ROJAVA INFORMATION CENTER

STANDING ALONE:

MEDICAL, POLITICAL AND SOCIAL STRATEGIES FOR SUPPORTING WAR-WOUNDED INDIVIDUALS IN NES

TESTIMONIES

MARCH 2021

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INTRODUCTION

In a May 2020 report, the Syrian Observatory of Human Rights estimated the number of deaths in the Syrian conflict at between 384,000 and 586,100 people.[1] Since the outbreak of violence in 2011, the war has had a devastating impact on Syrian society and civilians in all regions of the country, including the autonomous regions which make up present-day North and East Syria (NES). The death of family members and bread-winners, the displacement of vast swathes of the population, the destruction of property, and an ongoing economic crisis linked to the war have all had a major effect on the daily lives of millions of people.

One often-overlooked aspect of this crisis is the impact of severe injuries, disabilities and mental and physical trauma occurred in conflict by both combatants and civilians. The Autonomous Administration of North and East Syria (AANES), the decentralized governing body in NES, places a great deal of rhetorical and practical focus on caring for those war-wounded individuals who have suffered permanent disability as a result of the conflict. The AANES faces many challenges in dealing with this aspect of the humanitarian crisis in its regions, particularly a lack of adequate medical expertise and supplies due to the embargo the region faces. On the other hand, the AANES' attempts to establish self-managed community care put into practice their political principles of autonomy and self-determination.

An examination of the ways the AANES deals with its war-wounded will therefore help to illustrate both the severe political and humanitarian challenges the administration faces, and the unique policies and practices it is using to try and overcome these challenges.

[1] https://www.syriahr.com/en/157193/

SCALE OF CRISIS

NES has suffered violence and humanitarian crisis since the outbreak of the Syrian conflict in 2011, especially during major offensives against ISIS and subsequent, successive invasions by Turkey. The first high-intensity clashes following the establishment of de facto autonomy in pockets of the north took place in 2013, when the population of NES began to fight in order to liberate its territory from Islamist groups such as the Al-Nusra Front. Meanwhile, majority-Arab regions in present-day NES were being rapidly overrun with violence as the Syrian Government fought against Free Syrian Army, ISIS, Al-Nusra and other factions, alongside infighting between these opposition groups.

In 2014-2015 then the battle of Kobane, which marked the first major victory against ISIS, resulted in many casualties among NES' military forces, particularly the Kurdish-led YPG and YPJ, as well as allied Free Syrian Army (FSA) units and other forces led by local Arabs and Christians. United and rebranded as the Syrian Democratic Forces (SDF), these units went on to capture Manbij in 2016, then Raqqa in 2017, expelling ISIS in both instances. The Turkish invasions of Afrin (2018) and Sere Kaniye/Tel Abyad (2019) added to the human toll of the war against ISIS, which ended when the canton of Deir-ez-Zor was finally liberated in the spring of 2019.

Just as with figures on deaths and displacement, it remains very difficult to accurately assess the number of war-wounded in NES. In March 2019, the Syrian Democratic Forces (SDF) estimated that around 21,000 of their fighters had been severely injured during the war against ISIS.[2] To these numbers one must add those injured, both civilians and fighters, during Turkey's 2018 invasion of NES' Afrin region, and Turkey's 2019 invasion of Sere Kaniye and Tel Abyad. It can therefore be estimated that there are at least tens of thousands of individuals in NES living with severe physical injuries incurred during the armed conflict.

At the same time, the conflict has heavily impacted the region's healthcare system, which was scarcely fit for purpose even prior to the invasion, due to centralization of medical resources and expertise by Damascus. In April 2019, of 16 public hospitals that were functioning in NES before the war, only two were fully functioning, with a further nine only partly functioning. Of 278 pre-war public primary health centers, only one was fully functioning, with 103 partly functioning. There are no tertiary hospitals with adequate polytrauma departments, intensive-care units, burn units, or rehabilitation services.[3]

[2] https://sdf-press.com/en/2019/03/statement-to-public-opinion-14/
[3] Sherwan Bery, Lorenzo Ciancaglini, Pedro San Jose Garces, Bangin Brim, George Wharton, Elias Mossialos, « Time to address the plight of the people of northeastern Syria », The Lancet, Vol 393, April 6, 2019. The hospital of Serekaniye was counted among the nine partially functioning hospitals.

In spite of ambitious programs to develop the health care system in NES, the medical resources necessary to treat the war-wounded in the short and long-term remain scarce or unavailable. As will be explored in the interviews below, a number of political factors further potentiate these humanitarian and medical challenges by obstructing locals' access to care and ability to exercise their basic medical rights.

METHODOLOGY

This report constitutes a series of interviews giving insight into the realities faced by war-wounded individuals in NES. They track the different stages that individuals pass through from initial injury through to a new life living with a permanent or semi-permanent disability. The testimonies give accounts of the barriers that professionals and war-wounded individuals encounter when accessing medicine, care and therapy in NES, but they also highlight solutions that have been developed in NES in order to establish more personal and community autonomy when it comes to covering the needs of the permanently and semi-permanently disabled.

All interviews were carried out between September 2020 and January 2021. The interviewees include members of the Kurdish Red Crescent (KRC), SDF fighters, healthcare workers, and members of self-managed organizations for war-wounded individuals. The KRC is the key actor caring for civilians injured in NES during the course of the war, while the SDF has established institutions that are specifically dedicated to caring for fighters. Besides them, the Federation of War-Wounded Individuals is an advocacy body uniting both civilians and war veterans who have suffered physical or mental disability during the war.

Interviewees discuss the whole ecosystem of healthcare provision to wounded individuals in NES, across the following sections:

- **Emergency care from the frontline to the hospital:**
  SDF combat medic Dilan Judi and KRC's Sherwan Bery explain the first steps when fighters and civilians get injured during combat, while Nurse Adla Adib describes her work at Til Temir's Shehid Legerin Hospital during the invasion of Sere Kaniye.
- **The 'Houses of Wounded Individuals':**
  Shiyar Heseke, co-chair of the 'Houses of the Wounded Individuals' organization in the Jazira region and himself injured during the war, explains the work of this institution related to the SDF, which allows wounded individuals to recover after they have left the hospital.

