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Chair

Mr. Michael Levitt

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• (1305)

[English]

The Chair (Mr. Michael Levitt (York Centre, Lib.)): Welcome, colleagues, to the 97th meeting of the Subcommittee on International Human Rights.

Today we are holding a session on the dire situation in eastern Ghouta in Syria. Over the past two weeks, the Syrian regime, backed by Russia and Iran, has killed hundreds of civilians in eastern Ghouta, a suburb of Damascus, where 400,000 civilians have been under siege since 2013. The most recent crisis is part of the consistent targeting of civilians and humanitarian aid, including medical facilities, carried out by the Assad regime over the course of the Syrian civil war.

While I think we all held out some hope for the success of the UN Security Council's recent resolution calling for a humanitarian ceasefire and the end of all sieges across Syria, including in eastern Ghouta, the Assad regime's latest atrocities are another sign of its complete disregard for fundamental human rights.

Before us today, by video conference, we have Dr. Hussam Alfakir and Dr. Anas Al-Kassem from the Union of Medical Relief Organizations Canada. In person, we have Ms. Muzna Dureid, co-founder and board member of Urnammu for Justice and Human Rights.

I would like to thank you all for making yourselves available to the committee on such short notice. We consider this to be an emergency situation. I invite you to make your opening remarks, beginning with Dr. Al-Kassem and Dr. Alfakir. I will ask you to divide up the 10 minutes among yourselves however you see fit. Then we'll have Ms. Dureid, after which we'll proceed to questions from the members.

Thank you very much. I turn the floor over to you.

Dr. Hussam Alfakir (Board Member, Union of Medical Relief Organizations-Canada (UOSSM)): Thank you all for having us.

I will start by giving you a brief description of the situation on the ground, and then Dr. Al-Kassem will talk about some testimonies from the ground.

To give you a geographic description of the area, Ghouta is a suburb of Damascus. It's about 30 kilometres in diameter, with a population of almost 400,000. Eastern Ghouta has been under siege

for the last four and a half years, with about 13,000 civilians killed since the uprising started in Syria. The death toll has increased sharply in the last 10 days, since the chemical attacks on Ghouta. In the last 10 days, we have seen about 600 people killed. Today, as we speak, I got the message that about 20 people have been killed up until now.

We have about 2,300 people injured. The weapons that have been used on those people range from shelling with missiles to some prohibited weapons like napalm, and chemical weapons were used once a couple of days ago.

From a medical perspective, since February 19, there have been about 33 attacks on 30 medical facilities. I provided earlier a couple of pages of documents with the names of the facilities that have been hit. Some of those facilities have been hit twice. We have had about 33 attacks on those facilities. We have at least six medical workers who have been killed in those attacks, and about 15 others injured.

To give you another description of the medical situation on the ground, we have only 110 doctors left. Among those are 40 medical students. Some of them are doctors, dentists, or nurses performing surgeries on people. We have only one neurosurgeon left, and only two vascular surgeons in the region. Again, as a reminder, they are serving about 400,000 people.

For the last 14 months at least, no medical supplies have entered Ghouta at all. We currently have about 1,200 cancer patients who have no medications, and there is no way of treating those patients.

I want to bring to your attention one important fact about the situation and how the civilians have been hit in this area. If you look at the tables I provided earlier, you'll see that the first table is from the Syrian interim government. It shows the deaths divided by gender and by age. For gender, we can see that the number of deaths for women and kids combined is about 270. It's almost equal to the number for men. If the government forces claim that they are hitting militants on the ground, there is no reason to see so many kids and women being killed. It has been consistent that the regime's way of dealing with the situation is capital punishment, punishing families and hitting civilians in their homes.

With the amount of shelling that has happened in the last 10 days, we should see a higher number of deaths. However, it has been a little less because of people taking shelter underground, basically in dungeons or basements, trying to hide from the shelling. With people hiding in those areas, there are inhumane conditions, high humidity and insufficient air ventilation. They have been suffering and having a hard time getting food and water into those areas.

I have talked to many people on the ground there. What they need is for this shelling or bombing of their homes to stop and for access to open for humanitarian aid to start accessing the area.

I want to conclude with one statement. What is unique about the situation in Syria, Ghouta specifically, is that we're witnessing a live genocide. It is happening live, with video images, with testimonies. The whole world is watching and not able to do anything. What is also unique about this genocide is that it is not an ethnic genocide; it is more of an ideological genocide. People have been punished and killed because they oppose the government and they are not really listening to it.

