



“Death Became a Daily Thing”

The Deliberate and
Systematic Failure to
Provide for Health and
Medical Care in Syrian
Detention Centres

Acknowledgements

LDHR would like to acknowledge and thank the brave men and women whose stories are the foundation of this report. These survivors documented their cases and agreed to share their stories in LDHR Reports to give a voice to those still detained and to try to help bring desperately needed change.

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<http://www.marcnelsonart.com>

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1. Summary

This report is the second in a series of LDHR Human Rights Reports regarding detention in Syria.

Over a hundred thousand Syrians have been arrested since 2011. Some estimate a much higher figure. The fate of these detainees has been left in the hands of the detention authorities, largely unchecked and without any protection. The health and welfare of these detainees are under immediate threat. The infliction of torture, cruel, inhumane and degrading treatment, and sexual violence is already well documented and reported. A conservative estimate for deaths in government detention facilities between 2011-2015 stood at 17,723.¹ However, despite this and despite desperate pleas from the families of detainees and civil society, the issue of detentions in Syria has not been addressed at the international level. No progress has been made in seeking the release or protection of political prisoners.

Given the levels of reported torture, terror and abuse in Syria's detention centres, it may seem strange to consider medical treatment and health standards in detention – the focus of this report. However, the lethal situation in detention centres is compounded by the almost wholesale lack of proper health care and treatment: whether internally, through referrals or through independent medical evaluations and assistance (which are not permitted at all). International human rights treaties and instruments, including UN standards, set minimum requirements for medical care and health provisioning explicitly to be preventative and protective of abuses and ill-treatment in detention. Medical ethics and professional duties necessitate that doctors put their patient's health and wellbeing as their first consideration. Medical staff and access to independent medical evaluations are supposed to be a check and balance: a safety measure. In Syria, it is plain to see what horrors can occur when these protections are absent.

A review of LDHR's medical expert reports evidences a detention system operating in flagrant violation of these minimal standards of basic health, sanitation and hygiene. Every day, if not every hour, people detained in these facilities are dying – from torture, but also from malnutrition, disease, squalor and life-threatening conditions, without any medical intervention. Medical staff in Syrian government detention centres are either active in the abuse and mistreatment of detainees or fail to provide any protective medical response which would save lives. The inhuman nature, level and breadth of the violence, subhuman conditions which attack the basic prerequisites for health (such as food, water, light and air) and the almost total lack of medical care in detention centres further corroborates the existence of a government policy and intent aimed at the terrorisation and elimination of political opponents.

Key Findings from a Review of 77 LDHR Medical Expert Reports

1. Some doctors and medical staff in detention (and referral hospitals) are actively participating in torture and killing.
2. Doctors in detention are aware of the torture, cruel and inhumane treatment in detention centres, including sexual violence against detainees.
3. There are only rare examples of (more appropriate) health care, treatment and response. Even these are punctuated before, during and after by abuse and mistreatment.
4. In many cases, medical care was denied or wholly insufficient, even with serious injuries or illnesses.
5. Often detainees have to try to care for life threatening injuries and diseases amongst themselves.
6. In most security service branches, the conditions of detention are life threatening – without the basic provisions required to sustain health or life.
7. In most security service branches, high numbers of detainees have been, and are being, killed through torture and life-threatening conditions of detention, with no medical intervention or care.
8. The bodies of detainees who die in detention are treated inhumanely as well, and the rules on notification and investigation are flouted.
9. In civil prisons, basic medicines may be available but often at high prices.
10. Many of the detainees required to be hospitalised or see a doctor following their release from detention.

The 77 detainees' accounts, which form the foundation of this report, provide a consistent picture of Syrian government detention between 2011 to 2017, and across the inter-linking system of detention which spans the country. There is clear, corroborated evidence of violent killings and deliberately inflicted slow deaths, of sexual violence, torture, cruel, inhumane and degrading treatment, unlawful imprisonment, and enforced disappearance. As described below, much of this was in plain sight of anyone within the detention centres, including medical personnel. The wholesale and systematic failings around health and medical care in detention are evidence of both a state policy and an intention regarding the loss of lives and welfare of 'political' detainees. The scale, repetition, broad patterns of occurrence across locations and time, and the civilian status of all but one of these detainees supports a conclusion of crimes against humanity on a massive scale and duration. Every day they continue, unstopped and undeterred. Every day, detainees are being killed or irreparably harmed.

As an organisation which uses medicine and science to combat human rights abuses and to support survivors, LDHR abhors and condemns the complicity of medical colleagues who ignore their ethical duties and responsibilities to put the patient's health first and who use their medical knowledge to help violate the human rights of Syrian citizens. It calls for their accountability, along with those in charge of detention centres and their superiors.

¹ Megan Price, Anita Gohdes, & Patrick Ball, *Technical Memo for Amnesty International Report on Deaths in Detention, HRDAG, August 2016*; Amnesty International, *'It breaks the human': Torture, disease and death in Syria's prisons August 2016*. See also Human Rights Watch, *If the Dead Could Speak, 2015*.

² Declaration of Geneva



THE WORLD MEDICAL ASSOCIATION – DECLARATION OF GENEVA

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;

I WILL FOSTER the honour and noble traditions of the medical profession;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.



2. Recommendations

Lawyers and Doctors for Human Rights (LDHR) calls for the following:

For the Syrian government:

- to immediately publish all information it holds regarding the whereabouts and status of all detainees in Syria, including the fate of all those who have died in detention since March 2011.
- to immediately release to the public, including the United Nations, all detention records and camera footage from detention centres.

For all parties, but the Syrian government in particular:

- to immediately and unconditionally comply with binding United Nations Security Council Resolutions 2139, 2165, 2191, 2258, 2332 by the “immediate release of all arbitrarily detained persons starting with women and children, as well as sick, wounded and elderly people and including UN and humanitarian personnel and journalists”, recognising that each additional day spent in detention means the infliction of more torture, sexual violence and subhuman conditions, and constitutes an imminent threat to life. The release of women and children should be prioritised.
- to immediately provide unrestricted access for independent monitors and doctors to any location where any person is being deprived of their liberty, to prevent further deaths and abuse, and to provide life-saving medical care for detainees;
- to take immediate steps to allow access to independent medical care for all detainees with any physical or psychological health needs;
- to ensure the immediate safe transfer to international medical professionals and humanitarian providers for any detainees whose health is in critical conditions (physically or psychologically);
- to take immediate steps to comply with the UN Standard Minimum Rules for the Treatment of Prisoners, and to ensure the vital determinants to health and adequate medical care are immediately provided to all detainees in all places of detention;
- to stop all forms torture, cruel, inhumane and degrading treatment, and sexual violence and harassment against detainees, and to investigate and punish all those found responsible, including those with command responsibility for the detention personnel.

For the international community:

- to take all possible steps to comply with UN Security Council Resolution 2268 which calls on all States to use their influence [...] to advance [...] the early release of any arbitrarily detained persons, including women and children.
- to take all possible actions to keep this issue at the top of the agenda until all of political detainees are safely released or their remains recovered;
- to insist upon safe and immediate access into all places of detention for a multi-disciplinary monitoring and response team which would include doctors, psychiatrists and health workers to immediately intervene to provide the basic determinants of health and triage for immediate medical and psychological interventions where needed;
- to set up a rapid response emergency medical response team ready to respond to the immediate health needs of detainees, to include doctors, psychiatrists/psychologists, health workers and disease control experts;

- to deploy a team of international of prison personnel, including prison directors and health professionals, into Syrian places of detention to ensure the immediate cessation of abuses, improvement of health conditions and provide protection and medical care for all detainees until they are released;
- to respond to its moral and humanitarian responsibility to act to stop and prevent further international crimes in Syria by taking all possible steps to end impunity, provide a comprehensive judicial adjudication mechanism to address these crimes and send a clear message that there will be accountability for such crimes;
- to conduct a comprehensive investigation and prosecution of those most responsible for the arbitrary arrest and unlawful detentions, enforced disappearance, killings (including summary executions, violent and slow deaths), torture, cruel and inhuman treatment (including the deliberate failure to provide for health and medical care), and sexual violence which have been an integral feature of the Syrian government detention system;
- to support the localised development, expansion and sustenance of Syrian support, both immediate and long-term, for the survivors of detention;
- to support the development of immediate and longer term reform to the security and detention system in Syria to ensure abuse cannot occur in Syria's detention system again.

For the United Nations International, Impartial and Independent Mechanism, and other organisations working towards justice:

- to prioritise the collection of evidence and building of prosecution cases regarding the crimes committed in Syrian detention centres, ensuring all necessary measures for the fair and efficient trial of perpetrators and to uncover the fate of those missing in detention.
- To prioritise collating a full list of those missing in detention, together with all necessary data which can be used to trace and identify them.
- To prioritise collating a full list of all places of detention in Syria, together with all information regarding crimes, victims, conditions of detention and perpetrators at each location.

For Syrian civil society, to work together to:

- Advocate for the release of all political detainees held in Syria;
- To combine and collate all data held on those believed still to be in detention into a comprehensive register which can be used to locate them;
- To collaborate to ensure comprehensive networks for survivor and family support and care, including medical, psycho-social, protective, rehabilitative and legal services.
- To consider the gendered impact of detention, torture and sexual violence and to consider ways to ensure men, women, boys and girls all have access to the support they need.
- To educate local communities to reduce stigma and encourage support for survivors through awareness-raising discussions and forums, particularly addressing sexual violence and the important roles of women in building a new future for Syria.
- To work together to develop, agree and use a detention reform proposal which addresses immediate needs including treatment and support for detainees, as well as developing a system for detention which adheres to human rights standards and is subjected to monitoring, inspection and independent oversight.

3. Methodology

LDHR's trained doctors conduct professional medical assessments in accordance with the Istanbul Protocol, which is the Manual of the United Nations Professional Training Series No.8/1 for the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The Istanbul Protocol applies international standards and procedures on how to recognise and document the signs and symptoms of torture so the documentation may serve as valid evidence in court. Each Medical Expert Evaluation includes a clinical interview, a physical examination and a psychological assessment. The Expert records all physical and psychological findings from the evaluation. Physical injuries are photographed. Diagnostic tests or consultations may be requested, if this would assist the medical expert to more fully document, record and assess the medical findings. The Expert then gives her expert opinion as to the degree of consistency between the narrated events and the medical findings.