- **The 'Federation of Wounded Individuals':**
  The Federation of Wounded Individuals represents those whose bodies and health have been impacted by the war in the long-term - both civilians, and SDF fighters who have been wounded or handicapped. The federation supports their integration into community life and facilitates access to care, while advocating locally and internationally for better standards of care.
- **The development of new, local solutions:**
  A factory was established in 2014 to allow the local production of prostheses for war-wounded individuals. This factory will soon be integrated into a new clinic which includes psychosocial support and physiotherapy, especially for children.

The report will close with a summary of the key barriers facing attempts to establish better standards of care for NES residents wounded during the course of the Syrian conflict, and provide policy proposals for Western governments, NGOs and other political advocates who wish to help ameliorate this crisis.

1. EMERGENCY CARE ON THE FRONTLINE

Combat medic Dilan Judi from the SDF and Sherwan Bery from the Kurdish Red Crescent (KRC) explain the first, life-saving steps when fighters and civilians are injured in times of war – and how combatants like ISIS and Turkey prevent medical personnel from carrying out their duties by failing to respect international norms of engagement.

1.1 DILAN JUDI, SDF: STRUGGLING TO SAVE LIVES WITHIN THE 'GOLDEN HOUR'

Dilan Judi is a combat medic. She explains how emergency care for wounded fighters on the frontlines evolved throughout the war against ISIS and subsequent Turkish invasions, especially during their 2019 siege of Sere Kaniye:

"My experience as a combat medic has evolved over the years. When I started this work in 2015, as a member of the YPJ (and later SDF) with a medical background, medical care directly on the frontline was quite unknown [as a practice]. Medical work was associated with doctors and nurses in the hospitals and clinics. But this is usually half an hour to an hour from the frontline. As a combat medic, everyone knows there is something called the Golden Hour, meaning that most patients with heavy wounds die within an hour.

So there were shortcomings back then because of how long it took patients to arrive at clinics and hospitals.

With very simple equipment such as a tourniquet which is wrapped around extremities to close off arteries, you can save somebody's life in less than a minute. This is why it's so important for combat medics to be really close to the frontline. At this time, people did not recognize the use of this capability, until actually seeing others or being injured themselves. So in the year 2015, when the war with ISIS was quite heavy, it was very difficult.

Later on, around 2016 I was encountering other units of the SDF, or other groups like the KRC that were doing medical work on the frontline. The war at this time had been quite heavy as well, and many people had died. So there was more importance being put on trying to keep people alive as long as possible. **The commanders would keep combat medics five minutes away from where different groups were conducting operations so we could clear and prepare the space with a mattress and blankets.** Usually the patient that got injured would be brought in on some kind of fabric. People would tie jackets and shirts together to carry the patients, use broken or burnt blankets, or even broken doors, as makeshift stretchers. At this time, especially if you were in the 'five minutes back' position, you were [focused on] making sure that this was a safe place for people to come to and that people knew where to find you, which was the main problem, especially in 2016.

In 2016-2017 [the Raqqa campaign in the war against ISIS], the combat medic work had again improved in quality. **Going into Raqqa you immediately went to a triage point, like a clinic, which was quite close to the frontline, about 15 minutes, I would say. This was a big improvement compared to 2016.** The type of medical training people had at these points was a lot higher, and [medical care was] taken seriously. There was a whole staff of people who would make sure that all of the medical equipment was there, making sure that we had all of the armored vehicles we needed to go and pick up the patients. There was also a system of communication with the hospital points, to let them know when the injured people were coming. So there was a big improvement.

In 2018, there was the Deir-ez-Zor campaign in the fight against ISIS. The situation was really different. **Many fighters were equipped with medical material and a lot more people engaged with healthcare and first response. This was really needed in Deir-ez-Zor because there were a lot of suicide bombings, and burns from explosions and ambushes.** A lot of people would get attacked and injured, one after the other.

In 2019, when Turkey invaded Sere Kaniye, the situation was totally different from the war against ISIS. My group of combat medics arrived in Sere Kaniye before the war started. The commander of the region told us that if Turkey attacked it would be very different from the war on ISIS, because there would be air-strikes. ISIS did have suicide bombers and snipers, which they used to a high degree and efficiently. But it's different from an air-strike which can erase complete streets or districts. **Countless people get injured at the same time when there is an air-strike. One air-strike can create from 12 to 20 patients. When [a Turkish air-strike] struck the central square of Sere Kaniye, over 30 people reached the hospital at the exact same time.**

It's also a different kind of care. [During the war against] ISIS it was mostly immediate trauma care that was necessary. With Turkey you need to do extended field care, because you could get stuck in a place, and can't immediately leave because Turkish drones might identify and attack you, even though - or maybe because - it's obvious we are doing medical work. So if you have a patient who has lost a lot of blood, who has lost a limb, burns, has lung trauma or anything, then you have to be able to keep that patient alive for several hours.

1.2 ATTACKS ON MEDICAL WORKERS DURING TURKEY'S 2019 INVASION OF SERE KANIYE: "IT WAS VERY TARGETED AND SPECIFIC"

The 2019 RIC report "Turkey's war on civilians" documented attacks on health workers during the war on Sere Kaniye (see table below).[4] These violations of international law documented by RIC tally with the experience and observations of combat medic Dilan Judi, who told RIC:

"During the Sere Kaniye war, ambulances were targeted by the Turkish Army and Turkish-backed forces. They were striking any vehicle that looked like an ambulance. So we were using different cars, like taxis, to get people out, because they were less likely to be bombed. But Turkey did start to monitor the ambulances that were leaving the hospital and bomb them. So it was very hard to move people. There were workers who were in their medical uniforms who were bombed and attacked. It was very targeted and specific."