Again, we call for protection. There are no foreign fighters there. I know for a fact, from talking to medical staff on the ground, that it is more local people on the ground there.

• (1310)

I will now give the mike to Dr. Al-Kassem to get some personal testimonies from people on the record.

Dr. Anas Al-Kassem (Board Member, Union of Medical Relief Organizations-Canada (UOSSM)): Thank you very much, Dr. Alfakir.

Thank you, Mr. Chair, for this opportunity, and thank you to the members of Parliament on this very essential Subcommittee on International Human Rights.

I want to give you some perspective in terms of the current medical crisis in eastern Ghouta. Our organization has been communicating with people on the ground, with the doctors and our medical staff, who unfortunately don't have electricity or connections. They can't communicate with you directly, so we will be speaking on their behalf.

Currently in Ghouta, there are 1,200 cancer cases for which there is no medical treatment. Chemotherapy and many medications do not exist. I heard recently that a 22-year-old gentleman with rectal cancer died because there was no chemotherapy to treat him with, before or after the surgery. There is only one neurosurgeon left for a population of 400,000, despite the ongoing destruction and ongoing air strikes by Russia and the Syrian regime. There is only one neurosurgeon to take care of all the head injuries, with very limited medical supplies available. There are very limited supplies—of anaesthesia drugs, of painkillers, of antibiotics, of sutures—because over the last 14 months, the Syrian regime has not allowed any medical supplies, any kind of essential medical aid, to enter Ghouta. The people just have to work with whatever they had before the last 14 months.

I have to mention that in the last 10 days, in addition to what my colleague mentioned in terms of the total deaths, 50% of the deaths and injuries were to women and children. This is just to confirm that

this is a systematic destruction of the city, which is highly populated at 400,000 civilians. There are about 2,300 injuries now, and the number is set to increase. From talking to the people on the ground, we know that they don't even have diesel to operate the hospitals. They are using plastic bags to try to operate the generators for the hospitals.

I want to reiterate what my colleague concluded. One, the physicians, medical staff, and humanitarian aid workers are asking for protection for the hospitals and for the health care workers, which is assured by many resolutions, including UN Resolution 2286. Two, they are asking to evacuate the critically ill patients. There are more than 500 critically ill patients who need emergency surgeries and evacuation from Ghouta to a safe place.

Thank you very much for hearing from us.

The Chair: Thank you very much.

Please go ahead, Ms. Dureid.

Ms. Muzna Dureid (Co-founder and board member, Canada, Urnammu for Justice and Human Rights): Good morning. Thank you for this invitation. We are addressing Canada's role in stopping this massacre in Syria. I will talk personally about my family in eastern Ghouta. Just yesterday, my uncle sent me a photo of dried bread from there, to eat with his family.

We urge Canada to push Resolution 2401 of the Security Council to stop this bombing and shelling in Syria.

If the situation continues like this, we will see the same scenario we saw in Aleppo in both Ghouta and Idlib. Also, Jaafari from the Assad regime said in the last session of the Security Council that they would continue the scenario of Aleppo in Idlib and in Ghouta.

We urge Canada and its allies to put pressure at the international level to stop this massacre. In the 72 hours following the adoption of Resolution 2401, there were 107 people killed by bombing, including 34 children. There was also a chlorine attack in eastern Ghouta last week.

We see that when Russia decides to do a ceasefire, they do it. From 9 a.m. until 2 p.m., there is a daily ceasefire. We need to press for the implementation of the ceasefire or truce in eastern Ghouta, and an evacuation.

We don't need human train corridors for a humanitarian evacuation from Ghouta because there is no safe way to exit from Ghouta to Damascus. There is a recruitment with the army for men, and we would not have any idea about the situation of civilians if they are evacuated from Ghouta, as was happening in Aleppo. If there is no plan for evacuation, we'll put the civilians in a situation where we won't know where they will arrive. We are talking about the children and the women.

The media talks about the basements in Syria, in Ghouta especially. There are no shelters in Ghouta, just the basements of the residential buildings. There is no equipment for staying there. Two weeks have already passed in this situation. If the situation continues like this, we will lose all the civilians there.

It is estimated that eastern Ghouta has the same number of civilians as the city of Manchester. It's a big number. If we stay silent in the face of this massacre, we will see one of the biggest crises in the world.

Thank you.

• (1315)

The Chair: Thank you very much to all of you for your testimony.

We're now going to begin with the first round of questioning and we'll begin with MP Sweet.

Mr. David Sweet (Flamborough—Glanbrook, CPC): Thank you, Chair.

