syrian Civil Defense tweeted about the bombardment of Al Quds hospital and stated one doctor had been killed. According to Al Quds hospital manager, the first known doctor killed was Dr. Ahmad, the hospital’s dentist. Dr. Ahmad was at the entrance of the hospital receiving patients after the first aerial attack. Around 10.40pm, the East Aleppo Medical Network confirmed two doctors had been killed – Dr. Ahmad and Dr. Maaz, the hospital’s pediatrician.

²³ The SCD group is also publicly known as the “White Helmets”.

After the attack he went to three hospitals in the area to seek medical attention and remembers they were all full

Al Quds staff immediately informed MSF of the attack and provided updates throughout the night. Additional contacts in East Aleppo also called MSF representatives to describe the attack. The bombardment was characterized by those on the ground as a "massacre".

Al Quds's administration director was badly wounded by the bombardment, as he was inside the emergency room at the time. After the attack he went to three hospitals in the area to seek medical attention and remembers they were all full. He had to wait hours to have emergency surgery on his leg and recalls seeing many injured from the attack also urgently seeking treatment. A nurse who was seriously injured was forced to seek medical treatment in Turkey.

The table below provides a detailed chronological account of the 27 April attack on Al Quds and the immediate response:

Chronology of Events

DAM Time approx	Event Description
9.37 pm	Ain Jalout school in front of Al Quds hospital destroyed by airstrike.
9.38 pm	Medical staff go outside to bring the injured into Al Quds.
9.40 pm	Residential building, a few buildings down from the hospital where Al Quds staff and their families live, is hit by airstrike.
9.45 pm	Al Quds hospital emergency room entrance hit by airstrike.
9.50 pm	Al Quds hospital hit by airstrike.
9.50 pm	Planes remain overhead following the strikes.
9.58 pm	Syrian Civil Defense group tweets: "Al Quds hospital targeted by airstrikes this evening. A doctor is reported killed."
10.10 pm	Syrian Civil Defense group arrive to Al Quds after waiting for the planes to leave to avoid being targeted.
10.15 pm	Al Quds hospital staff text MSF to inform about the attack and send updates through the night.
10.20 pm	East Aleppo Medical Network confirms the aerial attack on Al Quds and severe damage to the building.
10.28 pm	Al Quds partner, UOSSM Swiss Facebook post: Al Quds #hospital (M8) was attacked NOW by a missile came from a warplane. The attack caused death to one of the working staff (reports identified the body as Dr Wassim Mouaz who is the ONLY pediatrician left in the city) and many other injuries. There is a lot of damage to the building. The main hospital for internal medicine and cardiology plus Rh in Aleppo city is out of service now. Reports from our UOSSM Team on the ground.
10.45 pm	East Aleppo Medical Network informs of death of Al Quds medical staff.
11.30 pm	Al Quds partner, Shafaq, releases statement: "A Letter to the International Community: Another bloody night in Aleppo."
11.33 pm	SAMS tweets: "More sad news from #Aleppo! Two doctors -Dr. Mohamed Ahmad & Dr. Wasim Muad- got killed today in targeted attacks."

Consequences of the attack on Al Quds hospital

Immediate Consequences



@AMC

Figure 22: Rescue groups respond to the attack on Al Quds hospital the night of 27 April 2016.

For more than 24 hours after the attack, the Syrian Civil Defense group worked to recover the injured and dead. Quantifying the attack's exact number of victims was hindered by the difficulty of recovering bodies from deep under the rubble caused by the attack. As provided by Al Quds management and publicized by MSF, as of 4 May the total death toll of the 27 April attack on Al Quds hospital was 55. The dead included 6 Al Quds staff, including 1 pediatrician, 1 dentist, 2 nurses, 1 technician and 1 guard. Eight of the hospital staff were also seriously injured. The pediatrician and dentist killed were said to be among the last medical specialists left in East Aleppo after five years of war. Approximately 80 people were injured.



@Al Quds hospital

Figure 23: Interior of Al Quds hospital post-attack.

The attack destroyed the pediatric department, emergency room, laboratory and vital medical equipment and supplies necessary for the hospital to function. The ambulance entrance for emergency cases, outpatient clinic, internal medicine department, sanitation system, water tank and structure were also severely damaged. Reinforcement of the ground floor and first floor with sandbags served to shield these levels from maximum damage. However, unprotected by sandbags, the second to fourth floors received most of the damage. The third and fourth floors, which hosted the pediatrics department and doctors' offices, were completely destroyed and deemed unrepairable.