For this report, LDHR has reviewed 77 of its Medical Expert Evaluations which contain descriptions and findings in relation to how detainees were treated in places of detention in Syria, including their conditions of detention, medical care and medical personnel employed in detention centres.³ It has relied upon 52 of those explicitly in this report, as informed consent was provided for their use in human rights reports. LDHR relies on the reports of medical experts as a practical application of science and medicine as evidence of torture, sexual violence and other abuses.

It also relies on the histories and narrated description of detention and events there, in so far as these are consistent with the medical findings and consistent as an overall body of evidence from the whole collection of medical expert reports. LDHR also notes the consistency and correlation with the meticulous work of internationally respected documenters, investigators and experts in their work, such as the United Nations Commission of Inquiry for Syria, Human Rights Watch and Amnesty International. These organisations have established high standards for the use and reliance of information, in keeping with the methodology of LDHR.

LDHR has concealed the identities of survivors in the cases and used pseudonyms instead of using their real names. This has been done to protect them especially in the light of the conflict and dangers they may face in their communities, and the danger they or their families may encounter. This is in keeping with good practice and 'do no harm'.

³ The other reports are consented and available for criminal proceedings.

Before every expert medical evaluation, LDHR discusses carefully with each survivor how they wish the report and their information to be used. LDHR only included reports of survivors who have agreed to use their files in the organisation's human rights reports to raise awareness and seek action against crimes and violations committed during the detention and give a voice to all the survivors and those currently missing in the darkness and depravity of prisons and detention centres in Syria. There are other cases which are consent and available for criminal proceedings. There are many cultural, societal barriers to discussing detention and what happens there, particularly in relation to the prevalent sexual violence in detention.

Unfortunately, instead of care and support, detainees who have been detained face stigma and shame in their communities. The stories of these detainees are just a small glimpse into a much bigger, untold problem. LDHR are extremely grateful to these detainees for their contribution to breaking these taboos, and to ensuring other detainees can receive treatment, care and support more easily. LDHR runs a confidential network for survivor support.

This report focuses on the system of government detention because of the size and prevalence of mistreatment, poor health and detainee deaths, hidden behind the walls of these places of detention. In addition, human rights obligations - including all of the international obligations set out in this report, rest primarily as state obligations. As a primary rule and first step, they required to be respected, protected and promoted by the Syrian government. LDHR recognizes that other parties to the conflict are also accused of detaining their opponents in unhealthy conditions without adequate health and humanitarian services. The recommendations in this Report apply to any and all places of detention in Syria, whoever is in control of them and whether they are official, unofficial or secret.

The results are analysed against the international human rights standards, particularly those relating to the minimum standards of treatment of detainees and conditions of detention, including provisions for basic health and medical care, as well as the requirements of medical personnel working in places of detention.



Syria is a member state of the United Nations, having signed its Charter in 1945. Syria has also ratified the following international instruments on human rights:

- *International Covenant on Civil and Political Rights (Ratified in 1969).*
- *International Convention on Economic, Social or Cultural Rights (Ratified in 1969).*
- *International Convention on the Elimination of All Forms of Racial Discrimination (Ratified in 1969).*
- *Convention on the Rights of the Child (Ratified in 1993) with optional protocols on armed conflict and the sale of children.*
- *Convention on the Elimination of All Forms of Discrimination against Women (Ratified in 2003 with reservation).*
- *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Ratified in 2004)*
- *International Convention on the Rights of Migrant Workers (Ratified in 2005)*
- *Convention on the Rights of Persons with Disabilities (Ratified in 2009) with the Optional Protocol.*
- *Arab Charter on Human Rights (state party, in force since 2008).*

The findings are also analysed against the elements required for international crimes in customary international law, where acts or omissions in detention could amount to international crimes. LDHR has chosen not to name or identify any of the perpetrators and individuals in this report in order to ensure due process, fair trial standards and full criminal accountability in the future. Where consent is provided by survivors, LDHR passes any names, identification and descriptions of possible perpetrators to investigative entities which either have a mandate to build criminal files against perpetrators of crimes in Syria or which provide lists of such perpetrators to the United National Security Council or other such bodies which use such lists for sanction and future accountability.

Demographics of Detainees Whose Cases were Reviewed for this Report

Of the 77 cases reviewed for this report:

- **12** women (average age **41** years old; age range **19 - 60** years old).
- **65** men (average age 38 years old; age range **25 – 62** years old).
- Detention dates ranging from **2011 to 2017**.
- **17** of the cases were detained in a single place of detention (**22%**). All of the others were held in multiple locations.
- Documented by **22** different medical experts (**9 female and 13 male doctors**).

Places of Detention:

- Aleppo: Political Security Branch, Airforce Intelligence Branch, Criminal Security Branch, Military Security Branch, Political and State Security Branches (Muhafaza), Military Police, Central Prison.
- Damascus: Branch 215, Branch 235 (Palestine), Branch 227(Political Security), Branch 285 (State Security), Branch 248, Branch 291, Branch 293 (Military Intelligence), Airforce Intelligence Branch Al Mezzeh airport, Fourth Division Al Mezzeh Airport, Adra, Al Quabon Military Police, Tishreen Hospital, Military Hospital 601, Sednaya, Political Security Al Fayhaa Branch, Branch 40, Branch 93 (Kafr Sousa), Branch 48, State Security General Administration Branch, (General Intelligence Administration), Criminal Security Administration Branch, Al Khatib State Security Branch, Political Security Al Maysat, Political Security Kafr Sousa Branch, Military Security Kafr Sousa Branch, Rukn Al-Din Prison, Criminal Security Branch Harasta, General Intelligence Kafr Sousa.
- Deir ez Zour: Military Security Branch.
- Idlib: State Security Branch, Political Security Branch, Military Security Branch, Military Police Branch, Criminal Security Branch and Jisr al Shighour Hospital
- Homs: Al Baloneh Prison, Airforce Intelligence Branch, State Security Branch, Central Prison, and Criminal Security Branch (Al Dabbousiyeh).
- Hama: Political Security Branch, Airforce Intelligence Branch, Central Prison, Military Security Branch Al Salamiyah, Military Security Branch Hama, Military Police Branch, Criminal Security Branch, and State Security Branch.
- Lattakia: Military Security Branch Tartous, Political Security Branch, Criminal Security Branch, Military Police Branch and Civil Prison.
- Palmyra/Tadmur: Military Security Branch Al Badiyah, Military Police and Tadmur Prison.

Prevalence of Sexual Violence in the reviewed cases:

- **Coercive penetration (rape): 6** of the survivors (4 women, 2 men) – **33.3%** of the female survivors, **3%** of the male survivors, **7.8%** of all cases.
- **Electrocution of penis/genitals or anus: 12** (all men) – **18.4%** of the male survivors.
- **Mutilation or beating of genitals: 7** (beating), 5 (tied), 1 (pliers), 2 (burns): **15** survivors in total – **23.1%** of the male survivors.
- **Other forms of sexual violence: 7** survivors (forced inspection of anus, forced to touch own genitals, say sexual things and make sexual moves while naked in front of women, forced to lie on each other and simulate sex, ejaculated on after someone raped in front of them, sexual assault on pregnant woman) – **9.1%** of cases.
- **Witnessed sexual violence: 19** survivors (2 against child, 1 forced between detainees) – **24.7%** of these cases.
- **Threatened with sexual violence including rape: 15** survivors – **19.4%** of these case.
- **Forced nudity: 65** survivors (1 with children as well) – **83.4%** of these cases.
- **Case with no mention of any form of sexual violence: 6** survivors (3 women, 3 men) – only **7.8%** of these cases.

4. International Standards for Health Care in Detention

Overarching Principles and Rights

There is a clear set of international rights, standards and norms which govern detention and strive to secure the life, health, dignity and humane treatment of those deprived of liberty and under the custody and control of others (state actors in particular). These start with the basic human right to life and freedom from torture and other cruel, inhuman or degrading treatment enshrined in the 1948 Universal Declaration of Human Rights (Articles 3, 5), the International Covenant on Civil and Political Rights (Articles 6, 7, 9, 10), and the Arab Charter on Human Rights (Article 5, 13 and 15). Syria is a State Party to the last two human rights treaties.

Humane treatment is expressly non-derogable under the Arab Charter (Article 4(2)). Everyone, including an individual in custody, has the right to the highest attainable standard of physical and mental health (International Covenant on Economic, Social and Cultural Rights, Article 12; Arab Charter on Human Rights, Article 39). The right to health requires sufficient foundations for health, such as adequate food, water, hygiene and sanitation, as well as adequate and responsive medical care.

Specific Rules and Standards on Health, Hygiene, Sanitation and Medical Care in Detention

These fundamental human rights have been distilled into United Nations Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (adopted by General Assembly resolution 43/173 of 9 December 1988) which contains mainly legal protections such as access and visits from legal counsel, family and the right to a medical examination upon arrival – all of which serve as a protection against violence and deterioration of health while detained. These rights are also formulated into detailed Standard Minimum Rules for the Treatment of Prisoners (adopted first in 1955, and revised in 2015 and known now as the “Mandela Rules”). These rules address the minimum conditions that must be met in the treatment of people deprived of their liberty, and including standards for health, hygiene, sanitation, and systems of medical care and monitoring of health in places of detention.