[4] https://rojavainformationcenter.com/storage/2019/10/Report-on-Situation-in-North-East-Syria-last-24-hours-14th-October-2019-8am-Rojava-Information-Center.pdf

DATE	TARGET
09 OCTOBER 2020	Shelling on MSF-run hospital in Tel Abyad puts it out of service
12 OCTOBER 2020	Artillery strikes near Kobane hospital put it temporarily out of service
12 OCTOBER 2020	Air-strike on KRC trauma stabilization point in Salihiye village, two KRC staff injured and two ambulances put out of service
12 — 13 OCT 2020	Abduction and execution of three health workers of the local health authority near Suluk
13 OCTOBER 2020	Air-strike on KRC trauma stabilization point in Asadiye village, two medical staff injured and one killed.
UP TO 20 OCT 2020	Roy Hospital in Sere Kaniye comes under repeated heavy weapons fire from Turkish-backed forces as it is slowly surrounded and ultimately abandoned
UP TO 24 OCT 2020	Five KRC hospitals and subsidiary health points around Tel Abyad and Sere Kaniye permanently abandoned by this date.
29 OCTOBER 2020	Turkish shelling targets Kurdish Red Crescent ambulance in Souda village, north of Tel Tamer
03 NOVEMBER 2020	Turkish shelling targets Free Burma Rangers north of Tel Tamer, one member of medical team killed and one wounded
03 NOVEMBER 2020	Turkish drone strikes Kurdish Red Crescent ambulance north of Tel Tamer in separate attack
06 NOVEMBER 2020	Turkish shelling targets ambulance in Sharkarak village, Ayn Issa
09 NOVEMBER 2020	Turkish shelling targets Cadus/Kurdish Red Crescent ambulance north of Tel Tamer, two medical staff wounded

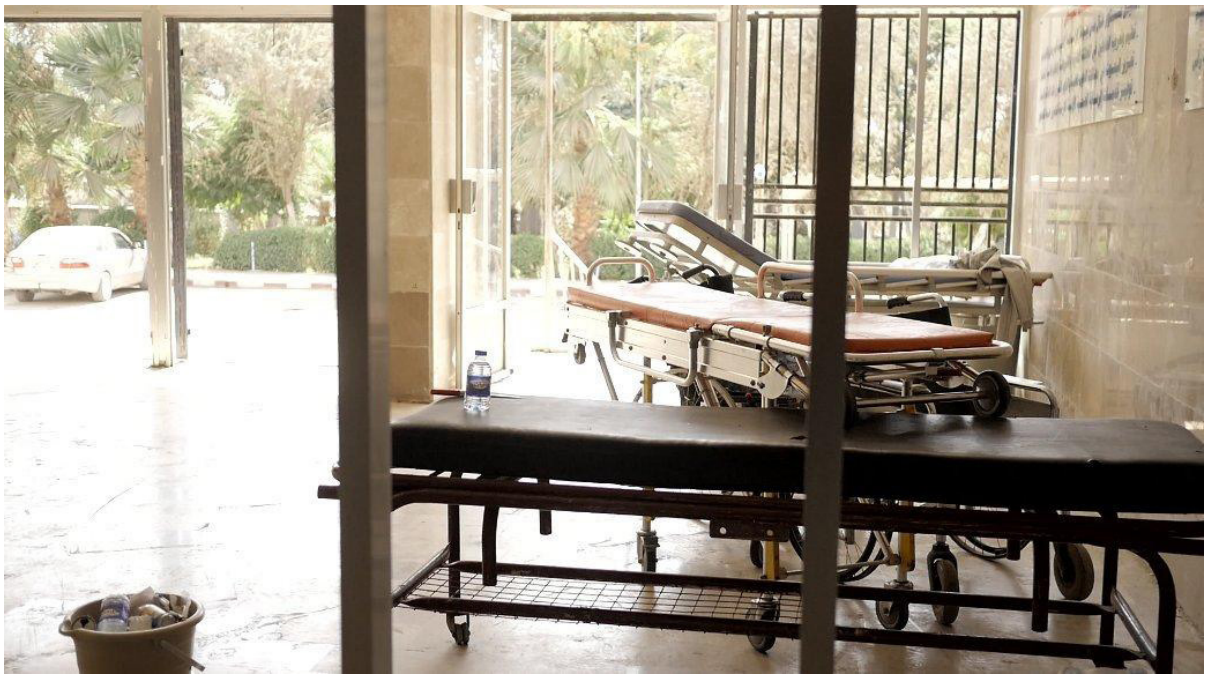
TIMELINE OF DOCUMENTED ATTACKS ON MEDICAL WORKERS DURING THE WAR OF SERE KANIYE, RIC (2019)

"There were some colleagues of mine who had left the city in an ambulance who [faced] an air-strike just ahead of them. They were stuck on the side of the road, unable to move, watching people laying in the dirt and dying, because if they tried to move, they would get bombed again. The drones are waiting to see movement. For medical workers it was quite traumatizing to see people dying instead of saving their lives because you know you will kill them faster if you try to get close to them. This happened multiple times."

During the Sere Kaniye war we realized that it's much better to be in the city, rather than to be on the outskirts. **Normally, the hospital would be the last place where a combat medic would want to be, because it's too far away from the frontline. But in Sere Kaniye the hospital itself was the front, meaning Turkish-backed forces were surrounding the hospital and directly firing on it.** There were medical points ahead of us, but then we ended up being surrounded, so the hospital itself became the front.

We ended up with over 60 patients stuck in the hospital, because the road had gotten cut off and we couldn't get them out. Then a ceasefire was called – but it wasn't actually a ceasefire because Turkish backed forces still attacked. Turkey did allow many ambulances to come in, but it wasn't an actual ceasefire. Turkey lied about that and was still killing many people, while the SDF were told not to respond, because of the ceasefire. So this caused [the need to treat] a lot more patients.

When the ambulances finally came in, it was really a beautiful moment, because it was all of these health structures coming together, NGOs, local paramedics, Kurdish Red Crescent, Asayish (internal security forces) medics, and they all brought ambulances and health care workers, and all these years of building up this emergency healthcare sector came together."



EMPTY STRETCHERS IN ROJ HOSPITAL, SERE KANIYE, AFTER THE SIEGE WHEN AMBULANCES HAD PICKED UP THE PATIENTS

2. FROM THE FRONTLINE TO THE HOSPITAL

2.1 SHERWAN BERY, KRC: "AFTER EMERGENCY CARE, THE MOST IMPORTANT THING IS TO IDENTIFY WHERE THE PATIENTS ARE SENT NEXT"

The Kurdish Red Crescent (KRC) is an NGO which works in the field of emergency healthcare and transport of wounded individuals during war, but also develops the infrastructure of the healthcare system in NES, in coordination with the AANES. Dr. Sherwan Bery, co-director of KRC, talks about emergency health care for both civilians and combatants at Trauma Stabilization Points near the frontline.