@AP

Figure 24: Al Quds' Pediatrician, Dr. Maaz, killed in the 27 April 2016 attack.

In addition to the death toll, scores of injured and material destruction, the attack bore a heavy emotional impact on East Aleppo's population. Discussions with respondents from East Aleppo demonstrated that Al Quds is very close to the community and its doctors and medical staff were highly respected among the medical network and by the community. Dr. Maaz, Al Quds's full-time pediatrician and pediatric manager at neighboring Hanano hospital, was especially esteemed by the people for his dedication to providing medical care in East Aleppo since 2012. The community, Aleppo City Council and local organizations all gathered at the hospital the morning after the attack to offer their help to support Al Quds's rehabilitation.

The only alternative option for all cardiology, neurology and ICU pediatric cases are health facilities bordering or inside Turkey

Impact on Access to Healthcare

Al Quds is the only cardiology, neurology and pediatric ICU hospital in East Aleppo, as well as a main referral center for gynecology/obstetrics and chronic disease patients. The majority of the hospital's patients have struggled to access medical care following the 27 April attack. The only alternative option for all cardiology, neurology and ICU pediatric cases are health facilities bordering or inside Turkey.

Because of the depletion of Al Quds's remaining specialty medical services, patients have sought treatment from the few other health facilities in East Aleppo for pediatrics, gynecology, chronic diseases and general surgery. Three of these alternative referral hospitals were attacked within a month after the 27 April attack, further stretching medical facilities' capacities amid the patient overload. The other main gynecology/obstetric referral hospital was forced to stop services because of an attack and re-directed all cases back to Al Quds. As a result, patients continued seeking medical services from Al Quds, despite its post-attack limitations during its rehabilitation, because of a lack of greater access to healthcare in East Aleppo.

Rehabilitating Al Quds Hospital

According to the hospital's founder, Al Quds re-opened 20 days after the attack, but not all services were activated and capacities were greatly limited given that (a) two operational floors were totally destroyed, (b) two specialist doctors and two nurses died and (c) significant medical equipment had been lost. Pediatric, cardiology and neurology services were suspended, as the hospital's pediatrician was killed and essential medical equipment was destroyed. Also, the emergency room and lab, along with their vital supplies, were lost.

The internal medicine, gynecology/obstetrics, inpatient clinic and general surgery departments were progressively restarted, but operating with great restraint. The 34 beds were reduced to 12, diminishing the hospital's capacity to one-third. The sanitation system, water tank and the hospital's structure were also badly damaged. Following the attack, half of Al Quds's 5,000 estimated monthly patient load were forced to seek healthcare elsewhere.

The hospital's donors, including MSF, committed to supporting the hospital's rehabilitation. Because of internal and external constraints, among them humanitarian access to East Aleppo, Al Quds did not receive all rehabilitation equipment and materials until the end of July 2016.



Figure 25: Interior of Al Quds hospital post-attack.



Figure 26: Local rehabilitation efforts post-attack.

Neutrality, impartiality & independence of Al Quds hospital

To MSF's knowledge,
based on its close
relationship with Al Quds
for almost four years, the
hospital's neutrality has
not been compromised
by hosting or supporting
any military activities

Neutrality

The humanitarian principle of "neutrality" means that humanitarian actors must not take sides or engage in political, racial, religious or ideological hostilities. Accordingly, humanitarian aid must not favor any side in a conflict. Because of the politicization of healthcare in Syria, it would be naive to expect medical staff in either opposition or government areas to maintain a "neutral" ideological stance. Having an opinion about the war is normal in a context with widespread and extreme suffering, and it should be expected that many members of the local community are not neutral. In fact, this non-neutrality of thought may well also affect MSF national and international staff. However, the principle of neutrality in humanitarian action does not refer to what one thinks, but rather, to what one does. MSF adheres to this principle and monitors its compliance in its directly managed hospitals. Similarly, it looks for guarantees that its supported health facilities do not compromise the humanitarian principles. From the outset of MSF's relationship with Al Quds, the doctors characterized themselves as the "doctors of the revolution". Their original positioning against the GoS has been amplified by the attacks on medical facilities and seeing daily scores of injured and dead as a result of the war. Nevertheless, while a number of Al Quds staff may not be ideologically neutral as individuals, the nature of the hospital's medical activities, as well as the concerted efforts to keep the hospital free of military interference, has maintained the hospital's neutrality.

