

# Aiding Survivors of the Syrian Crisis

Handicap International (HI) launched operations in northern Syria in December 2012, where it provides postsurgical rehabilitation to survivors of violence. In Lebanon and Jordan, where the organization has worked since the summer of 2012, HI provides assistance to Syrian refugees, placing particular focus on people with disabling injuries.

by Elizabeth MacNairn and Molly Feltner [ Handicap International ]

**H**andicap International (HI) was originally founded in 1982 to rehabilitate landmine survivors from the war in Cambodia. Veteran HI staff members returning from recent missions in the region report that the war in Syria is the most brutal conflict they have experienced due to the extreme level of violence directed toward civilians and the extent of the survivors' physical and mental suffering.<sup>1</sup>

"What's going on in Syria right now is disastrous—you can't imagine just how bad it really is," said Guillaume Woehling, who served as HI's head of mission in Syria from December 2012 to February 2013. "The day-to-day fighting is horrifically violent and taking place in residential areas. When the conflict ends and we're finally able to venture into the hardest-hit areas, I think we're going to make some truly appalling discoveries. It will take years to help the Syrian people recover."

The lack of security, the limited availability of humanitarian resources in Syria and the extent of the survivor's needs has created an exceptionally challenging working environment.

## Assistance in Syria

Working in three makeshift hospitals in northeast Syria, HI provides postsurgical emergency rehabilitation with support from numerous organizations.<sup>2</sup> From these locations, staff members observed the crisis firsthand and collected testimonies from survivors and their families.<sup>3</sup>

Widespread media reports allege that daily air strikes, bombings and sniper attacks specifically target civilians and civilian buildings, including hospitals. Many doctors have been killed or forced to flee during the fighting.<sup>4</sup> HI has found that some medical staff remaining in this region operate out of makeshift underground facilities where they have few resources to cope with the daily influx of injured people. Most doctors and nurses staffing



An HI physiotherapist in Jordan works with 7-year-old Ammar, who lost his arm and leg in a bombing. Photos courtesy of Brice Blondel and Handicap International.

these emergency centers work voluntarily and, in order to save lives, many perform surgeries and other procedures that are beyond their skill level.

Although the seriously injured require extended hospital stays to recover properly, most are discharged after two or three days to free up beds for new arrivals. Other survivors who arrive with injuries that are not immediately life-threatening may be turned away completely. In both instances, without proper follow-up care or rehabilitation, the injured can develop permanent or more severe disabilities as well as infections, including gangrene, some of which necessitate the amputation of limbs or digits.

HI provides assistance to these survivors as well as to Syrians with disabilities unrelated to the war, as local rehabilitation services no longer exist. The majority of beneficiaries HI works with in Syria were injured during the conflict. About a quarter of the total beneficiaries are children under the age of 12.

Staff estimate that bullets cause roughly half of the injuries. Sniper victims include women, young children and the elderly. Explosives, shrapnel or rubble falling on victims during bombings cause other injuries. The injured may have paralyses from spinal-cord injuries, multiple amputations, complex fractures, and nervous or vascular system damage due to deep wounds.

“The injured people we’re working with have been destroyed physically and psychologically,” said Diana Hiscock, a physical therapist who returned from Syria in February 2013.<sup>5</sup> “Almost all of them have been injured in an explosion or an attack that cost the lives of one of their relatives.”

At least one injured patient, a woman who had both legs amputated, reported that she had stepped on a landmine.<sup>6</sup> However, due to the lack of security, HI could not carry out an evaluation to confirm this. In November 2012, Human Rights Watch reported the use of cluster munitions in Syria.<sup>7</sup>

Rehabilitation is imperative to helping survivors gain mobility and strength. At the clinics where HI operates, beneficiaries are case-managed and receive physical therapy and mobility aids, like wheelchairs and crutches, based on their individual needs. Because of the region’s constantly changing situation, many beneficiaries relocate before completing a full course of physical therapy. Thus, HI staff train the family members and friends of beneficiaries to perform basic rehabilitation exercises.

In general, humanitarian aid is in extremely short supply in this part of northern Syria, and many people with injuries or disabilities receive inadequate or no support.<sup>3</sup> Often not physically able to access the scant resources available or to flee, the most vulnerable victims of the conflict face a seemingly impossible situation.