The conditions of detention must support and sustain human health and welfare. There must be sufficient food, water, space, light and air, heating or ventilation (see below - Rule 13 to meet all requirements of health, Rule 22 adequate for health and strength). Overcrowded, unhygienic conditions or lack of privacy, food water or medical treatment can amount to inhuman or degrading treatment.⁴ Conditions must address the specific needs of all populations with detention: female detainees, especially pregnant women, mothers and lactating women, children and juveniles, elderly, sick or disabled persons.⁵

⁴ See, e.g., UN Human Rights Committee, *Améndola Massiotti and Baritussio v. Uruguay*, *Deidrick v. Jamaica*; African Commission on Human and Peoples' Rights, *Civil Liberties Organisation v. Nigeria* (151/96), para.27; UN Human Rights Committee, *Essono Miha Miha v. Equatorial Guinea*, Communication No. 414/1990, 8 July 1994, para.6.4; UN Human Rights Committee, *Williams v. Jamaica*, Communication No. 609/1995, para.6.5; European Court of Human Rights, *Keenan v. United Kingdom*, Judgment, 3 April 2001, para.115.

⁵ See, e.g., *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, known as the “Bangkok Rules”, Rules 5-18. See also *Mandela Rules*, Rule 28.

**Food and Water:
Mandela Rules, Rule 22**

1. Every prisoner shall be provided by the prison administration at the usual hours with food of sufficient nutritional value to maintain his or her health and strength. The food must be of a good quality, well prepared and served.
2. Drinking water shall be available to every prisoner whenever he or she needs it.

**Accommodation:
Mandela Rules, Rule 13**

All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

**Air and Light:
Mandela Rules, Rule 14**

In all places where prisoners are required to live or work.

In all places where prisoners are required to live or work:

(a) The windows shall be large enough to enable the prisoners to read or work by natural light and shall be so constructed that they can allow the entrance of fresh air whether or not there is artificial ventilation;

(b) Artificial light shall be provided sufficient for the prisoners to read or work without injury to eyesight.

**Hygiene and Cleanliness:
Mandela Rules, Rules 16, 17 and 19**

Rule 16 Adequate bathing and shower installations shall be provided so that every prisoner can, and may be required to, have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.

Rule 17 All parts of a prison regularly used by prisoners shall be properly maintained and kept scrupulously clean at all times.

Rule 19

1. Every prisoner who is not allowed to wear his or her own clothing shall be provided with an outfit of clothing suitable for the climate and adequate to keep him or her in good health. Such clothing shall in no manner be degrading or humiliating.

2. All clothing shall be clean and kept in proper condition. Underclothing shall be changed and washed as often as necessary for the maintenance of hygiene.

Medical Care in Detention

The health, safety and well-being of every detainee is the responsibility and duty of the State and the detention authorities. Not only must the conditions sustain the health and well-being of detainees, but there must also be an effective independent system of medical care provided within detention centres, free of charge. This medical service must monitor, evaluate, treat, promote, protect and even improve the physical and mental health of detainees. Failure to meet these duties means violating of the right to health and dignity, and can amount to cruel and inhumane treatment.

Rule 24

1. The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.

Rule 25

1. Every prison shall have in place a health-care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health-care needs or with health issues that hamper their rehabilitation.

2. The health-care service shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry. The services of a qualified dentist shall be available to every prisoner.

Rule 27

1. All prisons shall ensure prompt access to medical attention in urgent cases. Prisoners who require specialized treatment or surgery shall be transferred to specialized institutions or to civil hospitals. Where a prison service has its own hospital facilities, they shall be adequately staffed and equipped to provide prisoners referred to them with appropriate treatment and care.

2. Clinical decisions may only be taken by the responsible health-care professionals and may not be overruled or ignored by non-medical prison staff.

There are two other protective medical checks and rights which have proven vital in the prevention or detection of torture and other cruel, inhuman and degrading treatment. The first is the right of a detainee/obligation on detaining authorities to provide a full medical examination as soon as possible at the point of detention, as mentioned above.⁶

⁶ Mandela Rules, Rule 30: with particular attention to “Particular attention shall be paid to: (a) Identifying health-care needs and taking all necessary measures for treatment; (b) Identifying any ill-treatment that arriving prisoners may have been subjected to prior to admission; (c) Identifying any signs of psychological or other stress brought on by the fact of imprisonment, including, but not limited to, the risk of suicide or self-harm and withdrawal symptoms resulting from the use of drugs, medication or alcohol; and undertaking all appropriate individualized measures or treatment; (d) In cases where prisoners are suspected of having contagious diseases, providing for the clinical isolation and adequate treatment of those prisoners during the infectious period;(e)

The second is the right of a untried detainee to be visited and treated by his or her own doctor, potentially providing an important independent medical check and care (although this right is somewhat qualified).⁷

The Role, and Professional and Ethical Duties of a Doctor within a Detention Setting

For doctors and medical professionals practicing and providing medical services within a detention setting, their independence and their primary duty of care towards the detainee are critical.

From Amnesty International Fair Trial Handbook, Chapter 10:

“Even when doctors are appointed and paid by the authorities, they must not be required to act in a manner that is contrary to their professional judgement or medical ethics. Their primary concern must be the health needs of their patient, to whom they have a duty of care and of confidentiality. They must refuse to comply with any procedures that do not have a legitimate medical or therapeutic purpose and must speak out if health services are unethical, abusive or inadequate.”

The Daily Duties of a Doctor in Detention: Mandela Rules, Rules 31, 33 and 35.

Rule 31

The doctor is charged with monitoring the physical and mental health of patients. He must meet daily all the sick prisoners, all those who complain of ill health, and any prisoner who has been brought to his attention in particular.

Rule 33

The doctor shall report to the Director whenever it appears to him that the physical or mental health of a prisoner has been damaged or will be impaired by his/her continued imprisonment or by any of the conditions of this prison.

Rule 35

The doctor should monitor the availability of the following:

- a) Quantity, quality and preparation of food,
- b) The extent to which health and hygiene rules are followed in prison and for prisoners,
- c) The state of health facilities, heating, lighting and ventilation in the prison,
- d) Quality and cleanliness of prisoners' clothing and their bedding supplies,
- e) The extent to which the rules relating to physical education and sports are adhered to when the organizers of these systems are not specialists.

Determining the fitness of prisoners to work, to exercise and to participate in other activities, as appropriate.” See also UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1988), Principle 24.

7 Mandela Rules, Rule 118. See also UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1988), Principle 25. The importance of having a physician or health professional on a detention monitoring team has been stressed: APT Role for Physicians “Only a physician and/or other qualified health professional can fully assess all aspects of a place of detention that impact upon health; discuss specific health issues with detainees and with the authorities; assess the adequacy and appropriateness of health services in the place of detention and of the care being provided; and crucially, provide essential medical expertise in the prevention of torture and ill-treatment.”

Ethical and Protective Role of Doctors in Detention: Mandela Rules, Rules 32 and 34 Rule 32

1. The relationship between the physician or other health-care professionals and the prisoners shall be governed by the same ethical and professional standards as those applicable to patients in the community,⁸ in particular:
 - (a) The duty of protecting prisoners' physical and mental health and the prevention and treatment of disease on the basis of clinical grounds only;
 - (b) Adherence to prisoners' autonomy with regard to their own health and informed consent in the doctor-patient relationship;
 - (c) The confidentiality of medical information, unless maintaining such confidentiality would result in a real and imminent threat to the patient or to others;
 - (d) An absolute prohibition on engaging, actively or passively, in acts that may constitute torture or other cruel, inhuman or degrading treatment or punishment, including medical or scientific experimentation that may be detrimental to a prisoner's health, such as the removal of a prisoner's cells, body tissues or organs.

Rule 34

If, in the course of examining a prisoner upon admission or providing medical care to the prisoner thereafter, health-care professionals become aware of any signs of torture or other cruel, inhuman or degrading treatment or punishment, they shall document and report such cases to the competent medical, administrative or judicial authority. Proper procedural safeguards shall be followed in order not to expose the prisoner or associated persons to foreseeable risk of harm.

In order to comply with SMR Rule 34 and the duty to ensure comprehensive, independent and impartial investigations into torture and other abuses, it is vital that the documentation is done by an independent medical expert following the Istanbul Protocol (similar to the work LDHR undertakes).⁹

Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (unanimously adopted by the UN General Assembly on 18 December 1982 (resolution 37/194))

“Principle 2. It is a gross contravention of medical ethics, as well as an offence under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.”

⁸ See also *Principles of Medical Ethics relevant to the Role of Health Personnel, particularly physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Principle 1.*

⁹ See also *Convention against Torture, arts.12-13.*

It is also a contravention of medical ethics for health personnel:

- To engage in a professional relationship with detainees or prisoners that is not solely to evaluate, protect or improve their health.¹⁰
- To assist in interrogation in a manner that may adversely affect the health of individuals or which contravenes international standards,
- To participate in certifying people as fit for any treatment or punishment that may adversely affect their health or contravenes international standards, or to participate in treatment which contravenes international standards, or
- To participate in restraining an individual unless the procedure is necessary to protect the health or safety of the individual or others, and presents no hazard to the individual's health.

These basic principles may not be restricted for any reason, including the state of public emergency.¹¹

Obligations regarding Deaths in Detention

In the event of a death in detention, there are recognized required steps which must be taken, based on the right to life, freedom from torture and effective remedies. These are also critical as a protective and preventative mechanism against further abuses.

The Standard Minimum Rules require:

- The prison director shall immediately inform the next of kin or emergency contact. (Rule 69)
- The prison director shall report without delay any custodial death, disappearance or serious injury to a judicial or other competent authority which is independent of the prison administration. (Rule 71)
- Detention authorities must treat the body of a deceased prisoner with respect and dignity, and return the body to the next of kin as soon as reasonably possible. (Rule 72)

¹⁰ Principles of Medical Ethics relevant to the Role of Health Personnel, particularly physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Principles 3-5. See also the World Medical Association Tokyo Declaration of 1975 (rev. October 2016)

¹¹ Principles of Medical Ethics relevant to the Role of Health Personnel, particularly physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Principle 6.

5. Medical Care and Health in Syrian Detention Centres

Many of these international standards for detention are either directly binding on Syria through its ratification of treaties or through customary international law (since the violation of some amount to international crimes). Yet, despite this, a review of cases medically evaluated by LDHR's medical experts evidences a detention system operating in flagrant violation of these minimal standards of basic health, sanitation and hygiene. Every day, if not every hour, people detained in these facilities are dying – from torture, from malnutrition, through disease, squalor and life-threatening conditions.