"During times of war, the KRC builds up Trauma Stabilization Points. These points deliver emergency care and conduct a triage for the patients. During war, when there are a lot of casualties, it's very important to conduct a triage, separating three kinds of patients. Some patients, no matter what treatment they get, will die. Some, no matter what you do, will survive, their life is not in danger. And **for some patients, their life depends on the treatment they will receive: they will either live or die according to if they get treatment quickly.** These are the patients we target first. So you need an expert, a doctor or a very experienced nurse, who can make this triage. Whenever an attack happens, this is what we do. And when you chose these patients, you have to know how to deal with them. In such moments you cannot conduct a three-hour surgery. You have to know how and where to send them, to the hospitals away from the frontline.

SHERWAN BERY IN FRONT OF THE HEADQUARTERS OF THE KURDISH RED CRESCENT, QAMISHLO

So we get the details from every hospital, how many beds they have, what kind of surgeries they do. Before we send patients to them, we send them information on the patient, so they have two hours to prepare everything for every case we send them. **The patients who arrive to these points should not stay there more than 20 minutes, just enough to deliver the basic treatment. The most important thing is to identify where they are sent next.**

During the war in Raqqa, the transport from Raqqa to any hospital took at least two hours. So in the Trauma Stabilization Points we must provide basic care. **Sometimes, you have to stop strong bleeding with a tourniquet which prevents the blood from running into one part of a body. But the longer this blood flow is stopped, the higher the chances that this body part will need to be amputated.** So the high distances to hospitals were a problem in terms of offering quick healthcare. Also, our medical convoys were targeted, so we couldn't reach the wounded.

This is a field in which we developed a lot of expertise, unfortunately, throughout the war. In NES, we did this kind of work for the first time in 2016 during the Manbij offensive. The military also runs some frontline Trauma Stabilization Points. **Other NGOs support us, but they don't personally go to the frontline. For example, when there was war in Raqqa, Doctors Without Borders (MSF) set up its first point 50km away, while we were 2km away from the frontline.**

Such trauma points are close to the frontline and they are for everyone. We treated people there who [fought on behalf of] ISIS and the Syrian regime... These points should not be attacked. According to international humanitarian law no health worker should be attacked. But Turkey doesn't recognize us as health workers, and targets these points.

During the Sere Kaniye war, we set up some Trauma Stabilization Points at the very beginning. But we couldn't access the hospital for some days to pick up patients. The hospital was surrounded by Turkish backed forces and we couldn't enter. We were saying that we had patients and that they are losing blood. We asked the ICRC [International Committee of the Red Cross] in Geneva for help on this matter. They said they would come, but they didn't come. In the end, there was a military agreement to secure access, so we could get to the hospital again. But it was too late: we lost three patients.

AN AMBULANCE USED TO TRANSPORT PATIENTS DURING THE SERE KANIYE WAR, 2019

The injured people were mostly combatants, so we sent them to military hospitals. This is something we are not involved in, we just send them there. But for civilians, once the treatment at the Trauma Stabilization Point is finished we send them to private or public hospital. Or to hospitals where the staff works for free, where doctors and nurses volunteer and don't take any money.

Once the injured have been brought to the hospital, there will be a lot of amputations. Afterwards, many will need physiotherapy, and everybody will need psycho-social support. But we don't have a lot of capacity to offer support in this field. [If it were available], the medical staff themselves would need this kind of psychological support."

2.2 ADLA ADIB, SHEHID LEGERIN HOSPITAL, TIL TEMIR: "WE COULD HAVE DONE MORE IF WE HAD BEEN BETTER EQUIPPED"

Adla Abid is a trained nurse who worked in the Shehid Legerin Hospital in the town of Til Temir during Turkey's 2019 invasion of Sere Kaniye. This hospital was the primary site for treating wounded individuals and medical cases among people displaced from Sere Kaniye, and faced material shortages, particularly the fact that only one operating theater was available.[4/5] Ms. Abid recalls the conditions in which wounded individuals were transported and treated during the war:

[4] https://rojavainformationcenter.com/storage/2019/10/Report-on-Situation-in-North-East-Syria-last-24-hours-14th-October-2019-8am-Rojava-Information-Center.pdf
[5] https://www.thedefensepost.com/2019/11/15/syria-tel-tamer-ceasefire-turkey-sdf-mfs/

"I had started working for the military hospital one month before the war started. We had prepared emergency health points around Sere Kaniye. On 9 October [2019] at 4PM, I was informed that the attack had started. I was at home in Sere Kaniye. **I went outside, and I saw only smoke and fire. So I put on my medical vest, took my children and went to the [Shehid Legerin] hospital.** Since I left Sere Kaniye with my family, we have never been able to return.

When I arrived in the hospital in Til Temir, there were many wounded people. The civilians had left the city, so it was mostly fighters coming in. The wounded that had arrived were not only wounded by airstrikes, but also from gunshots. So we understood that there were combatants inside the city of Sere Kaniye as well.

When the patients arrived in the hospital, we had only one operating theater available, so this was very difficult. Sometimes when a wounded fighter came in, he had all his weapons, ammunition and grenades on him, and we had never learned how to handle weapons in a secure manner. We just laid him on the table in our sole operating theater, and we took the grenades off his uniform, but we never knew if it was going to detonate all of a sudden. When I think about this now, I still feel afraid. How could we bring a wounded soldier into our only operating theater with all his equipment? It was very difficult.

We had doctors, but our problem was there was only one operating theater. Operations on war-wounded people are not like other operations that might only take half an hour or an hour. **One operation can take several hours. So we couldn't clog up our operating theater for one sole patient.** If, for example, the stomach or other internal organs are damaged, a very specialized doctor is required.

So when a wounded person arrived, we would first stop the bleeding, give them an IV infusion, and provide the most urgent treatment. Then we would send them to the military hospitals, in Qamishlo and Heseke, or to civilian hospitals, so that they would receive treatment there. **In the Shehid Legerin hospital we couldn't do much. We could have done more if we had been better equipped.**

A shortcoming we have now in our civilian hospitals is hygiene and cleanliness. But there are also some diseases that we cannot treat. For example for patients with diabetes, or with kidney failure who come in for dialysis, our capacities are insufficient. For some

specific diseases we have no specialized treatment available, for example for cancer, eye and inner-ear surgeries and for burns. **The burns caused by the white phosphorus deployed by Turkey during the war could not be taken care of correctly.**

What is really necessary for the future is that fighters and civilians become more aware and autonomous in the field of healthcare, and that they can take care of small wounds themselves. Now I'm working with the Kurdish Red Crescent and give seminars on health issues to different target groups. I always say, in every family there should be one nurse.