To MSF's knowledge, based on its close relationship with Al Quds for almost four years, the hospital's neutrality has not been compromised by hosting or supporting any military activities. MSF international and national staff who have visited Al Quds hospital dozens of times between 2012 and 2014 have said they never saw any military presence in the hospital. Al Quds' staff have made public statements that the hospital is a demilitarized zone and weapons and military activities are not tolerated. From what MSF could observe, measures to avoid weapons or military activities within the hospital were correctly implemented. Furthermore, the hospital staff have gone one step further in recurrently affirming that the hospital provides medical services primarily for the civilian population.²⁴ The hospital staff have also expressed to MSF their concern for populations in government-held areas, condemning attacks on medical structures in GoS zones.

²⁴ A special symposium for the massacre of Al Quds Hospital. Halab Today TV. 12 May 2016. "Important Message from Al Quds hospital in Aleppo". Syria. Basel Aslan (Al Quds) Hospital. YouTube. 8 May 2016.

They demonstrated eagerness to apply the humanitarian approach to protect their hospital



Figure 27: MSF's trademark stickers denoting weapons are not allowed within health facilities.

The hospital's neutrality and independence has been evidenced through two examples. The most recent example took place on 12 April 2016 when an armed opposition group kidnapped a nurse from al Daqqaq hospital in East Aleppo. After seven hours, the group returned the nurse's body, with marks of severe torture. In response, all of East Aleppo's medical facilities, including Al Quds, went on strike for more than a week, closing all services, including the ER. The medical facilities staged daily demonstrations in Aleppo City to (a) condemn the attack on the medical worker, (b) assert the medical system's independence from the armed groups and (c) communicate to all armed groups that another offense on medical staff would result in their permanent closure. The second incident took place in June 2014 when a member of an armed group demanded a service that was temporarily unavailable at Al Quds. Angered by the refusal of service, the combatant fired shots inside of Al Quds, killing one member of the medical staff, and kidnapping a second one. In response, Al Quds suspended all health services, except for the emergency room. Out of solidarity with Al Quds, East Aleppo's health facilities also halted services to send a message about the independence of medical care in the city from the armed opposition groups. Al Quds and the other medical facilities remained closed until the armed group returned the medical worker and the staff's security was guaranteed. Following this altercation, Al Quds's doctors called the MSF head of mission asking for a better understanding of the humanitarian principles and for MSF stickers denoting that weapons are not allowed in the hospital. They demonstrated eagerness to apply the humanitarian approach to protect their hospital. Since, MSF's then head of mission in Syria, who has maintained intermittent contact with the staff, reports that they have gleaned a closer understanding of the humanitarian principles. Others from MSF have echoed this observation in the evolution of the doctors' approach to humanitarian medicine. MSF believes this is due to the doctors' heightened understanding of the dynamics of providing medical care in wartime.

Evidence indicates that AI Quds provides impartial healthcare, meaning it delivers health services based on need alone, making no distinctions based on patients' identities or affiliations

Impartiality

Evidence indicates that AI Quds provides impartial healthcare, meaning it delivers health services based on need alone, making no distinctions based on patients' identities or affiliations. According to IHL, medical personnel cannot be compelled to give priority treatment to any person, except on medical grounds. Based on MSF's regular communication with AI Quds since December 2012 and understanding of the types of cases seen, there is no reason to doubt that the hospital provides impartial medical care exclusively based on need. MSF's understanding that the hospital does not give fighters preferential treatment is consistent with AI Quds staff's public statements that the hospital does not treat combatants. MSF staff who established the relationship with AI Quds recall the staff's focus on serving civilians, specifically women and children. A YouTube video posted by the community denouncing the 27 April attack and describing AI Quds reinforced the civilian nature of AI Quds. It is nevertheless important to underline that once injured, combatants become patients and are entitled to receive protected medical care, as long as they are unarmed and not participating in military activities. Thus, even if AI Quds provided medical services to injured combatants, it would be well within their right and obligation under IHL to do so.

