

SQUEEZING THE LIFE OUT OF YARMOUK

**WAR CRIMES AGAINST
BESIEGED CIVILIANS**

**AMNESTY
INTERNATIONAL**



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1. INTRODUCTION

Three years after popular pro-reform then anti-government protests drew a brutal response from the Syrian authorities, leading to the internal armed conflict that continues to rage, around a quarter of a million civilians are living under siege across Syria. Many have endured appalling conditions in their struggle to survive. Most live in areas besieged by Syrian government forces and have been effectively confined for a year or more in areas devastated by bombing and shelling. The besieged people have little food; some have resorted to killing cats and dogs to eat while those who forage for leaves and weeds for their families to consume are prey to government snipers. Meanwhile, in other areas where the government retains popular support, civilians have come under siege from armed opposition forces who have severed much-needed food, fuel and medical supplies.

The areas under siege by Syrian government forces include suburbs and other districts of the capital Damascus, as well as areas within or close to other major cities, such as Homs and Aleppo. Yarmouk, located some 8km from the centre of Damascus, and Eastern Ghouta, on the city's eastern edge, have both been subjected to repeated attacks and prolonged sieges by troops loyal to President Bashar al-Assad, as have parts of Homs, Syria's third largest city, and al-Hassaka in the north-east. Fighters opposed to the government have besieged the central prison in the northern city of Aleppo, Syria's most populous city, and the nearby villages of Zahraa and Nobl, whose inhabitants they perceive as supporting the government.

This report focuses on the situation in Yarmouk, where the siege has been particularly prolonged, has had the harshest impact, and has caused the largest number of deaths from starvation. A highly built-up area of 2km², Yarmouk is situated on the south side of Damascus. Its residents include Palestinians and Syrians; the former are refugees, Palestinians and their descendants who fled or were expelled from their homes during the 1948 conflict that saw the creation of the State of Israel or the subsequent war of 1967 when Israel invaded and occupied the West Bank and Gaza Strip.¹ When the current crisis began in Syria, Yarmouk was home to the country's largest Palestinian refugee community. It was a densely populated area that resembled a residential district rather than a refugee camp. Its residents comprised some 180,000 Palestinian refugees and several hundred thousand Syrian nationals. Once the conflict took hold, thousands of people displaced by fighting in other parts of Syria arrived to seek shelter in Yarmouk, while thousands of its existing residents left to seek shelter elsewhere, some as refugees and others who remain internally displaced within Syria.

Government forces besieged Yarmouk in December 2012. In July 2013 they began to prevent all access to Yarmouk. Since then, with the exception of some intermittent distribution since 18 January 2014, the Syrian army has prevented the entry of all people, and all food and goods, including medical supplies, into Yarmouk. The civilians who remain, reportedly numbering some 17,000 to 20,000 people, include many who are elderly and sick and families with young children.²

Scores of civilians are reported to have died in Yarmouk as a direct result of the siege or have been killed in attacks by Syrian government forces. Amnesty International has obtained

information about 194 individuals, all said to be civilians, who have lost their lives since government forces tightened the siege in July 2013. Starvation, lack of adequate medical care and shooting by snipers are the three main causes of death reported to Amnesty International. Many other Yarmouk civilians have been wounded or maimed, or have fallen victim to illnesses caused by the severe conditions to which they have been exposed for so long. Yarmouk's civilians have been brought to the brink of starvation, forced to forage for any food that they can find. They have few and diminishing medical facilities available to treat their sick and wounded. Every day they face uncertainty about their future and what the Syrian government forces may do to them if and when the siege ends. Elsewhere, other communities in Syria remain under siege by government troops and face similar privations and fears.

Within the context of the siege, Syrian security forces have also arrested scores of Yarmouk residents, many of whom they have subjected to enforced disappearance. Some have died in custody in suspicious circumstances. Those arrested include at least 12 medical workers; six of whom were subjected to enforced disappearance and remain unaccounted for and another who died in the custody of Syrian security forces. All appear to have been targeted by the Syrian security forces on account of their activities as medical workers. Other medical and health workers have been killed and injured in apparently targeted or indiscriminate attacks by the Syrian government forces besieging Yarmouk.

The plight of the Palestinian refugees of Syria is a catastrophe within the wider catastrophe of Syria. Almost two thirds of Syria's 530,000 Palestinian refugees have once again been displaced. Approximately 270,000 Palestinians are internally displaced in Syria. More than 50,000 are reported to have fled to Lebanon, 11,000 to Jordan, 6,000 to Egypt, 1,000 to Libya, 1,000 to Gaza and others to Turkey, Malaysia, Thailand and Indonesia and other countries.³ As early as July 2013, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), which provides protection and assistance to some 5 million Palestinian refugees across Syria, Lebanon, Jordan, the West Bank and Gaza Strip, described the community as "unravelling and in acute distress".