It's a devastating situation. I would just like to be clear so that we have some things on the record and so that we can make a clear statement.

Presently, the siege is tight enough that there is absolutely no capability for anyone in Ghouta to flee. Is that correct?

Dr. Hussam Alfakir: That is correct.

Mr. David Sweet: You said that in the last 14 months, no medicines have arrived in Ghouta. What about other humanitarian aid? What has been the flow of that in the last year?

Dr. Anas Al-Kassem: Thank you, sir.

In the last 14 months, there have been no medical supplies, no humanitarian aid, no food whatsoever being allowed by the regime to enter Ghouta. Everything they are living on, including for the basic needs of children and medical supplies for hospitals, is whatever they had in storage before the last 14 months. Even before that, for five years there have been interruptions on and off by the regime in allowing supplies into Ghouta. In the last 14 months, there have been no humanitarian aid, no food, and no medical supplies allowed whatsoever.

Mr. David Sweet: This is a residential area. There is no place for crops or anything. This means that, within virtually days or weeks, there could be absolutely nothing left for all these people.

• (1320)

Dr. Anas Al-Kassem: Correct. Most of the time, sir, the people are eating whatever comes from the land. There is some agriculture despite the ongoing destruction, despite the ongoing air strikes. Eastern Ghouta is known for its farms, and agriculture in the area is rich, but because of the ongoing air strikes, that will be challenging as well.

Mr. David Sweet: Is the siege tightening? You say there is agricultural land. Is there a risk that the siege will be tightened and that will be eliminated as well?

Dr. Anas Al-Kassem: Yes, 100%. The destruction affected even the farmers. In the last week specifically, there have been no farmers

working, no agricultural activities at all. If that continues, we won't be seeing any kind of local products being produced.

Mr. David Sweet: Again, just to be clear, the 30,000, the number of people who have been killed, is strictly from the area of Ghouta. Is that correct?

Dr. Hussam Alfakir: Sorry, what's the number?

Mr. David Sweet: In your testimony you mentioned 30,000 casualties. Is that correct?

Dr. Hussam Alfakir: No, it's 13,000 since the uprising started, and 600 only in the last 10 days.

Mr. David Sweet: Six hundred people in the last 10 days but 13,000 total.

Dr. Hussam Alfakir: Yes.

Mr. David Sweet: And is that for the area of Ghouta alone?

Dr. Hussam Alfakir: Yes, that's just for Eastern Ghouta.

Mr. David Sweet: Finally, are there any talks happening presently between the Assad regime and the residents of Ghouta to try to end this?

Dr. Hussam Alfakir: As far as I know, there are no talks. Again, we're more involved in the medical field, but what we hear from the people on the ground is that no talks are happening. The problem is that there is really no trust. So even if there were talks, the people there cannot trust the Syrian government at all with any promise of anything. I think the trust has been broken many times, so they have no trust.

Dr. Anas Al-Kassem: If I can add something.... You know, the local people want the UN to implement the resolution and to be involved in the talks, and this hasn't happened. They have no trust whatsoever in the Syrian authority or Russia.

The Chair: Go ahead, Mr. Anderson.

Mr. David Anderson (Cypress Hills—Grasslands, CPC): I just want to ask a question, then, about the future, because it seems to me that, if the UN resolution isn't taken seriously and enforced, the international community is basically turning its back on pushing back the Syrian government.

I would like to hear some comments on that, because it has been a long battle going on here. My concern is that we see international resolve weakening, and that's going to lead to the kind of situation we had prior to this ever beginning.

I'd like all three of you to comment on that.

Dr. Hussam Alfakir: Go ahead, Muzna.

Ms. Muzna Dureid: If the resolution is totally implemented, we will see a situation that is stable, but if there are no guarantees for civilians.... The civilians there don't want to exit from eastern Ghouta. Our demand is not to exit from Ghouta, because there are no areas, no safe way, and also we don't know what the future will be for civilians if they leave. We learned the lesson after Aleppo. It would be the same situation if they exit from eastern Ghouta. Dying from the bombing is the same thing as dying in Damascus under regime control, or in the prisons there.

My cousin tried to exit from eastern Ghouta on December 18, and with the regime, he is now in Saydnaya prison. There are no guarantees for civilians to exit, so the solution is to keep the civilians there and protect them from the bombing with pressure on the Russian Federation, Iran, and the Assad regime.

Mr. David Anderson: Thank you.

● (1325)

Dr. Hussam Alfakir: I'll just elaborate on Muzna's point.