Given the levels of reported torture, terror and abuse in Syria's detention centres, it may seem strange to consider medical treatment and health standards at all. However, the lethal situation in detention centres is compounded by the almost wholesale lack of proper health care and treatment: whether internally, through referrals or through independent medical evaluations and assistance (which are not permitted at all). The required medical care and health provisioning are explicitly designed to be preventative and protective of abuses and ill-treatment in detention. Medical staff and access to independent medical evaluations are supposed to be a check and balance: a safety measure. In Syria, it is plain to see what horrors can occur when this protection is absent. Rather, medical staff are either active in the abuse and mistreatment of detainees or fail to provide any protective medical response which would save lives. The inhuman nature, level and breadth of the violence, conditions and lack of medical care in detention centres leave no doubt that there must be a government policy aimed at the terrorisation and elimination of political opponents. Detention is one of their most effective tools in removing opposition.

The following account of the health conditions and health care in Syrian detention centres is drawn from 77 Expert Medical Reports for individual detainees prepared by LDHR's medical experts. These cases were chosen because of their explicit mention of role of health care and medical staff in their experience or consequences in detention. An analysis of these case studies supported the following ten key findings.

Findings:

1. Some doctors and medical staff in detention (and referral hospitals) are actively participating in torture and killing.

This is contrary to international criminal law and in grave violation of medical ethics, as set out above. Those actively participating, or even passively facilitating, should face criminal accountability for their role in murder, torture, sexual violence, and cruel and inhumane treatment of detainees. This was reported by at least 10 patients, and related to medical personnel working within detention centres and in hospitals which received detainees during their detention for treatment. A few case examples are presented to demonstrate this finding.

Recalling his detention in Sednaya during 2014, one patient (“*Sufayan*”)¹² described a person, identified as a doctor, who would come around the cells every morning asking if there was a dead body or if there was anyone who was sick. When one young man asked for antibiotics, he was taken from the cell by the doctor. A short time after, the doctor then told men in the cell to drag this man back into the cell. The man was dead and his body remained there until the following morning when they came to take it away. “*Sufayan*” was also taken from the cell by this doctor who threw him on the ground and “stepped on his neck”. Another person stood on “*Sufayan*’s” chest, and he was kicked and beaten with a green pipe. The doctor said to him, “you did not die, you son of a dog”. “*Sufayan*” managed to crawl back into the cell. He was taken to solitary confinement for 16 days after that. He required medical intervention upon release: he had multiple broken ribs, pleural effusion and broken ankles. He was unable to walk unaided or sit comfortably. He required surgery to set the fracture in his ankle.

Other patients describe doctors in detention beating, kicking and cursing detainees who sought medical assistance.¹³



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¹² All citations to LDHR Medical Reports refer to an assigned pseudonym for the patient: “Name” in order to protect the patients, the Medical Experts and LDHR’s ongoing work and survivor support network, as described in the methodology section above.

¹³ Hama Military Security Branch, December 2013, “*Nawar*” – this doctor would mix medicine in his pocket and randomly select pills for detainees without any examination or discussion. On one occasion, the doctor kicked a detainee and dropped a pill on him.

Hospital 601, Al Mezzeh: mid 2011

In three separately documented cases of detainees who were referred from Sednaya Prison to Tishreen Military Hospital between 2011-2014, patients reported abuse or failure to provide treatment at this hospital resulting in multiple deaths.



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(“Ziad”)

18 detainees taken there together, only two survived. The patient stayed three days and was only given paracetamol. He witnessed the killing of an old man by a soldier who was repeatedly closing a metal door on the man’s head until he died.

(“Ghaith”)

13 detainees taken there together, only four survived. The patient was ordered to put the dead bodies into plastic bags. During his stay, he was given antibiotics and paracetamol.

(“Hatim”)¹⁴

12 detainees taken there together, two died. They received no food and no treatment. On release, this patient attended another hospital where he was diagnosed with severe anaemia, scabies and lice, and two fractured ribs.



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Criminal Security Administration Branch, Damascus, early 2012, “Mahir” - the doctor also told the patient while beating and kicking him, “I hope you and your entire sect die.” Military Security Branch, Lattakia: March 2013 “Bassel” - This patient sked to see the doctors due to swelling in hands and infection in feet from torture, as he was unable to move or stand without assistance. He described the doctor cursing and insulting him “worse than the interrogator”, and the doctor refused him treatment.

14 *There are other example cases which corroborate these within LDHR expert reports, which did not have consent for use in human rights reports. They are available and consented for use in criminal proceedings. There are also other examples from other referral hospitals: e.g. Ibn Al Nafees Hospital, early 2013 “Uday” (a nurse slapped him, cursed him and spat in his face. None of the treatment prescribed by the doctor was given).*

2. Doctors in detention are aware of the torture, cruel and inhumane treatment in detention centres, including sexual violence against detainees.

In at least 10 cases, patients described a doctor being called to see detainees due to the effects of torture or ill-treatment. These doctors, only a few of whom actually provided treatment, could clearly see the severe injuries and life threatening conditions in which the detainees were being held. The case examples below illustrate this finding. In addition, there were multiple cases where torture took place in corridors and in open view within detention centres – where any attending medical staff would also be able to see torture being inflicted.¹⁵ There were many detainees who describe seeing other detainees being escorted through open areas of detention centres in full view, and who describe being able to see the clear effects of torture, malnutrition, unhygienic conditions and disease on these detainees.¹⁶

Fourth Division, Al Mezzeh, 2013: Three days after being subjected to multiple violent rapes, **“Zahira”** was examined by a prison physician. He gave her only a small yellow pill as ‘treatment’ – she was too scared to swallow it. Upon her release more than three months later, she required hospitalisation for four months, and multiple surgeries to try to repair the faecal-urinal incontinence caused by the sexual violence. She was also treated for hepatitis and pneumonia.

Palestine Branch, early 2015: The Branch doctor used to pass by the cells every two days and hear about illnesses. **“Amin”** described what would be seen by the doctor in his cell on these rounds: “Approximately 100 people in one cell who looked like skeletons.” The patient saw three detainees die in his cell: one died from skin disease and blood infection due to the bad health conditions and health care. The second returned to the cell with his thoracic cavity fractured from the torture and was in agony for more than half an hour before dying. The third died after being injured in Al Baloneh Political Security branch in Homs and fighting for a few days to try to survive. In the same cell, there was a child who was no more than 13 years old and an old man who was 70 years old and suffered from sternum issues.” The Branch doctor would have seen or been told of all of this.

There are other similar reports by patients who testify to what the doctors saw during their work in detention centres.¹⁷

15 See e.g. “Lina” (Al Arbain Branch Al Maysat Damascus 2012) (detainees with severe signs of torture being beaten in open view at the entrance), “Ayda” (Political Security Branch Aleppo 2014) (male detainees tortured and raped in corridor in front of the women’s cell), “Yazin” (Political Security Branch Lattakia 2012), (tied to a pipe in the corridor and beaten and kicked in the testicles by passing security officers); “Mohannad”, (Aleppo Airforce Intelligence)(people suspended in the corridor, bleeding); “Amin” (Deir Ez Zour Military Security 2015) (the screams of pain from torture were so loud the branch manager sent someone to check what was happening); “Fassal” (2012).

16 See e.g. “Manar” Palestine Branch (2016) (she saw “men coming out and walking like robots, they were so skinny as skeletons, and their clothing was torn, with long beards. They were beating them while they were walking.”), “Khalil” (Idlib State Security Branch 2012) (detainees called for interrogation walked out of the cell but were carried back in).

17 “Kasem” (Political Security Branch, Lattakia 2012-2015) (severe beating to the feet – swelling, turned black and abscess - doctor drained abscess. The patient witnessed the death of two fellow detainees from torture.) “Bassel” (no treatment), “Ghaith” (no treatment), “Lina” (doctor in Branch 285 diagnosed her as having had insufficient food after being detained for six weeks. Four days later she was raped by an officer there. At the Criminal Security Branch Harasta (five months into detention), after brutal torture “she was given anti-inflammatory pills and ointment. She was ordered to keep moving her hands. [...] At the jail cell, she suffered from hand shivering that happened due to electric shocks and lack of food. She, also, suffered from frequent vomiting, and a bleeding which lasted for ten days. She, also, suffered from a loss of hearing. They kept giving her unknown medication, but she was told that they were anti-inflammatory drugs.”

3. There are only rare examples of (more appropriate) health care, treatment and response. Even these are punctuated before, during and after by abuse and mistreatment.

The LDHR Medical Evaluations reveal only a handful of instances where more adequate medical treatment was provided.¹⁸ Often this treatment was followed by a return to torture and abuse. In two cases, female hospital doctors were reported to have tried to protect patients from being forcibly removed from hospital by those detaining them despite their advice on the patient's need for treatment and care.¹⁹

“Janan” was held and tortured at the State Security Branch in Aleppo (2015). She suffered from vaginal bleeding, haematuria and urinary infections which resulted from severe beating, lack of fluids, lack of hygiene and appropriate toilet facilities. She was referred to a military hospital in Aleppo City to receive some treatment. However, while in hospital, her bed was in the middle between two male soldiers and her hand and leg were tied to the bed. After three days, “Janan” was brought back to the detention centre and the same abuse and conditions.

Similarly, in Idlib State Security Branch in late 2012, “Khalil” had his arm fractured during torture. He was taken to surgery during which his arm was plated. However, he was returned to detention within days and the torture continued.

After an epidemic of tuberculosis in Branch 248, an ambulance with an x-ray machine was used to diagnose detainees.²⁰

4. In many cases, medical care was denied or wholly insufficient, even with serious injuries or illnesses.

Almost every case evaluated revealed untreated injuries or illnesses ignored or even deliberately worsened during detention, some of which led to serious medical consequences or death. Below are just a few examples.