### Helping Refugees in Jordan and Lebanon

In a speech before the U.N. Security Council on 16 July 2013, the U.N. High Commissioner for Refugees (UNHCR), Antonio Guterres, said that in 2013, an average of 6,000 people flee Syria every day, a rate not seen since the 1994 Rwandan genocide. He reported that since the conflict began, the U.N. registered 600,000 refugees



A prosthetist-orthotist from a local partner of HI in Jordan prepares an orthosis.

*Photo courtesy of Gwenn Dubourthoumie and Handicap International.*

in Lebanon; 160,000 in Iraq; 90,000 in Egypt; and one million in Jordan and Turkey. Of these, two-thirds left Syria in 2013, indicating a serious deterioration of conditions inside the country.<sup>8</sup>

While staggering, these estimates only include refugees who officially registered with UNHCR. The actual number of people who fled Syria may be considerably higher, as some Syrians have not registered, and citizens of neighboring countries who lived inside Syria and returned to their home country are not eligible for refugee status.<sup>9,10</sup>

Beginning in the summer of 2012, HI set up permanent and mobile disability and vulnerability focal points in the Bekaa Valley, northern Lebanon and along Jordan’s northwest border to provide



An HI physiotherapist performs exercises with a Syrian woman in Lebanon.  
*Photo courtesy of Gwenn Dubourthoumie and Handicap International.*

assistance to the most vulnerable refugees, including those with physical or mental disabilities, limited mobility, illness, and those who are pregnant.

Early in the conflict, most people arriving in Jordan and Lebanon planned their departure and could bring some money and belongings with them. However, as the fighting intensified, staff members found more people fleeing with few or no possessions—arriving completely destitute. Many lost family members and had their homes destroyed. The number of new refugees suffering from severe injuries and mental trauma is also increasing. Staff estimate that about 20 percent of HI beneficiaries in Lebanon and 50 percent of beneficiaries in Jordan suffer from injuries directly related to the conflict.

In any refugee or displacement setting, persons with disabilities (PWD) or disabling injuries are among the most at-risk members of the population. They have greater needs than other groups but are often the least able to access aid. Beyond physical and mental limitations, they often face direct discrimination and exploitation.<sup>11</sup>

Delivering aid and services is particularly challenging in Lebanon and Jordan, as most refugees live scattered

between small apartments and makeshift shelters rather than in refugee camps. HI's mobile teams, which include physical therapists and psychosocial specialists, travel between locations to identify those most in need of humanitarian assistance. HI's services include fitting and distributing mobility aids, orthoses or prostheses, and providing rehabilitation sessions and psychosocial support. Staff members also work in local clinics and hospitals to provide rehabilitation to people with injuries to prevent permanent disabilities from developing.

Where possible, HI provides some nonfood aid such as mattresses and hygiene kits. Staff members link vulnerable people to organizations, such as UNHCR, World Food Programme, Jordan Health Aid and *Médecins Sans Frontières* (MSF or Doctors Without Borders), that can meet their other needs and monitor their ability to access emergency aid.

HI also provides the same services in refugee camps such as the Zaatari camp in northern Jordan. HI works with U.N. agencies in Jordan to ensure refugee camps are designed to provide access to people with specific needs, including those with limited mobility.

HI has recently provided accessible toilets, mobility aids, dropped curbs, etc., thereby improving conditions in the camps for people with mobility challenges. However, not all areas have accessibility features, making it very difficult for those with significant physical limitations to use toilets and access services and aid-distribution points. As most refugees have no furnishings other than mattresses and blankets, PWDs often lay immobile on the floors of their tents for days. Sometimes the weekly visit from an HI physical therapist is their only opportunity for exercise and socialization outside of their family.<sup>12</sup>

### Psychosocial Support

While the extent of the physical injuries seen in Syria and host countries is extremely high, the number of Syrians suffering from severe psychological trauma is likely far greater. This is especially true for people who have been seriously injured.<sup>13</sup> As part of an integrated approach to rehabilitation, HI staff offer psychosocial support to beneficiaries and their family members.

“They’ve suffered and witnessed atrocities that go beyond the realms of the imagination—the murder of civilians, the calculated destruction of schools and hospitals, kidnapping, torture—often for extended periods of time,” said Stephanie Duverger, who is responsible for implementing HI’s psychosocial programs in Jordan. “The trauma doesn’t come to an end when they take refuge in another country, because they continue to see images of the fighting on television and hear about it from their friends and relatives.”