The people feel like they're trapped over there. But there's definitely consensus among people, especially in communicating back and forth with them, that they don't want to leave the area. They don't want to go into exile because they've seen what happened to the refugees in Aleppo. They've seen how humiliating and difficult a process it is to go through. Some of the people would say that this is their home, and they will either die or live in their home. This is their feeling there. We're trying to convey that message to everyone. They don't want to be exiled.

The only way to gain some trust between the two sides is to stop shelling and bombing the area and open access for humanitarian aid to go in. Maybe that will start a dialogue between the two parties to find a peaceful resolution.

This is the only way it could happen, if the international community really puts pressure on Russia. The whole situation is under the Russian regime's control basically at this point.

Mr. David Anderson: Thank you very much.

Dr. Anas Al-Kassem: I just want to add one more point if you allow me.

The situation in eastern Ghouta is different from that in Aleppo. Aleppo has access to different cities and towns not controlled by the Syrian regime. Eastern Ghouta is completely surrounded by the Syrian regime. That's the major concern of the population, the 400,000 civilians, because they don't want to go there. If they get out of Ghouta, they would have to go to the regime areas, where there are more than 500,000 estimated to be in prisons and tortured.

The Chair: Thank you very much.

I'm now going to pass the floor to Ms. Khalid.

Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.): Thank you, Chair.

Thank you to Hussam and Muzna for their testimony today.

If I may, I would ask Dr. Al-Kassem and Dr. Alfakir a question. What is the role that you and your organization are playing on the ground? What kind of relief are you providing on the ground? Do you have any regional allies to provide supports for the work that you're doing?

Dr. Anas Al-Kassem: We do have the primary health clinics and a hospital, which is the only hospital in the city of Douma currently. The only hospital is being operated by our organization or supported by our organization. We support the medical staff on the ground. We support the only emergency room in that hospital in that city, and the intensive care unit, which is currently packed with hundreds and hundreds of patients. We do have ambulances, which have been targeted as well in eastern Ghouta.

In terms of allies, we do have many organizations that we're working with, including Doctors Without Borders and the Syrian American Medical Society. We communicate with each other, and we send them some supplies if they don't have enough supplies in their own towns. We're working closely with the NGOs, with the medical relief organizations on the ground. We have British and French organizations supporting our efforts, as well as the French government and the Swiss government.

Unfortunately, we don't have any talks directly with the regime because they won't allow us to have any access to their hospitals or to their clinics.

Ms. Iqra Khalid: Thank you.

When it comes to the role of the Government of Canada, do you have any concrete recommendations that you can provide? Are there things that you think the Government of Canada can do in terms of helping the situation and applying political pressure to the international community, as you mentioned earlier?

Dr. Anas Al-Kassem: In terms of what Canada can do, we urge Canada to put pressure on Russia, because we know that Russia has the solution. As my colleague Muzna mentioned, when Russia wanted to do the safe zone from nine o'clock until two o'clock, they were able to achieve that. I think Russia has the answer to that. If we put some more pressure on Russia, I think they can implement Resolution 2401 as it is, in addition to the previous resolutions, including Resolution 2286 to protect the hospitals and the medical facilities.

Once this is achieved, we can come with a solid and concrete proposal to the Canadian government. We do have a plan of evacuation. UOSSM was actually the pioneer organization in the evacuation of Aleppo. We have lots of experience from Aleppo. We can certainly help the UN with the evacuation. We work closely with the WHO and the UN. We'd be more than happy to present something solid at that time.

Ms. Iqra Khalid: You mentioned earlier in your testimony that people generally do not want to leave the area.

Do you think an evacuation, if possible, would pose a lot of challenges for you? Where would you evacuate people to?

● (1330)

Dr. Hussam Alfakir: I think my colleague Anas was just talking about evacuating injured people, not everyone on the ground, but many injured people.

I don't think it would be safe to take injured people to Damascus, because we don't have facilities there or the trust to be able to treat those people. We can evacuate those injured people to the north, close to the Turkish border.

Ms. Iqra Khalid: Okay.

Peter, I think you had some questions.

Mr. Peter Fragiskatos (London North Centre, Lib.): Thank you all very much for your advocacy.

Eastern Ghouta is so close to Damascus, and Damascus has been known throughout history as a really vibrant centre of culture and multiculturalism. It was such a diverse place. Can you comment on how the recent crisis has impacted minorities in eastern Ghouta, whether Kurds, Christians, Druze, Ismailis, or Shia? Any insight you could offer in that regard would be fruitful, I think.