EXISTING MEDICAL FACILITIES	INSUFFICIENT PROVISION	NO PROVISION
PUBLIC PRIMARY HEALTH CENTERS: ONE FULLY FUNCTIONING, 103 PARTLY FUNCTIONING PUBLIC HOSPITALS: TWO FULLY FUNCTIONING, EIGHT PARTIALLY FUNCTIONING	INTENSIVE CARE UNITS DIABETES TREATMENT TREATMENT OF KIDNEY FAILURE AND DIALYSIS HEART, EAR AND EYE SURGERIES: IN 2019, THE FIRST EYE AND HEART CLINIC IN NES OPENED ITS DOORS IN QAMISHLO, YET IT IS INSUFFICIENT FOR NES' POPULATION OF 4 TO 5 MILLION	CANCER THERAPY BURNS CENTER POLYTRAUMA DEPARTMENT

PUBLIC HEALTHCARE IN NES: EXISTING MEDICAL FACILITIES AND MAIN SHORTCOMINGS IN PROVISION[6]

[6] Information compiled based on Sherwan Bery et al. 2019 (quoted above), interview with Dr. Ciwan Mustafa, co-chair of the health committee of the AANES in March 2021, and Ms. Adla Adib, nurse in the military hospital. Additionally to these facilities related to the Autonomous Administration and its Health Committee, private clinics operate for patients who can afford the cost of their treatment.

3. RECOVERING AFTER THE HOSPITAL: 'HOUSES OF WOUNDED INDIVIDUALS'

3.1 SHIYAR HESEKE, HOUSE OF WOUNDED INDIVIDUALS: "SOME PATIENTS BECOME LONG-TERM DISABLED BECAUSE THEY COULDN'T GET THE RIGHT TREATMENT"

Shiyar Heseke, co-chair of the House of Wounded Individuals for the Jazira region and himself a war-wounded individual, explains the work of this SDF-linked institution, how it came into existence, and the challenges it faces. The aim of the House of Wounded Individuals is to allow the injured individual to recover after they have left the hospital, by providing them with free care in a network of residential care sites across all the major cities and towns of NES. The residency period of the injured individuals ranges from a month to several years, with a focus on rehabilitation and finding new work in the civilian sector.

"When the war started, many YPG [and later SDF] fighters got wounded but there was nothing like a House for Wounded Individuals, due to the lack of means. So we started on a small scale. Wounded combatants were staying with civilians who opened their homes to us. There were also no military hospitals. Also, many healthcare professionals had left the country, particularly doctors. As YPG, YPJ and SDF we continued to fight in the war. **When fighters got wounded, they went to stay with families who took care of them, if they were not heavily wounded, and there they could recover. Many families opened their homes to our wounded combatants.** When the frontline against ISIS was further away from these families we started to think about building specific places where wounded fighters could recover from their injuries, physically as psychologically. People who got injured are also mentally affected by this experience.

So we created these places. In the beginning they were normal houses, like civilian houses, but which were reserved for wounded people. Some nurses who are working in the hospital would come to these houses and check up on the inhabitants. They would come to change a bandage, and leave again. For example, the House of Wounded Individuals in Heseke initially had only three rooms when it opened 2014. But there were so many wounded people coming in.

SLEEPING ROOM FOR RESIDENT OF THE HESEKE HOUSE FOR WOUNDED INDIVIDUALS

What was difficult was that there were no doctors. Those who had a severe physical condition were sent to the KRI [Kurdistan Region of Iraq] for treatment. And afterwards, when they came back, they would stay in the Houses of Wounded Individuals. Their everyday needs were be taken care of, and their trips to the hospital. Now the situation is better. **After 2015 and 2016 we created real Houses of the Wounded, in the beginning in Heseke and Qamishlo. When we built up these official places they had rooms specifically adapted for the wounded, and rooms for physical exercise.** We did it with little means, and couldn't totally cover the needs of all the wounded, but it was progress.

In 2017 our institution became officially recognized. We started to build up Houses of Wounded Individuals in every city in NES. The goal was to ease the life of the wounded individuals, because they have specific needs. We employed people whose work is to take care of the residents in the Houses of Wounded Individuals to make sure their needs are covered. Every major city has a branch. For the Jazira region, this means Qamishlo, Derik, Rimelan and Heseke. We keep informed about the different kinds of treatments that are needed and try to make sure the residents receive them."

3.2 CASE STUDY: RIZMAN, RESIDENT OF THE HESEKE 'HOUSE OF WOUNDED INDIVIDUALS'

My name is Rizman. I was injured in 2018. I was in Deir ez-Zor, and got injured by an ISIS mine. I was with two other comrades. Both of my comrades died from the explosion, and I was injured. I have shrapnel in all my body: in the back, in the head, and my eyes were also affected. Since 2018 until now, I have stayed in a House of Wounded Individuals. I get therapy, especially physiotherapy. I didn't yet get the surgery I need. The problem is that our doctors are not well enough trained for the kind of operation I need.

Here, we get therapy, follow educational seminars, for example on the political situation. From 8 to 10 we get therapy, from 10 to 1 we have a break. From 1 to 4 we have seminars and then we can play sport together. Afterwards we relax. **Our daily life here is good. The main problem is the lack of doctors, of medication and of machines to do specific physiotherapeutical exercises.** If I could go to Europe I could easily get the right surgery, but when I see doctors here they say: "it's difficult."

CONSULTATION ROOM IN THE HOUSE OF WOUNDED INDIVIDUALS, HESEKE

Some wounded comrades in the Houses of Wounded Individuals can't receive the right treatment and therefore become long-term disabled instead of recovering. They are mutilated or handicapped because they couldn't access a specific operation or medication. The doctors we have here sometimes lack sufficient training, and we have difficulties transporting patients to hospitals outside of NES, because the border crossings get blocked by the surrounding governments, for example to the KRI. For example, a comrade needed an eye operation, which he could have undergone in the KRI but the border crossings were closed. We insisted, saying that this is a wounded person who needs eye surgery.