The neutral, impartial and independent nature of the hospital secures its protected status under IHL

Independence

AI Quds has shown evidence of its independence, meaning its autonomy from parties to the conflict's political, economic or military objectives. AI Quds hospital seems to have shifted to a middle ground between the politically oriented position of "doctors of the revolution" and MSF's model of humanitarian medicine. To MSF's knowledge, military affiliations have not emerged over the hospital's four-year existence.²⁵

The neutral, impartial and independent nature of the hospital secures its protected status under International Humanitarian Law, regardless of AI Quds staff's personal sympathies with the revolution.

²⁵ In June 2016, individual members of a local armed opposition group voluntarily gave part of their salaries to AI Quds for its rehabilitation. The amount totalled less than \$1,000. As confirmed by AI Quds staff, the donation was intended to expedite reactivation of medical services for the population and will not facilitate the group's priority treatment or proprietorship of the hospital. While this donation is noted in the report for full transparency, it does not seem to compromise AI Quds's independence because the funds were provided on a private basis and did not stipulate returns on behalf of the hospital. It should also be emphasized that the donation was given in June and is not considered in assessing the hospital's independence at the time of attack in April 2016.

Circumstances surrounding the attack and potential scenarios

Following the review of the bombardment of Al Quds hospital on 27 April, it is important to highlight the following circumstances surrounding the attack:

1. Al Quds was a widely recognized functioning hospital

At the time of attack, Al Quds had been a fully functioning hospital for three and a half years. Ambulances regularly transported patients to the hospital and an estimated 5,000 patients visited monthly. Because of the hospital's regular activity, it is reasonable to expect that Al Quds' medical identity over this extensive time period was generally known.

However, it should be noted Al Quds was not formally identified as a hospital and its GPS coordinates were not facilitated to the parties in the conflict. MSF provides the GPS coordinates of its fully managed hospitals, but not those of supported facilities, as it is the choice of their independent management teams to do so or not. Notably, no MSF-supported medical facility in Syria has chosen to share its GPS coordinates with the warring parties because of a lack of trust in this protection mechanism. Rather, health facilities in Syria feel that facilitating their location will further expose them to attack, thus defeating the whole purpose of this traditional mechanism. In the case of Syria, the logic behind not identifying health structures because of the trend of attacks on healthcare has resulted in an unprecedented protection dilemma.

MSF cannot prove if the Al Quds hospital location was known by the warring parties or not. However, MSF believes that the medical facility and its location were widely known.

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- ⁵ The BBC map indicating Al Quds' location is meant to contextualize its positioning, but it cannot be verified by MSF.
- ⁶ The Advanced Science Serving Society map indicating Al Quds' location is meant to contextualize its positioning, but it cannot be verified by MSF. Geospatial Technologies Project: Assessing the status of medical facilities in Syria. Advanced Science Serving Society. April 2016.



Figure 28: Map indicates Al Quds hospital's location in East Aleppo.

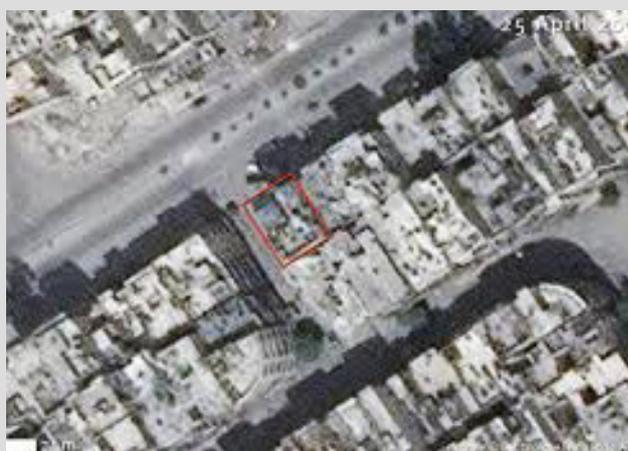


Figure 29: Satellite imagery of Al Quds hospital on 25 April 2016 indicated by the red box.

2. Concentration of airstrikes on the hospital and its related buildings

Evidence shows that Al Quds staff retrieved the wounded from the first strike on Ain Jalout school, and minutes later the emergency room, with the medical responders and injured inside, was hit. Witnesses of the attack refer to the strike on the emergency room as one of the deadliest.²⁶

Following the first strike on Ain Jalout school, the Al Quds staff residence was hit. The residence is not next to Ain Jalout school or the hospital, but a few buildings down the road. This means the target was reset from the school to the Al Quds staff residence, and finally twice to the hospital. These two last strikes reportedly hit the one-third of the building operating as a hospital, not the other two-thirds of the building being used as apartments.