Dr. Hussam Alfakir: I can tell you that, in general, it's not only in eastern Ghouta, because this issue is all over Syria. It's not only the suburbs of Damascus but the suburbs of other cities.

One thing I think the world needs to know about this area is that those people were living together long before the Syrian regime took control over the country. Those people are neighbours. They're sometimes families. They have farms together, and they have a lot of business together. There is really no division among ethnic cultures. They live together, and they've always been integrated together.

The Syrian regime has really tried to create a wedge between ethnic groups or religious beliefs so it can leverage some other minorities to join it. There is really no difference between them. I lived in Damascus for years. I have friends from all aspects of Syria, whether Christians, Ismaili, Druze, or Alawite. We went to class together and we partied together. We were old friends. This does not exist. I think it's just the Syrian regime really pushing on this point to gain leverage against the majority Sunni people.

Mr. Peter Fragiskatos: Can I get further clarification on that? Of course, there is a great deal of historic harmony among the various ethnic and religious groups in Syria, including the Damascus area, and you referenced Ghouta.

I wonder whether the point you're making is that, despite the recent crisis and everything that has transpired in Syria since March 2011, the relationship of harmony and those positive relationships still exist. As we've seen throughout history, not just in the Middle East but in many other conflicts and emergency situations in particular, when bloodshed is ongoing, it's in those moments that relations between people who were once neighbours and friends can turn quite ugly. Are you hopeful that, despite everything that is going on, things seem to be on a steady footing?

Dr. Hussam Alfakir: Yes, I am very hopeful.

There is a difference here between the people who have been involved in the fighting and the people who have not. There are a lot of civilians on both sides who have not been involved in the fighting. They are still neighbours. When the war is over, I think they will get back together as friends and neighbours.

There are people who were involved in killing, and I believe in justice. There should be a court that takes over and accounts for this regardless of ethnicity or background. There should be a court that passes judgment on those people who were involved in killing and whatnot. However, I don't think it should be based on ethnicity.

Mr. Peter Fragiskatos: Thank you very much.

I think I'm out of time.

The Chair: You are out of time. We'll come back to you in the next round. I just want to make sure that we have time.

Ms. Hardcastle, please go ahead.

Ms. Cheryl Hardcastle (Windsor—Tecumseh, NDP): Go ahead, Muzna.

Ms. Muzna Dureid: I want to talk about my personal family.

We have an Alawite member in my family, and also a Kurdish member. In Ghouta, there are Kurdish people, and there are minorities. The problem in Syria is not about which group you belong to. It's just a matter of political opinion, when you are against the Assad regime. All the members of my family are under siege, so there is no difference between them. There are also Sunni members of my family with the Assad regime in Damascus, under the regime's control. It's about political opinion. It's not about religion or ethnicity.

• (1335)

Mr. Peter Fragiskatos: People are people.

Ms. Muzna Dureid: Yes, exactly.

Mr. Peter Fragiskatos: Thank you.

Ms. Cheryl Hardcastle: I'd like to ask all three of you, if I may, to talk a bit more about the point that Muzna raised with regard to evacuation and safe passage. Hussam raised the issue of humanitarian aid, and I think so did you, Dr. Al-Kassem.

The way I understand it is that, in contrast to Aleppo, eastern Ghouta is sealed off in a way we haven't seen before. I'm trying to look for concrete things that Canada can push for in the short term, and it sounds to me like the humanitarian window that Russia called for might be something we can push for so that people have a safe corridor out or so that humanitarian and medical aid can get in. Is that something that has merit?

As you're thinking about your answer, think about where people would go. Let's say that we did come up with a safe corridor. How does Eastern Ghouta fit in the bigger picture around it? Is it safe? Are there places where people could go around them? How are they faring, compared to other places in the country?

I'm finished. I'm not going to ask any more questions so that all of you can take my time to discuss this.

Dr. Anas Al-Kassem: I can take this one. Thank you very much for the question.

To start with, the humanitarian window from nine o'clock to two o'clock suggested by Russia does not make any sense. It's not logical. It's absurd. This is not my opinion or the organization's opinion. This is the opinion of the medical staff on the ground.

The reason is that, in the last few days, after Resolution 2401, they said that there are some air strikes in the morning, but not as many, say five to six in the morning, and then more escalation in the afternoon and more in the evening. Therefore, they still have to get outside to get the injured after two o'clock. The ambulances are being attacked after two o'clock, so there's no sense in telling them, "From nine to two, you can do your work, and then I'm going to hit you. I'm going to continue with air strikes after two o'clock." We are going to have more casualties, as we're trying to evacuate. We're going to have hundreds more people injured.