We are talking about big problems: being able to use your eyes, your hands, your legs. The Syrian regime also doesn't allow wounded people to go to Damascus where they could get treatment. So their condition gets worse. They are human and it's their human right to get treatment, but the governments make it a political issue. This is a big problem we face. Here, we find solutions as best as we can. **But some treatments are not available, neither here, nor in Damascus, nor in the KRI. They would only be available in Europe.** Some people cannot stand on their own feet because they need a specific operation, at the head or the eyes. But these [Western/European] states do not open their borders to us either. We need this kind of help.

In every House of Wounded Individuals we have around 20 to 30 wounded people. The length of their stay depends on how heavily they are wounded. Some stay only for a month. Others get physiotherapy and stay longer. It can last go up to several years, if they have lost a limb, and we must try to find the appropriate treatment and surgery for them. Sometimes the fact that this is difficult can prolong their stay.

ROOM FOR PHYSICAL EXERCISE IN THE HOUSE FOR WOUNDED INDIVIDUALS, HESEKE

When there is war, of course this number goes up. After each Turkish attack, this number grows. We had a House of Wounded Individuals in Sere Kaniye, but after the war it fell into the hands of the occupying forces. **We wanted to build up a House of Wounded Individuals in Til Temir. But now, with the constant attacks, we can't. It's too risky. But the Houses we have now are not sufficient.**

When a comrade is wounded, they are sent to the House of Wounded Individuals in their region, and once they have recovered, when they have finished their treatment, they return to their work. This depends on the recommendations of the physician. Some cannot go back to their previous work, so the physician might recommend a lighter form of employment. Some will be long-term disabled. For these individuals, we prepare a dossier that we hand over to the Federation of the Wounded Individuals (see below), which advocates for and takes care of the long-term war wounded, who have suffered severe disability. **What we want for the future is doctors, doctors that come from the outside and that can help us**.

Most of the injuries happened during the war against ISIS. ISIS was a danger to the whole world, including for Western states. They could help us. They should look at us with human eyes. Send doctors, medical devices, medication. Basic things so that our wounded comrades don't become long-term disabled, so that their efforts and sacrifices have not been in vain."

4. LONG-TERM ADVOCACY: THE FEDERATION OF WOUNDED INDIVIDUALS

4.1 AGID BRAHIM, FEDERATION OF WOUNDED INDIVIDUALS: "BEYOND MATERIAL SUPPORT, WE WORK FOR THE RECOGNITION OF THE WOUNDED IN SOCIETY"

Agid Brahim is the co-chair of the Federation of Wounded Individuals in North and East Syria, a body which organizes, advocates for and represents those people who have been long-term or permanently disabled as a result of the war. He outlines the aims of the federation as well as the general situation for war-wounded individuals in NES. Whether civilians or combatants, a majority of those injured during the conflict are encountering problems in access to healthcare. Faced with these difficulties, the Federation is trying to develop local solutions to guarantee the provision of care to all.

"The Federation was created following the Congress of Wounded Individuals which brought together people from all regions of NES. It is represented by two co-chairs, male and female, like all the institutions of the democratic movement in this region. The Federation's mission is to represent all people wounded during the war: veterans of the YPG and YPJ, of course, along with the security forces (Asayish) and other self-defense forces; but also civilians, who constitute a very significant portion of the victims of the conflict.

The Federation supervises different committees related to its mission in advocating for wounded individuals: access to healthcare and other forms of care, of course, but also education, media, finance... In addition, the Federation is made up of a web of local committees present in each region of NES. Beyond material support, the Federation works on the recognition of [the cause of] injured individuals within NES' civil society.

The martyrs [ie. those killed during the war] represent the values of the revolution. But we also want to highlight the sacrifice of wounded individuals, not forgetting their history and what they brought to this revolution. Therefore, **our organization also has the mission of providing them with opportunities to participate in society in their own way. This is why we are developing education programs for wounded individuals so that they can be useful, it is important for them.**

Injured veterans receive a salary of 300,000 SYP per month [c. $100, roughly five times the salary of an average day laborer and higher than the average wage paid to AANES employees]. This is a salary that is rather high compared to the average salary in Syria today [where there is an ongoing economic crash]. This is because the salary should cover the expenses for care, as well as supporting the families of injured individuals. The Federation also enables injured individuals to participate in social life and to get involved by working for the community.

When you meet injured people, it is impressive to see how high their morale is, and how they can be a source of inspiration. But there are also many difficulties they must face, it's true. **Some of them find it difficult to find work and may feel useless, so our academies help them to get training. We still lack a sufficient number of academies, so we want to develop more of these institutions.**

The Federation also deals with health issues. The lack of infrastructure and professionals is one of the major difficulties in this area. Many of the injured individuals are waiting for treatment or operations. The Federation of the Wounded Individuals works together with member states of the International Coalition to Defeat ISIS, as well as NGOs, to offer solutions for access to care, but we face many obstacles.

Many of the injured individuals are waiting for treatment or surgery. For example, some of our members in wheelchairs could walk if they were operated upon.

We face increasing difficulties to access treatment in other regions [outside NES]. **Political tensions and the impossibility of reaching political agreements with the Syrian [Government] make it hard for patients to get treatment in the regime's hospitals.** The KRI's Sulaymaniya hospital, which previously welcomed patients coming from NES, is tightening access conditions due to pressure from Turkey on the [Iraqi] Kurdistan Regional Government. The veterans of the war against ISIS are stigmatized as ex-combatants, in spite of international laws that grant injured individuals the right to be considered as civilian non-combatants. Some of them manage to travel to Europe by their own means in order to receive appropriate treatment, but this solution is only affordable to a small minority. **One of our main objectives is therefore to develop autonomous local structures, in order to remove dependency insufficient and uncertain external aid.**

We also need more centers for physiotherapy. We need help from NGOs and the Coalition in this respect. There is a center in Sheddadi and we are in the process of opening

one in Heseke, but we are still short of places. We are planning to create a whole 'town' to house injured comrades, a place where they could live and receive appropriate help, but also where they could tell their story of the revolution.