3. No reported military target near the hospital

According to Al Quds staff, no military targets are located nearby the hospital. Reportedly, until the end of 2015, an armed group occupied a building 500 meters west from the hospital. According to accounts, the group left the area out of concern for its vulnerability to attack because of its proximity to Al Quds hospital and, paradoxically, not the other way round. Hospital staff reported that it is common practice for armed groups not to occupy buildings close to hospitals because they expect to experience collateral damage from attacks. Civilians too have been said to pressure medical facilities to re-locate away from residential neighborhoods because of fears of attacks.

It is not possible for MSF to determine the perpetrators' intention in hitting the Al Quds hospital. Although other scenarios or a combination of those mentioned below should not be discarded. The following table shows four logics which might have driven the attack. MSF is not in a position to say which one of these scenarios is most likely, yet there are serious implications for each of them.

²⁶ This pattern could be compatible with what has been referred by others as a "double-tap attack". The tactic involves bombing a target multiple times in relatively quick succession, meaning that the second strike often hits first responders. This tactic appears to be used to maximize harm and loss of life. However, MSF is not in a position to determine if this was the case.

Scenario	Supporting facts	Arguments against	Implications
Targeted for being a hospital	<ul style="list-style-type: none"> • Concentration of strikes on a hospital and related buildings (3 out of 4) • Huge number of medical facilities/services attacked in Syria • Hospital location widely known in the area • Ongoing military campaign at the time of bombing • At least other 13 other attacks on East Aleppo's health facilities in the same month (April 2016) 	<ul style="list-style-type: none"> • Hospitals are protected under IHL. Military theoretical frameworks do not allow bombing of hospitals • Exact location not shared (GPS) 	<ul style="list-style-type: none"> • No respect for the protection of the medical mission • No respect for the principle of distinction between civilians and combatants
Deliberate targeting because of perceived relation with the enemy (i.e. protection status lost)	<ul style="list-style-type: none"> • Location in opposition-held zone • Hospital location widely known in the area • Ongoing military campaign at the time of bombing 	<ul style="list-style-type: none"> • No loss of protection status identified • No prior warning as obliged by IHL • No military presence or activity in or around the hospital • Reportedly no presence of wounded combatants (but even if in high numbers, war wounded are patients and are protected under IHL) 	<ul style="list-style-type: none"> • The necessary prior warning before attack stipulated by IHL was not upheld
Attacked mistakenly (existence of a military target in surrounding area)	<ul style="list-style-type: none"> • Ongoing military campaign at the time of bombing 	<ul style="list-style-type: none"> • No military activity in the hospital • No military activity or presence in the surrounding area of the hospital • No reference to legitimate targets by the perpetrator of the attack (and no recognition of the attack) • Hospital location widely known in the area • Concentration of strikes on the hospital and its related buildings (3 out of 4), meaning either repeated mistakes or wrong identification 	<ul style="list-style-type: none"> • Collateral damage could be argued only if there was a legitimate target in the surrounding area • In a heavily inhabited area, no respect for the principles of distinction and precaution
Indiscriminate bombing	<ul style="list-style-type: none"> • Widespread indiscriminate impact on civilians, goods and infrastructure in the area • Ongoing military campaign at the time of bombing 	<ul style="list-style-type: none"> • 4 strikes hit 3 different buildings 	<ul style="list-style-type: none"> • In a heavily inhabited area, no respect for the principles of distinction, proportionality or precaution

Regardless of the potential intent, analysis of the evidence indicates that the bombardment on Al Quds hospital was an illegitimate attack on a functioning hospital. Again, irrespective of the scenario, the medical mission was not protected as obliged by IHL. Given the recognizable medical identity of the hospital, the positioning of the attacks and the reported absence of nearby military installations, among other factors, the deliberate intention to target the hospital cannot be discarded. It is not MSF's role to determine the potential breaches of IHL. It is of paramount importance that the corresponding authorities conduct the necessary investigation of the 27 April attack on Al Quds hospital to establish responsibilities and provide measures to avoid a repetition of such attacks on medical missions, which impede the population's access to quality healthcare.