We need 100%, for 24-hours, and this is what resolution 2401 said. It must be 24 hours. Otherwise, there is no sense in implementing five hours only.

In terms of the second part of your question, the people don't want to be displaced. They've been in eastern Ghouta for hundreds of years, some of them, like the farmers, for thousands of years, so they don't want to go to Aleppo and Idlib. It's a completely different land, a different country for them. They know nothing about it. In the experience with Aleppo, the UN did very minimal things. If anything, the NGOs, the non-profit organizations, really helped the people in Aleppo to evacuate.

In Aleppo, in the best scenario, we have a population of about 50,000. Here, we have 400,000, so I think it's going to be impossible for a population of 400,000 to be evacuated far away. In Aleppo, they went to some towns nearby, so if you have towns surrounding your city, it would all be familiar. You may have some friends and colleagues who can take you.

Here, we're talking about an area completely surrounded by the regime. If they go to Aleppo or to Idlib, that's going to be 300 kilometres. They know no one over there, so from a humanitarian and social aspect, I don't think that what Russia and the regime have been pushing for is even possible or logical.

• (1340)

Ms. Muzna Dureid: From 2013 to 2016, Assad's regime called it a reconciliation operation with neighbours in Damascus, like Qaboun or Muadamiyat. The experience from those evacuations was the men going to prison or being recruited for the army, and the children and women staying in the schools. Those schools were held by the Assad regime. There were no other scenarios or other plans from the regime.

For Aleppo, there is the border with Turkey, which helped civilians evacuate outside of Syria. For Ghouta, there is no border or any country that might help to take those civilians.

We repeat our demands, which are also the demands from the ground. The civilians from Ghouta don't want to leave the area because they have the right to stay on their land. This is one of the first articles of the human rights declaration. We want to put pressure on the regime.

Dr. Hussam Alfakir: I have the same answer, so I don't have anything to add. People don't want to leave. We just need more access for them to get humanitarian aid in.

Ms. Cheryl Hardcastle: What we need is safe access, a safe corridor for getting supplies and humanitarian aid in. That's what we should be concentrating on, in the short term of course.

Ms. Muzna Dureid: Yes, we need a no-fly zone. There have been months of bombing.

The Chair: Thank you very much.

We will now move to MP Tabbara.

Mr. Marwan Tabbara (Kitchener South—Hespeler, Lib.): Thank you, Mr. Chair.

Thank you very much to all of you testifying here today. This is very important, and we are trying to shed some light on the ongoing devastation that is happening in Syria.

I want to talk to Dr. Al-Kassem and Dr. Alfakir.

In your opening statements, you talked about the dire need for medical supplies and the extent of the damage sustained by these facilities. Dr. Al-Kassem, I believe you mentioned that there have been 33 attacks on medical facilities. Can you elaborate on the extent of the dire need for these urgent medical supplies?

Dr. Anas Al-Kassem: Thank you very much, MP Tabbara, for the question.

In terms of the medical supplies, as I mentioned before, for about 15 months there has been no entry of any kind of medical supplies. The good thing is that, for years, there has been storage by the Ghouta people in Arbin, which is on the west side of eastern Ghouta. There has been some storage of medical supplies, including catheters, anaesthesia drugs, and sutures, but most of them are expired now because of the 15 months.

A surgeon colleague, Dr. Hossam Hamdan, who works in the only hospital left in Douma, which our organization supports, tells me that he does not have certain surgical sutures. We are not even talking about the difficult-to-treat injuries. He had a patient come in for an urgent C-section, and he did not have sutures to oversee the uterus. He told me he was desperate. He didn't know what to do. He didn't know how he was a surgeon when he had no equipment and no sutures at hand.

There are certain sutures. There are catheters, for instance the Foley catheter or the central line catheter, that are essentially used to transfuse blood and to give saline. There are no saline bags. That is very essential for any kind of resuscitation of patients with injuries. There are no saline bags in Ghouta, and they're trying to produce saline but it's not safe. There are air strikes going on.

It is not a very good environment for any kind of production. Yesterday we heard that a pharmaceutical company was targeted by air strikes. It's not only 33 facilities that were targeted in the last two weeks. Even the few factories producing medical supplies have been targeted by air strikes from Russia or the Syrian regime.

• (1345)

Mr. Marwan Tabbara: Perhaps I can just add to that. Generally, whenever there is an intervention or a bombing campaign from a certain force, they target the electricity compounds, the electrical grids. I know that this was cut off days or maybe a few hours prior to the siege. Are they targeting these types of facilities, or are they targeting indiscriminately and just hitting medical facilities?