Survivors of torture and rape often suffer greatly. However, many are so dehumanized by their experiences they refuse help.<sup>13</sup> Traumatized children, who now lack the mental stimulation of school and play, can regress developmentally and stop communicating and interacting with the outside world. Other children are forced suddenly into adulthood because their parents died or are unable to care for them.

Duverger recounts the experience of a 12-year-old boy who became the head of his household after both of his parents were seriously injured. He was responsible for earning an income and raising his younger siblings. However, because of his own mental trauma and the stress of looking after his family, he became incontinent and now has to wear diapers.



Ammar practices standing with his prosthetic leg.  
Photos courtesy of Brice Blondel and Handicap International.

HI runs a number of psychosocial programs to help its beneficiaries begin processing their trauma and reassert control over their lives. Staff run family-support sessions, organize games and other activities for children, and facilitate discussion groups for adults. The discussion groups help traumatized refugees accept what has happened to them. By being open and sharing their experiences with others, they can collectively heal and address shared challenges.

### Risk Education

To prepare refugees for their eventual return to Syria, HI is conducting munitions risk education in Jordan. Given the organization’s experience in other post-conflict situations and the reports coming out of Syria, returnees may encounter significant amounts of explosive remnants of war as well as small arms and light weapons when they go home.



24-year-old Lubna, injured by sniper attack, with her brother in Jordan.  
 Photo courtesy of Stuart Hughes and Handicap International.

Risk-education workers meet with refugees in camps and host communities to teach them about the dangers of these weapons, how to identify them and how to react if they encounter dangerous devices. As of June 2013, more than 9,000 people had attended awareness sessions. The organization completed the first phase of this project and will soon launch a second more extensive phase in the coming months.

### Humanitarian Assistance in Syria

Despite the influential work of HI, the International Rescue Committee, MSF and other actors in the Syrian crisis, the current level of humanitarian assistance is grossly inadequate to meet the needs of all affected individuals.<sup>14</sup> Nongovernmental organizations (NGO) lack the resources needed. In Syria, the fighting and the Syrian government block NGOs from delivering aid and services to many parts of the country.<sup>15</sup>

“In the best case scenario, the funding made available by the international community will cover the needs identified four months ago,” said Thierry-Mehdi Benlahsen, HI’s regional emergency-response coordinator, in June. “Hospitals are at the breaking point, there

is a serious lack of accommodations, and the quite exceptional solidarity shown by the inhabitants of the host countries may well reach its limits if the international community does not provide an appropriate response to the situation.”

In mid-July, the U.N. estimated that an additional \$3.1 billion was needed to fund humanitarian assistance through the end of 2013.<sup>8</sup> HI remains committed to staying to ensure no victims are left behind and continues to advocate for an increase in funding, as current funding is insufficient, especially with regards to health care. ©

*See endnotes page 65*



Elizabeth MacNairn has been the executive director of Handicap International U.S. since 2011. She also serves on the board of InterAction. Previously, MacNairn worked with AMIDEAST in Washington, D.C., and Cairo, Egypt and with Catholic Relief Services in Morocco. She also worked for Health Volunteers Overseas for four years and, in 2006, joined ResCare International as Haiti program coordinator.

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## News Brief

### Do-It-Yourself Weapons in Syria

~ Dane Sosniecki, CISR Staff

Free Syrian Army forces fighting against President Bashar Assad have filled major gaps in their arsenals by building improvised weapons to combat the Syrian government's superior arsenal of artillery, tanks and warplanes. At present, much of the rebels' artillery consists of pipe bombs, slingshots, improvised grenade catapults, modified shotguns that shoot grenades, and portable mortar and rocket launchers made from miscellaneous weapon parts and scrap metal. The recently developed "Hell Cannon" launches an adapted propane-gas cylinder full of ammonium nitrate approximately one mile. Eliot Brown, a British arms expert, says it is the most powerful explosive device used by opposition forces. Perhaps the most creative rebel design utilizes a flat-screen, high-definition television and an imitation PlayStation



An improvised rocket-assisted mortar used by Hezbollah in Qusayr, Syria.  
 Photo courtesy of Eliot Higgins.

video-game controller to activate a machine-gun turret atop a makeshift armored vehicle, which was originally a car's chassis.

Most recently, evidence of improvised rocket-assisted mortars/munitions (IRAMs) have appeared in Syria. These repurposed weapons are 107 mm rockets armed with oversized warheads capable of causing significant damage to structures at short range. ...

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