Our Federation has been able to open an academy to train staff for physiotherapy, funded by the SDF, but more centers are needed. Discussions are underway with the coalition and NGOs to obtain support, which so far has been almost non-existent.

I am myself war-wounded and I can say, we are proud of our revolution and of our sacrifice. Our comrades may be wounded in body, but their spirit remains determined. If war threatened their city tomorrow, they would all go to defend it, without hesitation.

4.2 TESTIMONIES OF TWO MEMBERS OF THE FEDERATION OF WOUNDED INDIVIDUALS

Redwan: "I am an Armenian from Qamishlo. Before the war I worked in ceramics. When the revolution started I decided to join the internal security forces (Asayish). In 2015, I was injured by an ISIS bomb attack. Two of my Asayish comrades were killed and 14 civilians were killed. I was seriously injured in the arm and had to stay at home for a year and a half. I was able to go back to work again until 2018, and then I was able to join the Federation of the Wounded Individuals to work there. I am also on the local committee for injured individuals in Qamishlo. In order to be able to work with the federation, I attended several educational courses.

When I was injured, relations with the Syrian [Government] were not as distant as they are today. I was able to receive treatment at the [Syrian Government-controlled] hospital at Qamishlo. I had to wait 8 months for a prosthesis for my arm. The one I received at first was not well-adapted, but I was able to get a new, lighter one. I have persistent back pain but overall my situation is good. **Today I no longer consider myself an injured person. I am proud to have taken on this job and I can take care of my family and children.** But I don't forget that some of my comrades are still in a very bad situation. We have to fight to help them access the necessary care."

Alisher: "I joined YPG after my bachelor's degree. I was seriously injured in the leg by mortar fire three years ago during the war against ISIS. It took several operations to improve my condition. After attending the education program of the Federation of Wounded Individuals I joined the youth committees of the federation, of which I was elected representative.

I would like to alert the international Coalition and NGOs about the condition of the comrades and civilians injured here. The situation is not acceptable. Because the wounded don't receive appropriate treatment, some of them cannot walk and have to lie down all day. This is not normal. Our war was not an ethnic, religious or tribal war, it was a war against ISIS that served all of humanity."

5. DEVELOPING LOCAL SOLUTIONS: PROSTHESIS FACTORY AND NEW HEALTH CENTER

A prosthesis factory was established near Qamishlo in 2014 to allow the local production of prostheses. This factory should soon be integrated into a new clinic which offers psychosocial support and physiotherapy, especially for children.

5.1 REBAZ, PROSTHESIS FACTORY TECHNICIAN: "WE WANT TO SEE WOUNDED INDIVIDUALS AS PEOPLE WITH A NEW LIFE AHEAD, AND NOT AS ETERNAL VICTIMS"

Rebaz is a technician at the manufacturing center near Qamishlo which produces prostheses for war-wounded individuals.

"The prosthetics factory started in 2015. At that time there was no external aid available in NES, neither from the Coalition nor from NGOs. The project is based on the possibility of providing care to any civilian or combatant who was injured during the war, regardless of resources. This assistance is particularly valuable in a country where the population does not have sufficient income to access care or the chance to go abroad to receive treatment.

Based on these observations, the team at the prostheses manufacturing center decided to start this project, learning in an auto-didactic fashion and developing skills to respond to each request, according to the profile of the patients, their age, location of the wound, and so on.

Our production capacity had to increase when major military operations began, such as Raqqa or Deir-ez-Zor. Of course at the beginning we were not able to meet all the needs, but we were able to help a large number of people.

REBAZ PROTHESIS FACTORY REBAZ AT WORK IN THE PROSTHESES FACTORY

Production remains dependent on the outside world. A significant amount of our technical equipment arrives from abroad. The geopolitical, economic and sanitary situation linked to the Covid-19 crisis has made accessing materials very complex. When transiting through the zones of control of the [Syrian Government] or the [KRG] in Iraq, the imported equipment faces very high transport costs but also very long delivery times.

Our last delivery was back in 2019. At the time of the invasion of Sere Kaniye, we didn't have enough equipment to meet immediate needs.

The prostheses manufacturing center is at the service of the population, free of charge, and does not require any financial contribution from patients. Its mission is to facilitate access to healthcare for all. Financially it receives help from the Kurdish Red Crescent (KRC).

Injured people are referred by the KRC to the center for an initial appointment. This first consultation is also a time of psychological support for the injured person, so that she or he can [begin to] imagine a different life beyond the disability resulting from the injury. It then takes two or three days to prepare the prosthesis and adjust its fitting so that it is perfectly supported. Adjustments reduce pain and reduce problems related to damaged nervous system functioning.

We know that injured people have psychological problems related to the trauma of the injury. In this sense our work is very important, because it helps to restore the image they have of themselves. And we know that despite many difficulties, people are strongly resilient: above all we want to see them as people with a new life ahead, and not as eternal victims, which is important for them. Wounded individuals often have a very high morale, and the very positive feedback they give to our work encourages us to continue and develop. When children can walk again and are happy to receive a prosthesis, we draw strength and encouragement to work even better.

The manufacturing center helps with all types of injuries requiring a prosthesis. Combatants and civilians injured during the conflict are of course prioritized for treatment, but we also deal with victims of car accidents or people who have lost a limb for other reasons. **The number of injuries in the years when the war was more intense was even higher, saturating the health system in NES. Hospitals were permanently overwhelmed and had to resort to amputations on a massive scale, for lack of other solutions.** The prosthesis factory, at the height of its production, was able to supply 5000 prostheses per year, which did not meet the demand during the months of the major military campaigns, especially Raqqa and Deir-ez-Zor. Right now, demand is lower. Every week the center can receive 12 to 15 people for consultation, manufacturing a prosthesis for them in the following days.

We would like to expand our activity so that we can help as many people as possible. A new manufacturing center will soon open in Qamishlo. We are thinking about the future of the whole of NES. We are already thinking of opening centers and training staff in the [western] Euphrates region."

5.2 SHERWAN BERY, KRC: "PHYSIOTHERAPY IS NEEDED FOR CHILDREN IN PARTICULAR"

The Kurdish Red Crescent (KRC) is involved in developing a new clinic which will incorporate and expand the prostheses manufacturing center presented above. Currently, very few organizations provide assistance to amputees and those whose physical injuries are likely to lead to a permanent disability. What is more, the public healthcare system of the AANES is incapable of taking care of these victims. As such then the KRC, in coordination with the AANES, is building a new clinic to provide prostheses and wrap-around assistance to disabled persons and victims of mines and other explosions. Sherwan Bery explains the aims of this new center in Qamishlo.