I know had a colleague, a doctor, who recently passed away.

Can you elaborate on this?

Dr. Hussam Alfakir: I'll comment on this.

Dr. Anas Al-Kassem: Sorry, go ahead.

Dr. Hussam Alfakir: Most of the facilities over there are working on generators. There really is no electricity that gets to the hospital. They're using generators to operate the hospitals in that region. As Dr. Al-Kassem mentioned, and I'll elaborate on it, people there have been really creative in finding the means to do this, whether it's for medical procedures or finding energy for those generators. He mentioned that they're using plastic bags to make fuel. They have some chemists over there who have been creating fuel out of the plastic bags. It's almost like a margarine type of material, actually, which they use to make those generators work.

There is no power there per se. That was ruined a long time ago, as far as I know.

Anas, do you have anything to add?

Mr. Marwan Tabbara: I just have one last thing for Ms. Muzna Dureid.

You said that your family is in eastern Ghouta, just a couple of kilometres from Damascus. I've heard that in Damascus the people's situation is not ideal, but there are no bombing campaigns. They're even free to travel to Lebanon and back and forth. As the Assad regime is closing in on Ghouta and besieging the city, can you talk about the differences between those living in eastern Ghouta and those living in the capital, Damascus?

Ms. Muzna Dureid: Yes, but first, we were just talking about energy. My uncle uses a bike for energy to charge the mobile. He uses electricity from a bike. He uses the bike when there's no food to feed them. He needs to use the bike to make energy. There are no resources for them.

On the situation in south Damascus and Ghouta, part of my family is with the Assad regime, working with the Assad regime, with the government. They supported it. However, half of my family has been under siege for five years. In Damascus, life is very normal. They travel, they eat, and they educate themselves in universities and schools, all those things. However, for Ghouta there is no education. All my cousins have been without school for five years. There is no food. There is no communication. There is no normal life. There is just bombing and dying every day. This explains what it means when you take up a political opinion against the regime. All of your life will change after this decision.

The Chair: Thank you.

We will now move to MP Anderson.

Mr. David Anderson: I want to thank you for that, because I think we all understand the vicious history of this regime. That's why people are concerned.

Dr. Alfakir, I think you said that foreign fighters are not involved in this. I'm wondering if you can give us a sense of the makeup of the military presence that is opposing the regime in this area. What percentage of the population is involved in supporting this? Sometimes you get these conflicts where the population is just forced to be there, while in other places the population is very supportive of what is going on. Can you give us a picture of what's

going on in terms of the defence of this city and the opposition to the regime?

● (1350)

Dr. Hussam Alfakir: They're standing.... Again, my information is from the medical people on the ground and what they're telling me. I don't have a military background, and I don't know what's going on there military-wise, really, in more specific detail. What I was told is that there are no foreign fighters there because the area has been under siege for many years—we've talked about four and a half years under siege—so there are no foreign people coming in. Let's say that some people smuggled themselves in, found a way to get in, but they would be a very small minority. The majority of the people there, the local people, they're really protecting their lands and families.

As I said, it's more of an ideological issue. The government wants to force itself on the people, and the people are resisting. The local people have armed themselves by getting stolen weapons or whatever they can get their hands on to protect their families. Their families are really what they are protecting. For instance, the militants will never use their families as a human shield, as the government keeps saying, because nobody uses their own family as a human shield. They are fighting to protect their families.

Also, their families don't feel safe leaving the area because they don't trust the government. If they go out, they will be imprisoned, killed, or tortured. They really don't trust the government, so they won't leave. The people who are inside feel trapped. Really, the local people—the farmers, the workers, the shop owners, whoever—are carrying arms and defending their town and their homes. This is the image I got, and I really believe it. As I said, if there are foreign fighters, they would be a very small minority—maybe 100 or 200 people at the most.

I hope I've answered your question.

Mr. David Anderson: I think so. Does anyone else have a response?

Ms. Muzna Dureid: Yes. I will talk about the situation in Deir ez-Zor. When Deir ez-Zor was besieged by IS, the international coalition dropped food for the civilians there. Why, then, when there is an area besieged by the Assad regime, is there no help by dropping food from airplanes, or any kind of help?

Also, there is an armed group in Ghouta. It seems normal because it's been seven or eight years of war in Syria. Also, it's not a cause to target civilians, or schools, or hospitals. It's not a cause to use a chemical attack, and chlorine, and sarin. It's not a cause to do all that. We saw the reaction of the international community with IS, but we didn't see that with the Assad regime.