“Rifat” sustained a serious injury (open fracture, top of right femur) when his village was shelled in 2011. When government forces arrived in the village, they arrested him. Instead of taking him to the hospital for treatment, he was taken to the Airforce Intelligence Branch in Homs, where he was detained and tortured for six months. He explained that there was a lack of medical care and minimal hygiene. All that was possible was for a fellow detainee to put a cloth on the open wound and tie it with a band. During frequent torture sessions, interrogators would target their violence at his wound: standing or jumping on it, dragging him by his leg and inserting a rusted metal skewer into his wound. He lost consciousness on several occasions due to the pain. While in detention, he also witnessed the death of two men: one with diabetes who died from lack of medication and the cold, and the other, a 34 year old, who died under torture. Upon his release, this patient had to undergo surgery for the femur neck fracture, requiring a plate to be fixed. However due to infection, the surgery failed and the plate had to be removed. At the time of the medical evaluation, he was waiting for a complete hip replacement surgery.

18 See e.g. “Manar” (panic attack on arrival at Palestine Branch – after two hours, doctor called who gave her sedative); “Uday” (a doctor in Ibn Al Nafees Hospital prescribed follow-up medicine and treatment – this was ignored by those holding him.); “Amin” (doctor's rounds and antibiotics given, but people starving and dying from torture and conditions).

19 One patient reported that a female doctor tried unsuccessfully to resist him being taken out of hospital who had broken ribs and chest full of blood (from torture and beating at ...) (“Mahir”). A female victim of rape in detention also described a female doctor trying unsuccessfully to prevent her being removed from a University hospital while still in a critical condition (“Ayda”).

20 “Sufayan”.

“**Saif**” was detained in Airforce Intelligence Branch in Hama in early 2013. He recounted seeing many dying from torture, without any medical care. “Other detainees were tortured by pouring boiling water on their bodies before beating them with quad cables. One of the people who was tortured in this way started to suffer from bloody urine and then passed away after few days.” The survivor also noted that they used to hear about the death of one detainee at least every day during the torture sessions. “The whining and screaming of the detainees almost did not stop which caused us anxiety and inability to sleep.” This detainee was subjected to severe torture himself including electrocution to his penis and other body parts. No medical treatment was provided. By the time he was released, he was not able to walk on his feet as they were severely swollen and painful. He had to remain in hospital for 27 days. He was diagnosed with a fracture in his left in-step, blood and urinary tract infections, indigestion and oesophageal regurgitation, and limited movement of his left knee.

“**Ra’if**”, a 47 year old male detainee held in 2013 in the Military Security Branch Al Suwayda, told an LDHR Medical Expert that he was taken to a room overcrowded with detainees. There was a rotten smell. He explained that most of the detainees were suffering from a severe itch due to lice, bedbugs and scabies. Within one hour of being there, he started to itch as well. Among the detainees, there was a man suffering from a traumatic wound in his testicles and penis due to beating. The urine was coming out of the wound near the base of the penis, and there was pus and small worms in the wound. The detainees informed the guard that this man would die if he was not treated. The jailor responded, “Inform me when he dies. However, don’t you dare to tell me at night!”

In Al Badia Military Security Branch in Tadmur/Palmyra prison (2012), “**Qadri**” was electrocuted by placing two wires on his genitals, especially on his penis and scrotum. He recalled being subjected to this about six or seven times. His right thigh was also electrocuted. He used to faint every time they electrocuted him, and they poured cold water on him to wake him up. The interrogators also severely kicked on his penis and testicles which caused his penis to rupture and bleed profusely. The security officers told him that they did so in order to prevent the Sunni men from having children who would kill Allawis later. As a result, his penis turned bluish and became swollen. He lost any feeling in his genitals. During his detention, “**Qadri**” was also subjected to other forms of torture including ‘the flying carpet’, ‘shabeh’ or suspension, forced nudity, being beaten over his back with cables and being burned by cigarettes. On medical evaluation (five years after his release), 14 injuries remained detectable on his skin including scars highly consistent with beatings with cables, and the rupturing and electrocution of his penis. He was found to be infertile.

“**Hanif**” was interrogated and tortured in Tadmur/Palmyra Prison (2011- 2015). The interrogator kicked him once with military boots on his arm, which caused a fracture to his upper forearm. The interrogator knew that “**Hanif**”’s arm was broken, but he continued to hit the arm several times. He then asked the guards to put a cast on the arm, which they did but incorrectly which caused a deformed healing of the fracture. This has resulted in limited movement in “**Hanif**”’s hand.

In the Military Security Branch in Hama in 2016, “Hatim” was beaten, his neck stepped on with military boots, his head kicked and his teeth knocked out. He lost consciousness for four days. He was given only a paracetamol. Upon medical evaluation, his body revealed 19 scars consistent or highly consistent with reported events, including the loss of four teeth, a broken nose and cigarette burns.

There were many other examples of serious injuries and diseases remaining untreated during detention within the cases evaluated by LDHR Medical Experts.²¹

5. Often detainees had to try to care for life threatening injuries and diseases amongst themselves.

Given the lack of medical care and treatment, and facing life threatening injuries and diseases, many detainees had to try to treat themselves or be treated by fellow detainees who had any medical knowledge or skills. As before, a few case studies are included as support for this finding.

While detained in the State Security Branch in Idlib at the end of 2012, “Khalil” (54 years old) was subjected to brutal sexual violence. He was stripped naked, and ‘the kebbe machine’ was used on him. He described the machine has having two wires attached to a pulley that is switched on to provide electricity that increases with the speed of the spin. They put one of the ends on his penis and the second one on his big toe. This was extremely painful and he agreed to thumbprint a paper without knowing the contents, just to make it stop. A fellow detainee, a pharmacist, only had water to try to ease the pain. In a subsequent interrogation, “Khalil” was again stripped naked, and his hands and feet were fixed to the wall. His penis was then tied to a nylon wire, which the interrogator pulled while hitting the penis with a ruler. He was also severely beaten, with his humerus broken (open fracture) as well as three of his fingers. He woke up four days later in the cell. He had injuries to his face, hands, back and legs. The detained pharmacist tried to treat the wounds with iodine-povidone, and applied water compresses. On examination (three years after release), his body still bears the pain, weakness and is riddled with scars highly consistent with these events. He gets tired when walking. He is also impotent.²²

21 “Ra’ifa” State Security Branch Damascus, 2016 (repeated incidents of insufficient or denial of medical treatment including for numbness, carpal tunnel syndrome/pain in hand, and pain in breasts from fibrous tumours). “Banan” Political Security Aleppo May 2013 (scabies and fever, but no treatment except one Paracetamol pill that was secretly given to her by one of the guards. She required hospital treatment on release including for urinary tract infect.). “Hameed” Airforce Intelligence Hama (2012-2015), (suffered mouth injuries and lost teeth, when asked for medication, he was insulted instead.) “Salem” State Security Branch Hama, September 2012 (witnessed a detainee in his sixties with blood pressure and diabetes being refused medicine. He was tortured twice. After the second time, he lost consciousness and a nurse said he was dead.) “Sufayan” (above) Political Security Branch, Idlib (describes his interrogator putting salt on the bleeding injuries to increase the pain. When he asked them not to beat him on his back - he suffered from lumbar disk slippage, they increased the beating.); “Talal” (arrested mid 2011, Lattakia 8 months, Sednaya for 5 months) In Sednaya: “He suffered from severe diarrhoea, as well as recurrent skin, chest and eye infections. No medical care was provided to him or anyone else.” On release, pain in the legs and feet, inability to stand for long hours or even walk for long distances, pain in his shoulders and hands making him unable to lift them fully or lift heavy weights. Gangrene started in his left toenail as a result of ripping off his nail and not receiving treatment. Multiple scars.). Other examples: “Hamza” (SV), “Taha” (SV), “Kasem”, “Zahira”, “Hatim”, “Ziad”, “Mahir”, “Ayda”, “Uday”, “Khalil” and other LDHR expert report cases which are consented for criminal proceedings only. 22 Other examples: “Mohannad”, “Mahir”, “Alaa” (treated in corner of cell by doctor), “Qadri” Branch 291 (tried to treat a victim of torture himself –three died).

6. In most security service branches, the conditions of detention are life threatening – without the basic provisions required to sustain life.

This is already evident from the case examples set out above. Many patients describe overcrowded, dirty cells rife with disease, infection and insects with little or anything done to improve conditions or sanitation. Many recount watching fellow inmates die from these conditions. A few cases are set out as examples of this.²³

Another detainee described his time in Sednaya from 2012 to 2014. He was placed in a dormitory and for the first eight days, no food was provided. “Six people passed away due to hunger, fatigue and sickness.” He was affected by a strange disease, which he said made him lose his speech, hearing and memory. This disease lasted for a month. Three other detainees died from it. He also suffered from scabies which reached such an aggravated state that he said he could not move any part of his body except his eyes and tongue, and he lost all feeling on his skin for a long time. He said the dormitory became “a plague spot, and even the jailers used to wear masks all the time.”²⁴

7. In most security service branches, high numbers of detainees have been, and are being, killed through torture and life-threatening conditions of detention, with no medical intervention or care.

Some detention centres are worse than others, with torture and sub-human conditions of detention claiming lives daily, or even hourly, in some places. Again, some case examples below evidence this finding, and some of the worse centres (according to the LDHR cases reviewed) are also described.²⁵



²³ See also “Akram” Branch 227; “Ghaith” Branch 293, Damascus (2012-2014)(witnessed a skin disease, where a small pimple appeared and then grew bigger in space and depth. Sometimes it caused joint or bone injuries. A 16 year old male detainee passed away because of this disease.); “Yazin” Al Fayhaa Political Security Branch, Damascus (2013) “The jailers used to leave the detainees’ food which consisted of crusty bread in the corridors for days until it gets rotten and the rats eat part of it, then they give it to the detainees which caused severe diarrhoea which killed several detainees as they were not provided with proper treatment.” Also “Wael”, “Uday” Al Fayhaa; “Nizar” Branch 248, Damascus (witnessed six detainees die due to diarrhoea); “Rifat” Airforce Intelligence in Homs (saw two men die – one from lack of treatment for diabetes and one under torture). Other examples “Amin” Palestine Branch, “Sami” and “Taha” (both Airforce Intelligence Hama), “Yasin” and “Rafik” (both Branch 291). See also “Fadi” held in Branch 215, and the broader descriptions of the conditions in this centre in the section below.