Conclusion

Based on (a) MSF's long-time relationship with Al Quds hospital, (b) a review of the 27 April 2016 attack and (c) validation through wider research, MSF believes it can validly state that:

- 1. Al Quds hospital was attacked on 27 April 2016, killing and injuring tens of people and severely damaging the hospital which significantly reduced the hospital's capacity to provide medical assistance to an extremely vulnerable population.**
- 2. The 27 April 2016 attack on Al Quds hospital was an illegitimate attack on a functioning hospital.**
- 3. Al Quds hospital's adherence to the humanitarian principles of impartiality and independence was not compromised before or at the time of attack, and there is no reason to infer that the principle of neutrality as defined by International Humanitarian Law was not respected by the facility.**
- 4. The attack on Al Quds hospital is part of a long-term pattern of attacks on medical facilities, which has intensified in 2016. This consideration is not only based on the concrete case of Al Quds but also on MSF's five years of experience in Syria where the organization has also itself been subjected to the said pattern.**

Since the outset of the MSF-Al Quds relationship, MSF has maintained regular contact with the hospital manager, doctors and staff. Long-term contact and commitment has solidified a relationship of trust between MSF and Al Quds. MSF's historical relationship with Al Quds, dating back to December 2012, proves it was a functioning hospital, as validated by (a) previous visits, (b) a cooperative measles vaccination campaign, (c) receipt of regular medical donations and (d) ongoing communication. Since 2013, Al Quds has been East Aleppo's only pediatric ICU, cardiology and neurology provider, as well as a main referral hospital for pediatrics, internal medicine, and gynecology/obstetrics. The hospital receives a number of referrals from surrounding facilities because it is among the few specialized hospitals remaining in East Aleppo.

Based on the services offered, verified by MSF's long-term exchange between medical teams, the majority of the hospital's patients are women, children and chronic disease patients with limited resources. Most war wounded patients do not seek treatment from Al Quds because of the proximity of Al Zarzour hospital, the city's main trauma referral hospital. In February 2016, trauma cases represented only 3% of the total patient load of Al Quds hospital.

Furthermore, evidence suggests Al Quds provides impartial healthcare, meaning it delivers health services based on need alone, making no distinctions based on patients' identities or affiliations. The impartial nature of the hospital secures its protected status under International Humanitarian Law, regardless of Al Quds staff's personal sympathies with the revolution. Moreover, Al Quds's closure on at least two occasions in response to armed groups' efforts to assert control over medical services and staff have provided strong evidence for the hospital services' neutrality and independence before and during the time of the 27 April attack.

A clear trend of attacks on medical missions has been recognized and recorded since the beginning of the conflict by MSF, as well as many local and international actors. To MSF's knowledge, the bombardment of Al Quds on 27 April was the seventh attack on a health structure in April 2016 in opposition-held areas of Aleppo governorate. Following the bombardment of Al Quds, medical facilities were bombarded every day for four days in these areas. A total of 14 medical facilities were attacked in opposition-held Aleppo in April 2016. Beginning in July 2016, periods of siege were imposed on Aleppo City, restricting people's right to flee and further strangling humanitarian access. July also reportedly saw the greatest number of attacks on health facilities in Aleppo since the start of the conflict, with bombardments and periods of siege continuing into August and September.

The bombardment of Al Quds fits into the larger pattern of attacks on medical facilities in East Aleppo in 2016. Five bombardments on civilian installations were reported on the day of the Al Quds attack. As deduced by analysis, the 27 April bombardment on Al Quds hospital was most likely a targeted attack on healthcare. This is inferred through analysis of (a) the hospital's recognizable medical identity, (b) positioning of the strikes and (c) absence of nearby military targets. The trend of attacks on medical structures has increased in parallel with the 2016 offensive of the Syrian government-led coalition's offensive on Aleppo.

MSF is outraged by the attack on Al Quds hospital, as well as other attacks on MSF-supported and non-MSF-supported health facilities, which have resulted in the loss of life of medical staff and patients. When health facilities stop functioning as a result of attacks, as was the case for Al Quds hospital, populations are deprived of life-saving medical care, making life even more unbearable in conflict zones. This is unacceptable in any given conflict, including in East Aleppo. Functioning hospitals and medical personnel should always be protected, as clearly promised by International Humanitarian Law's provisions on the protection of the medical mission.