This report draws on information provided to Amnesty International by six current residents of Yarmouk and 12 former residents, now either internally displaced within Syria or living as refugees abroad and who remain in contact sporadically, and with great difficulty, with family members and others who remain in Yarmouk. Amnesty International's interviews with all of these individuals have been conducted via the internet, Skype and telephone. Additional information has been obtained from representatives of human rights, humanitarian and medical organizations as well as through monitoring of video clips and other images published by residents of Yarmouk and others. Amnesty International is withholding the identities of all those who contributed information to this report to protect their security.

International humanitarian law – the laws of war – prohibits the use of starvation of the civilian population as a method of warfare. Syrian government forces and other parties to the conflict must allow and facilitate rapid and unimpeded passage of impartial humanitarian assistance to civilians in need. They must also allow civilians in besieged areas to leave and ensure the freedom of movement of authorized humanitarian relief personnel. The parties to the armed conflict must ensure that the wounded and sick are collected and cared for without adverse distinction. Sieges that amount to collective punishment of the civilian

population are prohibited under international humanitarian law.

Amnesty International is calling on the Syrian government and military forces to immediately lift the siege of Yarmouk and other civilian areas, cease shelling and other indiscriminate attacks and direct attacks on civilians, and allow humanitarian organizations and agencies unfettered access to all areas to assist the civilian population without discrimination. This should include cross-border access from neighbouring states such as Turkey into areas under the control of armed opposition forces, as well as access across conflict lines between government and opposition forces. Armed opposition groups, likewise, should allow unfettered access by humanitarian agencies to civilians in areas under their control and refrain from indiscriminate and other unlawful attacks. All sides should respect the role of medical workers and refrain from attacks on medical and other humanitarian workers.

All sides should also respect the international prohibition on torture and other ill-treatment and ensure that all detainees are treated humanely at all times. Anyone detained or imprisoned on account of their legitimate exercise of human rights or on account of their identity should be released immediately.

The UN Security Council should continue to address the dire humanitarian situation in Syria and make clear to all parties that they will be held accountable under international justice for war crimes, crimes against humanity and other gross human rights abuses by the forces under their command. Towards this end, the Security Council should refer without delay the situation in Syria to the Prosecutor of the International Criminal Court.

2. THE SIEGE

2.1 OVERVIEW

When widespread popular protests spread across Syria in 2011 and were met with government repression, the residents of Yarmouk sought to remain on the sidelines, reflecting long-standing efforts by the Palestinian refugee community to avoid entanglement in primarily Syrian political affairs and disputes, and its recognition that the Ba'athist governments of Syria's current president and his father, Hafez al-Assad, had accorded Palestinian refugees greater rights than other host countries in the region. However, the government's brutal crackdown on mostly peaceful protests led to the growth of armed opposition groups and armed conflict evolved. Yarmouk was inexorably drawn in.

On 6 June 2011, some 21 people were reported killed when armed members of the Popular Front for the Liberation of Palestine – General Command (PFLP-GC)⁴ and Syrian security forces fired on a procession of angry people in Yarmouk. The PFLP-GC had provoked anger by not participating in a demonstration lamenting the killing of people, including individuals from Yarmouk, by the Israeli military at the border with Israel the previous day.⁵ Resentment against both the government and the PFLP-GC increased further when Yarmouk came under heavy shelling, apparently by government forces, in August and September 2012, reportedly killing at least 20 people. Soon after this, fighters belonging to armed opposition groups linked to the opposition umbrella group known as the Free Syrian Army (FSA) established a presence in Yarmouk. They recruited a number of local residents into their ranks and engaged in armed clashes with Syrian government forces and the PFLP-GC.