²⁴ “Ziad”. See also “Talal” and “Anwar” for corroborating accounts, and the broader description of conditions at Sednaya below.

²⁵ Others reporting deaths in detention from torture or ill treatment/conditions; “Ra’if”; “Rashid” MS Hama; “Hanif” Tadmur/Palmyra (deaths from torture and suspension); “Yazin” Al Fayhaa Branch (above); “Sahl” Airforce Intelligence Hama (many died after interrogation sessions), “Rifat” Airforce Intelligence Homs (two men); “Kasem” Political Security Branch Lattakia (two died from torture around him).

7.1 Branch 215, Damascus

Insights into the conditions and events within this Branch came from five separate and unconnected patients who were detained there for different durations between late 2012 and 2014. A glimpse has already been given in the section above.

Described as a “human slaughterhouse” by one patient,²⁶ detainees in Branch 215 had to climb over piles of rotting dead bodies in order to get to the toilet.²⁷ Every day approximately 10 to 15 people were dying from torture, disease and diarrhoea.²⁸

Inmates looked like skeletons and were held either completely naked or only wearing underwear.²⁹ One patient recounted being infected with scabies and having infected pus-filled spots where he had been beaten and kicked.³⁰

Several patients describe “an isolation room” in which detainees suffering from diarrhoea or other diseases were taken to die. No medical care was given to them. Their bodies were left there for up to three days after they had died.³¹ One detainee described a number being put on their foreheads once they were dead.³² The jailers would wear masks over their mouths and nose.³³ One patient described the severe deterioration of his own health in those conditions. His skin started to dehydrate. He would slowly lose consciousness and vision. The guards thought he was dying so he was dragged into the corridor and left among the dead bodies. His body was dumped on a road side where someone found and rescued him.³⁴

7.2 Airforce Intelligence Branch, Hama (Airport)

The following description of the conditions and events within the Airforce Intelligence Branch in Hama is drawn from the histories taken from five separate and unrelated patients who were detained there for different durations between early 2012 and early 2013.³⁵

The conditions there were “very harsh”.³⁶ Many people would die every day³⁷ under torture or due to widespread diseases including vomiting, diarrhoea and fever.³⁸ One detainee spoke of boils on his skin which seeped pus for a few days.³⁹ Some detainees developed yellow spots in their eyes, and those detainees usually died within a few days.⁴⁰ The food and water was insufficient and bad – one detainee being desperate enough to drink urine from the floor.⁴¹

26 “Fadi” (2014).

27 “Fassal” (second half 2012), confirmed “Fadi”.

28 “Suhail” (2014), consistent with “Fadi”.

29 “Fadi”.

30 “Fassal”.

31 “Fadi”.

32 “Fadi”.

33 “Fadi”.

34 “Fassal”.

35 “Rayyan” (early 2012), “Sahl” (April 2012), “Sami” (late 2012), “Ubaidah” (late 2012), “Saif” (early 2013).

36 “Sahl”.

37 “Rayyan” (early 2012) estimated between four and seven each day; “Sahl” (early 2012) “many”; “Sami” (late 2012) two to five every day; “Ubaidah” (late 2012) two to three died every day due to disease, as no medicine or water provided. This was in addition to those dying of torture. “Sami” and “Ubaidah” confirm the death of the same person from sickness. “Saif” explained that they would hear about a death under torture at least once a day.

38 Diseases described by “Rayyan”, confirmed by “Sahl” (scabies, lice, fever, severe diarrhoea); “Sami” (late 2012) fever and diarrhoea killing people. “Ubaidah” (late 2012) people dying from severe diarrhoea. People also had lice, scabies and other diseases.

39 “Sahl”.

40 “Rayyan”.

41 “Sami”.

Brutal torture carried on day and night. Detainees could not sleep for the sounds of torture.⁴² “**Ubaidah**” watched at least 15 people die from torture. He also witnessed a 13 year old boy have a shoe forced into his anus. “**Rayyan**” watched at least three detainees be beaten to death, one of whom died in his arms after he tried to save him. One of those who died had been suspended, had garbage dumped on his body and then his head was beaten until his skull broke and “brains came out”.⁴³

7.3 Airforce Intelligence Damascus and Hall 400/Wings Hall (Al Mezzeh Airport)

The description below comes from four separate and unrelated patients who were held here during 2012. Their detention times overlap at the end of 2012 and some specific events are recounted independently by at least two or three of the patients.

The Airforce Intelligence Branch at Al Mezzeh airport also included other buildings and ad hoc detention areas. “**Wael**” described the conditions inside the Branch, “Sometimes the detainees urinated on themselves inside the cell, and some detainees with diarrhoea also had to defecate in the cell sometimes.... Some detainees started hallucinating and saying incomprehensible things, and some lost their minds. One of the detainees passed away due to diarrhoea and dehydration.”

“Wings Hall” (also known as “Hall 400”) was an ex-sports hall being used to house detainees. It was overcrowded: estimated to be 12 meters x 24-30 meters with approximately 800 detainees inside,⁴⁴ held completely naked or only in their underwear.⁴⁵ Many diseases were widespread, especially scabies and lice. Diarrhoea was also widespread and many of the detainees, including the survivor, got infected with hepatitis - he said that the colour of his conjunctiva and his urine both became dark yellow. Many of the detainees were “losing their mind”. They were detached from reality and talking about strange things. This was accompanied by movements of the head and hands, and often ended with death. He later learned from one of the detainees that he had also suffered from the same condition. He recovered after about ten days. During these days, the survivor felt that he was in a dream. He noted that they were often punished collectively: he recalled on one occasion that stones were poured into the rice and they were forced to eat them all.⁴⁶

“**Taha**” described brutal torture and sexual violence that this branch. He was shot in his left knee during interrogation and was refused treatment causing him infections and suppuration. In an office, a security member tied his penis with a thread to the door handle of the office. A number of security members opened and closed the door. He remained like this for two days during which he was unable to urinate. He defecated twice on himself while he was there. On the third day, his penis was released. He urinated blood and lost full consciousness.

⁴²“Sahl”, “Saif”.

⁴³See also “Sahl” (saw many people who passed away after the interrogation sessions, and he also saw many detainees being suspended from their arms in the toilets where the suspensions used to take place.)

⁴⁴“Taha” figure, confirmed by “Nadir” (“The number of detainees in this hall upon his entry was 380, and once it reached 812 detainees. Some prisoners did a daily inventory based in orders from the jailers.”)

⁴⁵“Taha”, “Nadir” (only in underwear).

⁴⁶“Taha”.

His urination remained bloody for approximately five months, with severe pain. He was eventually given some antibiotics, sterilizers and bandages for the wound in his knee. “Wael” also described being severely tortured including through electrocution of his genitals. He said that even after this caused him to urinate on himself, his interrogators continued to beat him. On his release, “Wael”’s body was full of bruises, and he had lost ten kilograms of weight. He required treatment for scabies, bandaging of his wounds, and surgery to fix a broken bone in his hand. None of this treatment was provided before release.

In Wings Hall, two patients confirm an incident in which a detainee was killed. The detainee was stripped naked. His penis was tied and pulled. He was suspended from his arms and beaten to death. All because a memory card was found on him and he gave the incorrect password. The card turned out only to have verses from the Quran on it.⁴⁷ On another occasion when detainees tried an uprising, seven people were killed and many others severely beaten.⁴⁸

Three witnesses also described a large number of children being kept in Wings Hall. The children were used for cleaning tasks but were also sexually assaulted by jailers.⁴⁹

7.4 Sednaya Prison, Damascus

The description below of conditions and events within Sednaya Prison is compiled from the medical reports of eight patients who were detained there between 2012 and 2014.⁵⁰ These patients are not related, and were arrested and held at different times and durations over this period.

All these patients described overcrowded cells, hunger/starvation, disease and insect infestations.⁵¹ One survivor said, it is “a human dump, people there are treated like garbage to be disposed of.”⁵² “While there, “Talal” suffered from severe diarrhoea, as well as recurrent skin, chest and eye infections. “Ghaith” got scabies, lice and flu.⁵³ He lost his orientation for about 15 days. He was warned not to ask to go to hospital as he would die there.⁵⁴ “Ziad” also suffered from very severe scabies, and a strange disease which caused disorientation, speech, hearing and memory loss (as described above). He recalled there being too little food and that the guards would throw it on the ground and step on it.

47 “Taha”, “Nadir”.

48 “Taha”.

49 “Taha”, “Nadir”.

50 “Talal” (first half 2012), “Hatim” (2011-2013), “Ghaith” (late 2012), “Ziad”, “Anwar” (2014), “Radul”, “Taha”, “Yasin”.

51 “Ziad” and “Hatim” also mentioned rats. “Ziad” (his friend died of starvation there). “Yazin” (described the Sednaya detainees as “like skeletons, something you cannot describe”). “Hatim” (detainees died of cold and hunger).

52 “Sufayan”.

53 Also consistent with “Sufayan” (who was transferred to Sednaya for execution).

54 Corroborated by “Hatim”.

The violence started immediately on arrival, as detainees were stripped of their clothes and beaten with green pipe and tank belts.⁵⁵ The screams grew loud and there was blood everywhere. Some did not survive this ‘welcoming party’.⁵⁶ Beatings continued in the cells, with detainees punched, kicked and beaten with truncheons.⁵⁷ “**Sufayan**” fell to the ground after being hit on the head. His face was in 1-2cm on blood on the floor.⁵⁸ A guard continued to kick him in the face. “I am not convinced these people were human.” He had to be hospitalised on release for four days. He had fractured ribs, fractured ankles, pleural effusion and his body was covered in bruises, wounds and most areas reacting with pain (as described above).

“**Ziad**” was subjected to falanga and those in his cell were ordered to strip naked and pretend to have sex with each other.⁵⁹ He described the jailers as “ferocious, frenzied dogs wanting to pounce on their prey”. “**Ziad**” was so severely beaten on a daily basis that he lost the ability to walk and stretch his knees. His wounds rotted and scabies aggravated dramatically so that “his whole skin looked like fish scales”. His body hair fell out and his body was full of rotten sores and wounds. He was urinating blood for three days after being hit by a plastic pipe on his abdomen. “**Hatim**” lost consciousness for three days after being hit on the head with an electric stick.