"The current prostheses factory only produces prostheses, but offers no psychosocial support and nearly no physiotherapy. **So we will develop a new center, which will include these two aspects, and which will therefore have three departments: prostheses, psychosocial support, and physiotherapy.** Physiotherapy is needed for children in particular, [as] with good follow-up many children are able to recover completely. We have physiotherapists who are specialized in working with children. For now, there are private clinics who offer this service. But expertise is lacking in our region, so we try to bring trainers from outside and train professionals. Physiotherapy needs a lot of follow-up, and repetition, which is necessary to recover.

THE NEW HEALTH CENTER IN CONSTRUCTION, FEBRUARY 2021

Giving someone a prosthesis is not a one-time job. As the individual ages, the wound can change, and the prosthesis must change as well. **Every couple of months there is a need to rehabilitate the part of the limb where it meets the prosthesis. People have to come back regularly to fix something, to change the size and so on, especially the children**, because as you grow your body constantly changes. There was therefore a need to develop the activity of prosthesis production and to connect it with other therapies, namely physiotherapy and psychological support, because some people are damaged psychologically after having lost a limb.

We received support from several European donors for this project. The municipality of Qamishlo is providing the land. We have a contract for 15 years which can be renewed. Other donors promised support, especially for the prostheses, which cost a lot. For the day-to-day running of the center we are already looking for donors, and I'm sure we will find them.

We expect [an initial] 5,000 patients for rehabilitation. But we don't know how many people will need physiotherapy or psychosocial support. There are many people who need physiotherapy without prostheses. Some people only need to be treated for a short time after their injury, then they can do it themselves.

By June 2021, we hope the center will be functional. For the psychological department we already have people who are willing to work. **We will focus as much as possible on civilians, though we will also provide care to former combatants. It will be neutral and independent, following the principles of the International Red Cross**."

6. CONCLUSION

The testimonies collected here indicate a number of key barriers facing the provision of sufficient care to tens of thousands of war-wounded individuals in NES. The interviewees have also indicated a number of steps which international governments and NGOs can take in order to support the AANES and its affiliated institutions in dealing with this crisis.

6.1 BARRIERS TO BE OVERCOME

Major barriers facing the provision of care include:

- **Turkish attacks on health workers during war:**
  The testimonies of Dilan Judi (SDF) and Sherwan Bery (KRC) underscore well-documented attacks on medical workers and the wounded by the Turkish Armed Forces and their proxy militias. These attacks constitute a war crime, as per article 12 of the Geneva convention.[7] These testimonies are completed by data from the RIC report "Turkey's war on civilians" (December 2019).[8]
  Such attacks also mean INGOs are unwilling or unable to provide care close to the frontlines during combat.

- **Lack of medical professionals in NES:**
  With many members of the professional classes having fled the region during the war, there are very few trained doctors in NES, meaning many surgeries are not available while others can only be accessed privately.

- **The partial embargo on NES that prevents the import of medicines and other medical material:**
  Medical professionals highlight the lack of adequate resources. NES has only one semi-official land border to the outside world, and is not sovereign at this border, which is frequently closed by the KRG. Otherwise it is dependent on smuggling routes and deliveries via Damascus, making it difficult, costly, time-prohibitive or impossible to import key supplies.

[7] Geneva Convention for the Amelioration of the Conditions of the Wounded and Sick in Armed Forces in the field of 12 August 1949, https://www.icrc.org/en/doc/assets/files/publications/icrc-002-0173.pdf
[8] https://rojavainformationcenter.com/2019/12/report-turkeys-war-against-civilians-1/

- **Difficulties in accessing to treatment abroad or in other parts of Syria:** Likewise, injured fighters or civilians are granted a right to treatment through the Geneva Convention and are considered as non-combatants. However, the Kurdish Regional Government in Iraq, the Syrian Government and other states regularly prevent injured patients from entering their territories for treatment.

- **Ongoing attacks that slow down the development of healthcare institutions:** Turkish-backed forces have continuously been shelling the regions outside the zone they invaded and occupied in 2019, violating the ceasefire concluded in October 2019. This prohibits attempts to develop new healthcare centers in the targeted areas. For example, INGOs will not deliver aid to IDPs living along the contact line in Til Temir due to frequent shelling in this region

6.2 POLICY PROPOSALS

In order to improve the situation of the war-wounded individuals in NES, the international community can:

- Use its bargaining power to prevent further attacks by Turkey, and to hold Turkey to account for its attacks on medical professionals

- Facilitate access to external hospitals for so long as the expertise within NES is missing, and allow the transfer of SDF fighters and civilians injured in the fight against ISIS so they can receive expert care

- Reopen Yaroubiyah border crossing and open new border crossings to facilitate the import of medical goods to NES

- Send delegations of healthcare professionals to work in NES to treat the injured and, in particular, support the training of local healthcare professionals in NES

- Offer financial support for the development of healthcare infrastructure in NES

6.3 A MODEL OF MUTUAL CARE

All parties to the Syrian conflict, whether Islamist or secular, describe those killed in the war as 'martyrs' as a way of paying respect to the dead and building social, political and religious legitimacy for their cause. The AANES, however, also pays a unique level of respect to war-wounded individuals, who commonly lead marches and protests, take the seat of honor at public events, and address political gatherings. While this public homage to the war-wounded undoubtedly serves a political purpose, it also points to an ethos of mutual care and respect.

The AANES faces significant challenges in delivering care to tens of thousands of individuals permanently disabled as a result of the devastating Syrian conflict. But where homeless, disabled and traumatized veterans are a common sight on the streets of the USA and other Western nations, such a spectacle would be unthinkable in NES, where rhetoric valorising the sacrifices made during the war against ISIS and Turkey is backed up by concrete support which means no-one wounded in the war will ever be left without access to care and support. The vision of self-determination and mutual aid in the community which AANES promotes for society as a whole is, in many ways, realized in the 'Houses of Wounded Individuals' and autonomous political organizing of these potentially-marginalized individuals.

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