This is the point. That's very clear.

Mr. David Anderson: That's the concern of the committee, that we are seeing that as well.

I want to talk a bit about the chemical attacks. On February 25, the Organisation for the Prohibition of Chemical Weapons said that it was going to investigate the reports. In the past, when they went in, they were attacked, ambushed, or whatever.

Do you have any comment on how they go about doing their work in a situation like the one they would find themselves in? Do you have anything to do with them, or does that fall outside the scope of what you do?

Dr. Anas Al-Kassem: There has been a chlorine attack documented by the doctors. We did not communicate directly with the Organisation for the Prohibition of Chemical Weapons, but I know that Mr. Mulet has been assigned by the UN and he proved the usage of sarin gas, as my colleague said, as well as many other gases in Syria, including in Khan Shaykhun in 2016, which we all heard about, as well as Ghouta, which was the first big massacre by chemical attack, in 2013, killing 1,400 in the same area that is now under siege.

Chlorine gas was used on Sunday, the day after Resolution 2401 was implemented. We communicated with the doctors on the ground. Fourteen people were injured and one child died because of that chemical attack. Unfortunately, the doctors on the ground have become very familiar with what has been used every time. I myself have taken courses about chemical attacks. We don't want to wait for any other organization to come in, because we know the symptoms. I know them more than I know the symptoms of someone coming in with a cough in Canada.

Mr. David Anderson: Thank you.

I have one other question. Are there other areas in Syria that are being besieged and perhaps aren't getting the same kind of attention? Are there other areas that we should be paying attention to and noting in our discussions and conclusions out of this? Are there other places about which you would say, "Turn your head and take a look at this as well"?

• (1355)

Ms. Muzna Dureid: It's the same situation in South Damascus, but there is no bombing at the same level as in eastern Ghouta. The al Qadam, Yelda, Tadamon, and Yarmouk camps are also under siege at the same time, in the same situation, but the level of the bombing is not the same.

The Chair: I think MP Khalid had a last question.

Ms. Iqra Khalid: Thank you, Chair.

Ms. Dureid, you described a conflict that is more based on political ideologies. Dr. Alfakir, you talked a bit about accountability and justice.

Syria has been under siege for a very long time. What is the way forward when we talk about bringing justice to the victims of this siege, about the ongoing humanitarian crisis, and about rebuilding a country that has suffered so much in the past number of years?

Ms. Muzna Dureid: There is no justice with the Assad regime, unfortunately.

After the Caesar operation, 1,500 photos came from prisons, photos of victims who died in prison. Two of my family members are dying. Those photos were smuggled by Caesar after the chemical attack in 2013, when 1,200 people were killed. I think there's much evidence about how this regime is criminal, and how it's dealing with the international community and with us.

For accountability, there are many organizations, such as Urnammu and other organizations of civil society, that are working on documenting the violations in Syria. It's a daily documenting.

There are Syrian refugees here in Canada who were victims in Syria, and they were detained by the Assad regime. After just a few years, they will be Canadian citizens. We can ask for justice for them as Canadian citizens, if Syrian citizens are not the same level of humans.

We can start from the national courts, as is happening in Germany, Sweden, and France in Europe. We can put pressure on this level at individual courts, or on the regime in general through the IIM, the international, impartial, and independent mechanism.

Ms. Iqra Khalid: Thank you.

The Chair: Thank you very much.

I see that, unfortunately, our time is running out. I want to thank all three of you for coming in today on really short notice.

I think it's a wake-up call for all of us because we know that the sad reality of these situations is that, for a moment in time, they have the front pages. We saw it with Aleppo. I was just looking at the work this committee did over a year ago. Then, sadly, these things fall off the front page and fall out of our consciousness, but when we see the depravity and the crimes that have occurred against humanity, the war crimes that are occurring in this region yet again by the Assad regime, it is a wake-up call that we all need to be doing more.

I think nothing brings that home more than having each of you here sharing your stories, whether it's the stories of the medical professionals battling it out in the hospitals to try to save lives, or of Ms. Dureid's family over there and what they've been subject to over the last five years. We will make sure, once again, certainly within Parliament Hill, that we are messaging this out and making clear that the world cannot stand by while these atrocities continue to happen on a daily basis. I want to thank you for coming and sharing your testimony with us.

I just want to get approval to send out the news release. Do all members approve?

Some hon. members: Agreed.

The Chair: Thank you.

With that, I will adjourn.

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