Many died from torture, and from hunger or sickness.⁶⁰ “Death became a daily thing.”⁶¹ One detainee said that the prison manager would ask guards for at least 10 deaths so the guards would hit the detainees on the head using metal sticks to kill them. Some detainees were also killed by injecting them with fuel oil or air in the vein. Sometimes dead bodies stayed for a day with them and “when a body was taken out, the guard poured water in the mouth to make sure the person was dead. If someone just fainted, the act of pouring that much water in his mouth killed him.”⁶² “**Anwar**” recalled a lot of deaths from severe diarrhoea, the cold and lack of hygiene. Anyone who asked for medical care was beaten severely. As described above, a doctor in Sednaya was also complicit in killing detainees.⁶³ No medical care was provided to anyone.⁶⁴

7.5 Al Fayhaa Political Security Branch Damascus:

Information about Al Fayhaa Political Security Branch derives from the history taken four unrelated patients detained there separately during 2012 - 2013.

55 “Sufayan”. “Ziad” (with bats and sticks).

56 “Sufayan”.

57 “Sufayan”, “Ziad” (beaten with plastic pipes). “Hatim” (beaten with batons and green plastic pipes).

58 “Ziad” also talked of pools of blood on the dormitory floors during beatings.

59 “Taha” was stripped naked and his buttocks beaten with a metal tool.

60 See “Ziad” (six deaths from hunger and sickness, three from the disease he also suffered).

61 “Ziad”. One detained officer was beaten to death. “Ziad” washed his body - noticing signs of torture, his tongue was cut, his head broken, and his neck cut.

62 “Hatim”.

63 “Sufayan”.

64 Corroborated by “Tala”, “Anwar”, “Sufayan”, “Ziad”.

“Yazin” explained that “the cells were very small, overcrowded and unventilated which caused many severe chest infections” for him and many other detainees. He was later diagnosed with tuberculosis. None of the detainees were allowed to shower. There were many types of insects in the cells which caused scabies and skin infections. The jailers left the detainees’ food (crusty bread) in the corridor for days until it rotted and the rats ate parts of it. Then what was left was put in the cells for the detainees. “This caused severe diarrhoea which killed several detainees as they were not provided with proper treatment.” “Wael”’s account corroborates this description, “There was also fear of being stung by insects, as due to the lack of hygiene and the deprivation of medical care, any sting might get infected and cause a skin infection.” There was a pharmacist among the detainees and he would collect the salt provided with food and use it in sterilizing wounds. Many detainees also suffered from chronic diseases such as diabetes, heart issues and asthma, but they were all deprived of medical treatment. He also recalled that, “Some detainees started hallucinating and saying incomprehensible things, and some of them lost their minds. One of the detainees passed away due to diarrhoea and dehydration.”

Two detainees held there at the same time described severe diarrhoea which killed many detainees. Only after a large number of detainees had died and it was reported to a Brigadier General during a visit, was there a response. Some were taken to Ibn Al Nafees Hospital. Others received some pills.⁶⁵

7.6 Palestine Branch

This information emanates from seven separate and unrelated patients accounts of their detention there between 2013 and 2016.⁶⁶

Detainees held in the Palestine Branch talked about a system set up in each cell, where one detainee was in charge (“shawish”) and another was assigned to be the “health officer”. No medical knowledge was needed to be assigned the health officer for the cell.⁶⁷ Despite this system and relatively regular rounds by a branch doctor (every two days), detainees looked “like skeletons”.⁶⁸ Scabies and pimply rashes spread widely among detainees.⁶⁹ A lot of them suffered from severe diarrhoea, and defecated themselves before they were allowed a turn to go to the toilet.⁷⁰ One detainee witnessed a jailer force another detainee to eat his own stool when this happened.⁷¹ The cells were extremely overcrowded, and they had to sleep on top of each other.⁷²

“Suzan”, held in the Palestine Branch, suffered from childhood polio which had left her disabled. No provision was made for her disability. As a result, she was unable to lift herself off the ground, and was exposed to more disease and infection. She contracted scabies, lice and leishmaniasis on several areas of her skin. She lost almost 50% of her body weight during detention.⁷³

⁶⁵“Sadeq”, “Uday”.

⁶⁶“Alaa”, “Suzan”, “Manar” (2016), “Amin”, “Amina” (2014), “Zahira” (2013), “Qadri”.

⁶⁷“Amin”.

⁶⁸“Amin”.

⁶⁹“Alaa”.

⁷⁰“Alaa” who said that detainees took their clothes off every hour and a half to clean them from lice. He also suffered from scabies and this has scarred his back.

⁷¹“Alaa”.

⁷²“Qadri”.

⁷³“Suzan”.

“Alaa” described having cold showers twice a week. He saw everyone naked and saw the condition people were in. He mentioned that two of the detainees were bleeding from their penises because of torture.

As described above, patients witnesses many deaths from illness and torture.⁷⁴

7.7 Branch 291, Damascus

Four patients who were medically evaluated by LDHR doctors provided information about the conditions and health situation inside Branch 291 in Damascus.⁷⁵ They were held there separately for different time periods between 2012 and 2017.

Detainees were held in overcrowded dormitories underground, 90 to 100 per cell.⁷⁶ Detainees had to sleep standing up or on lying on top of each other, because of the lack of space.⁷⁷ Scabies, lice and diarrhoea were all pervasive.⁷⁸ There was no means of hygiene. Many suffered from infected sores and wounds.⁷⁹ “Yasin” who was held there in 2013 recalled that the ventilation system would be deliberately turned off as a punishment. They were two floors underground with people packed into the cell. Detainees would suffocate due to the lack of air.⁸⁰ The food was too little and was bad. He said two or three people died each week because of illness and lack of medical care. Prisoners were warned that they would die if they went for treatment in the hospital. “Many people lost their minds” under those conditions.

“Qadri” witnessed the death of three people due to torture in this dorm, and he used to take care of one of them.⁸¹ No medical treatment was provided.

7.8 Airforce Intelligence Branch, Aleppo

This account of conditions at Aleppo Airforce Intelligence Branch is collated from the expert medical reports of two detainees who were held there between 2011-2014.⁸²

The group cells in this facility were overcrowded, with between 35 and 60 people jammed into cells of approximately 4 x 4 metres.⁸³

“Moaz” (56 years old) was held in this branch in early 2013. He spoke of brutal forms of sexual violence and torture, desperate health conditions and a total lack of any medical care or response to the injuries and disease. The detainees were only given water with worms in it, which they had to drink because there was nothing else. They got sick. Food was rare. During interrogation, he had a water hose inserted in his rectum and it turned on fully until he was bleeding. He also had his penis tied to a door until he lost consciousness from the pain. He described fellow inmates also bleedings from their rectums and penises.

⁷⁴“Amin”.

⁷⁵“Qadri” (2012), “Yasin”, “Rafik”, “Hatim”.

⁷⁶“Qadri”, “Hatim” (100 in underground cell).

⁷⁷“Qadri”, “Yasin”, “Hatim”, “Rafik”.

⁷⁸“Qadri”, “Yasin”, “Hatim”.

⁷⁹“Yasin”, “Hatim” (suffered from a skin disease which appears in the beginning as a skin papule of a green colour which increased in size and depth to reach the bone sometimes, leaving scars on left leg.)

⁸⁰ See also “Hatim” (also recalls inmates suffocating when the ventilation stopped.)

⁸¹“Rafik” (a cell mate died and wasn’t removed until after the body turned blue).

⁸²“Moaz” (2013), “Mohannad” (2014).

⁸³“Mohannad” (2014) (overcrowded cell – 4m x 4m with 60 people, no room to move).

Another patient described additional forms of torture including being forced into a tire and having their feet beaten with plastic pipes ('falanga'),⁸⁴ their head being kicked,⁸⁵ being suspended from their arms ('shabeh')⁸⁶ and threatened with electrocution,⁸⁷ also beaten with thick metal pipes.⁸⁸ A medically trained detainee tried to help reduce swelling.⁸⁹ Many died without medical care. "Moaz" explained that some died from their injuries. Some from severe diarrhoea and others were executed by shooting. He said people went out of their minds because of these conditions. By the time he was taken to court, he was no longer able to stand. Four years after his release, his body is still marked with scars consistent with being beaten with a silicone rod. His eyesight is impaired in his left eye, consistent with repeated punches to that eye. He lost teeth and has difficulty eating now. He cannot raise his arms. Sexual intercourse remains painful for him.

8. The bodies of detainees who die in detention are treated inhumanely as well, and the rules on notification and investigation are flagrantly violated.

The practice in Syrian detention centres also stands in clear and flagrant violation of international detention and human rights standards which require the bodies of deceased detainees to be treated with respect and dignity, and to be returned to families as soon as possible.⁹⁰

In Branch 215, the bodies of detainees were often left for days in a cell where sick detainees were taken to die. The bodies were then piled up in the corridor to the toilet.⁹¹ One detainee who was thought to have died was dragged onto the pile. When he woke up, he found that he had been dumped on a side of a highway.⁹² "Fadi" was told that bodies were also taken to Najha road where they were buried in mass graves using diggers.

Similarly in Branch 227, the bodies of detainees were thrown in a cell close to the toilet, and detainees had to step on the bodies to get to the toilet. The bodies remained there for days. Again, one detainee was told the bodies were transported to Najha where they were buried.⁹³

Other patients describe the bodies of deceased detainees remaining in cells for days before being removed.⁹⁴ Others detailed bodies being dumped in other locations as well.⁹⁵

84 "Mohannad".

85 "Mohannad".

86 "Mohannad".

87 "Mohannad".

88 "Mohannad".

89 "Mohannad".

90 Mandela Rules, Rules 69, 71 and 72.

91 "Fassal" (2012).

92 "Fassal".

93 "Akram", "Rayyan".

94 See also "Sufayan" and "Anwar" Sednaya; "Rafik" Branch 291 (detainee passed away but did not remove his body until it had turned blue).

95 "Yasin" ("He saw an area near Adra, where the birds used to gather, and he learned that it is where they threw the dead bodies of people who die in detention.")

9. In civil prisons, basic medicines may be available but often at inflated prices.

The cases reviewed showed a marked difference between security service detention centres and regular civil prisons. Medicine, like other necessities and basics, can be bought in civil prisons. Some detainees were able to purchase painkillers, vitamins and other basic medicine once they were transferred to central civil prisons such as Adra, Homs or Hama prisons, most of the time at inflated prices.⁹⁶ Some obtained treatment for diseases and insect infestations for the first time.⁹⁷ Not all the detainees reported better medical care in central civil prisons though.⁹⁸

10. Many of the detainees required to be hospitalised or see a doctor following their release from detention.

Some of the life threatening and life changing medical consequences suffered by many of the evaluated detainees have already been set out above. “Zahira” spent four months in hospital, with hepatitis and pneumonia, and required multiple surgeries to try to repair the urinary-faecal damage and incontinence caused by multiple violent rapes in detention. On release from detention, “Sufayan” had multiple broken ribs and ankle, pleural effusion and could not walk unaided or sit uncomfortably. Surgery was required to fix the ankle fracture. “Amina”, who was pregnant when she was arrested and detained. By the time she was released, a month later, she was suffering from typhoid fever, a respiratory infection stomach cramps and muscle pain.

Many others had similar medical issues and necessary treatment; broken ribs,⁹⁹ pleural effusions,¹⁰⁰ unable to walk unassisted,¹⁰¹ urinary tract infections,¹⁰² back and shoulder pain or restricted movement,¹⁰³ etc. Some required hospitalisation¹⁰⁴ or surgical intervention.¹⁰⁵ There are also many patients plagued with the continuing physical and psychological sequelae of sexual violence.¹⁰⁶ There are many other examples of patients requiring medication and care for some time after their release.¹⁰⁷

96 “Adeb” Civil Prison Lattakia, Ghurfet Alamanat; “Hameed” (dentures to replace teeth lost in torture); “Moaz” Aleppo Central Prison (injections for inflammation and allergies), “Ubaidah” Hama Central Prison (painkillers and antibiotics), “Sahl” Homs Central Prison (painkillers and Vitamin B).

97 “Amin” Adra (showered with benzyl benzoate for lice and prurigo), “Suhail” Deraa Jail (treated for scabies), “Nizar” Adra (only given benzoate to treat scabies), “Taha” Adra (some medicine and treatment for scabies).

98 “Mafuz” (detained for over 2 years – 2014 to 2016- in a variety of detention centres including Adra and Hama Central Prison. He reported the prevalence of skin diseases, prurigo, lice and respiratory diseases with no medical treatment. He recounts that one of the detainees there suffered from pericardial effusion but was not taken to hospital and died in the cell two to three days later.)

99 “Hatim” together with severe anaemia, scabies and lice.

100 “Sufayan”.

101 “Saif” (hospitalised for 27 days, required surgery, fracture in instep, urinary tract and blood infection, indigestion and oesophageal regurgitation.); “Wael” (weight loss, covered in bruises, required treatment for scabies, bandaged wounds, and fixed the broken bone in his hand).

102 “Banan”, “Janan”. See also “Khalil” (urinary tract surgery required).

103 “Uday” (pain, numbness and tingling in his hands extending to the whole arm and his shoulder, pain in his back in the lumbar and sacral areas, and a pain in the joints of both legs. Hearing impairment consistent with being beaten on the head and ears.); “Taha” (pain, numbness and tingling in lower back, numbness and tingling in hands and feet. Also was suffering from scabies, joint pain, bruises and shortness of breath. Diagnosed with an immune deficiency and received intramuscular injections for years); “Talal” (pain in legs and feet, muscular and neurological pain in shoulders and hands, gangrene in left foot); “Khalil”, “Banan”.

104 “Nada” (one week in hospital, isolation, treatment with antibiotic to fight infection and bandage wounds); “Saif”.

105 “Wael” (weight loss, covered in bruises, required treatment for scabies, bandaged wounds, and fixed the broken bone in his hand); “Khalil”.

106 “Hisham”.

107 “Khalil” (above); “Ghaith” (medication required for some time after release).



6. Analysis and Conclusions

It is difficult to find a provision within the Mandela Rules which is not being breached in Syria. It is difficult to even single out a basic human right which is not being violated inside the Syrian detention system. This is acutely true for protections and basic provisions to sustain life and health. It is equally stark for the medical care required to protect, promote and even improve the health and well-being of detainees. From the absence of medical examinations on arrival, through to the treatment of those who die in detention, care and humane treatment is wholly absent. LDHR's Expert Medical Reports and the experiences of these survivors show deaths in detention almost daily, and brutal, life-threatening conditions which sap the physical and psychological life force of detainees. This is facilitated and sustained by the system of 'medical care' and medical professionals within these centres and many of those in referral health facilities used to treat detainees.

There is clear, corroborated evidence of torture and other cruel, inhumane and degrading acts, both from active physical and psychological suffering inflicted during interrogations and from the terrifying and desperate conditions in which detainees are kept.¹⁰⁸ As part of this torture, and separate from it, there are high prevalence rates of sexual violence against detainees; including men, women and children.¹⁰⁹ Consistent, corroborating accounts of survivors detained in the same place and time evidence violent killings and deliberately inflicted slow deaths.¹¹⁰ The numbers and consistent accounts of piles of bodies and the targeting of political opponents/detainees suggest that the legal elements and large-scale threshold of extermination may have been met in some locations.¹¹¹ As described above much of this was in plain sight of anyone within the detention centres, including medical personnel.¹¹²

¹⁰⁸For the customary international criminal law definition of torture, see *Prosecutor v. Kunarac, ICTY Appeal Judgment, paras.145-156*. On cruel, inhuman or degrading treatment, see *Prosecutor v. Kordić and Čerkez Trial Judgement, paras.256, 265 (as war crimes), 269-271 (crimes against humanity), Appeal Judgment, para.117*. See also *ICC Elements of Crimes, Article 7(1)(f) and (k)*.

¹⁰⁹ See Section 2 methodology and demographics, and Section 5 above.

¹¹⁰ *Prosecutor v. Kvočka, ICTY Appeals Judgement, para.270* (deliberately withholding of medical treatment in a camp/detention setting resulting in death can amount to murder). See also *Prosecutor v. Delalic et al. ICTY Trial Judgement, para.1123* (omission to provide adequate food, water, health care and toilet facilities led to the conviction of the detention camp commander, deputy commander and a guard for, among other crimes, other inhumane acts).

¹¹¹ As the chapeau element of crimes against humanity, these are alternative, not cumulative. The evidence regarding crimes in detention would suggest both are met. See *Prosecutor v. Kunarac, ICTY Appeal Judgement, paras.93-95* "the phrase 'widespread' refers to the large-scale nature of the attack and the number of victims, while the phrase 'systematic' refers to 'the organised nature of the acts of violence and the improbability of their random occurrence'."

¹¹² Other underlying crimes such as enforced disappearance, unlawful imprisonment, etc. may also be proven in relation to events in detention, but were not considered as the focus of this report.

The scale, repetition, broad patterns of occurrence across locations and time, and the civilian status of all of these detainees supports a conclusion that the violent killings and slow deaths, extermination, torture, sexual violence, and other inhumane treatment all form part of a widespread and systematic attack on a civilian population by the Syrian government and its detention authorities (official and unofficial, legally mandated or otherwise), thereby amounting to crimes against humanity.¹¹³ The wholesale and systematic failings around health and medical care in detention are evidence of both a state policy and intention regarding the loss of lives and welfare of the ‘political’ detainees.¹¹⁴

These detainees’ accounts provide a consistent picture of detention between 2011 to 2017, and across the inter-linking system of government detention which spans the country. These are crimes against humanity on a massive scale and duration. Every day they continue, unstopped and undeterred. Every day, detainees are being killed or irreparably harmed.

Based on the evidence of the LDHR Expert Reports and the survivors’ accounts, some doctors have been criminally complicit; some actively committing torture or, for others, aiding and abetting these crimes either by active support or by failing in their duties to protect detainees.¹¹⁵ Their acts and omissions also stand as gross contraventions of professional medical ethics and their Hippocratic Oath.

LDHR will continue to work on behalf of survivors of detention and for those lost and at risk in places of detention across Syria. It urges all actors to take urgent and effective action to implement the recommendations set out at the start of this report.



¹¹³ See *Prosecutor v. Lukic and Lukic*, ICTY Appeals Judgement, paras.536-538. See also ICC Elements of Crimes, Article 7(1)(b) Extermination as a Crime Against Humanity (direct or indirect killing, including by denial of food or medicine, as part of a mass killing of a civilian population).

¹¹⁴ See *Prosecutor v. Kunarac*, ICTY Appeal Judgement, para.98, *Prosecutor v. Limaj*, ICTY Trial Judgement, para.212; *Prosecutor v Jelisic*, ICTY Appeals Chamber, paras.46-47 (relevance of patterns and policies as evidence of intent).

¹¹⁵ See *Prosecutor v. Mrskic*, ICTY Appeals Judgement, para.73 aiding and abetting by omission based on IHL duty of a state agent to protect prisoners in their custody; other IHL duties regarding civilians in detention - GCIV, art.27 (duty to protect civilians in all circumstances), CA3 GC, API, arts.11, 75. See also *Synagogue Fire case* (duty of police guards to stop/prevent attacks on prisoners in their custody) (1949), *Entscheidungen des Obersten Gerichtshofs für die britische Zone in Strafsachen*, vol. 2.; *Fire Brigade case* (duty to protect against the destruction of property by virtue of his duties as a voluntary fire fighter) (1949), *Entscheidungen des Obersten Gerichtshofs für die britische Zone in Strafsachen*, vol. 1., both as cited in *Prosecutor v. Oric*, ICTY Trial Chamber, paras.283.