On 16 December 2012, a Syrian government MiG warplane carried out raids on Yarmouk, bombing a number of civilian targets, including four schools – two of which were shelters for internally displaced people (IDPs), a mosque that was also an IDP shelter and the al-Basel Hospital. Reports by local human rights organizations and other sources indicate that the targets were purely civilian, that no members of armed groups were killed or injured and that at least 25 civilians were killed.⁶ UN Secretary-General Ban Ki-moon called the air strikes “a matter of grave concern”. The next day, government forces shelled Yarmouk again and, assisted by the PFLP-GC, began the siege that has remained in force ever since. In subsequent days and weeks government forces are reported to have also subjected Yarmouk's inhabitants to attacks by artillery, mortars and Grad missiles, causing many deaths and injuries, particularly among civilians.⁷

In the weeks surrounding the beginning of the siege at least 140,000 Palestinian refugees as well as tens of thousands of Syrians reportedly fled Yarmouk.⁸ Others, however, remained: according to Amnesty International's sources they included many of the poorest residents and those who had least possibilities to seek alternative shelter, including many Palestinian refugees, for whom it is more difficult to find shelter in other parts of Syria and who face greater obstacles than Syrians in obtaining refuge in neighbouring countries.⁹

Initially, Syrian forces allowed the residents to receive a trickle of food supplies, such as small bags of vegetables, though too little to meet their needs. But as resistance continued they progressively tightened their noose around Yarmouk, allowing in only meagre supplies of

food and water. In or around April 2013, government forces cut the main electricity power supply; since then, residents have had to depend on generators, which are costly to run and lack the capacity to meet more than a fraction of their needs. The lack of a power supply has directly affected the functioning of the area's hospitals and treatment centres, already hard-pressed with an unceasing flow of casualties from government snipers and bombardments, and people suffering illnesses resulting from the deprivation. In July 2013 the Syrian army began to prevent the entry of all people and all food and goods, including medical supplies, into Yarmouk.

The actions of armed opposition groups that established a presence in Yarmouk – allegedly against the wishes of most Yarmouk residents, who hoped to preserve their “neutrality” amid the Syrian unrest and conflict – added to the problems faced by the besieged civilians. In particular, fighters from some armed groups are reported to have raided medical stores and removed medicines and medical supplies from Yarmouk's hospitals and clinics, so prioritizing the needs of their own casualties over those of the area's civilian population. The FSA fighters, who were the first opposition fighters to set up in Yarmouk, had mostly departed by May 2013 in order to join in fighting in other parts of Syria, including in Eastern Ghouta, Qalamoun and Quseyr. Some members of Suqour al-Jolan, an FSA-linked armed group, are said to have remained, however.

As FSA-linked fighters moved out, fighters belonging to other armed groups moved in and used Yarmouk as a base from which to attack the Syrian army. They included fighters belonging to Jabhat al-Nusra and the Islamic State in Iraq and al-Sham (ISIS).¹⁰ Members of these armed groups engaged in fierce fighting with Syrian government forces in July 2013, capturing a number of positions from the Syrian army and forcing it to relinquish ground, but prompting a further tightening of the siege of Yarmouk by government forces, the PFLP-GC and members of a Shi'a pro-government armed group, the Abu Fadl al-Abbas Brigade, many of whom are said to be Iraqi, Lebanese and Iranian.

All current and former Yarmouk residents with whom Amnesty International is in contact say that local people did not support either the entry or the presence of armed groups such as Jabhat al-Nusra and ISIS. Nevertheless, while some members of armed opposition groups are reported to have looted premises and in some cases stolen medical supplies, Amnesty International has not received any reports of armed groups preventing Yarmouk residents from seeking to leave the siege area.

As the ultimately unsuccessful internationally backed negotiations between representatives of the Syrian government and the opposition were about to convene in Geneva in early 2014, local negotiations involving representatives of both sides in the struggle for Yarmouk and the Ramallah-based Palestinian Authority resulted in an agreement that brought some relief to Yarmouk's desperate residents. Under this agreement, since 18 January 2014 the Syrian government has allowed hundreds of sick and wounded civilians, together with some members of their families, to leave Yarmouk and some food parcels to be taken in to those still under siege. These positive developments, however, have had only limited impact in alleviating conditions for the thousands of civilians who remain under siege in Yarmouk. Those civilians who remain are estimated to number between 17,000 and 20,000 people, and include many who are elderly and sick and families with young children.¹¹

Another glimmer of hope emerged when the UN Security Council passed resolution 2139 on 22 February 2014. Three years into the worsening human rights and humanitarian crisis, this was the first Security Council resolution to address the humanitarian situation in Syria. It calls on the parties to the conflict to immediately lift sieges of populated areas, including Yarmouk; end violations of human rights and international humanitarian law; and allow rapid, unhindered and safe access – including across borders and conflict lines – for humanitarian agencies to reach people in need.

As a consequence of recent and ongoing negotiations, several relief convoys have managed to bring vital but limited humanitarian supplies into Yarmouk. From 18 January until 26 February some 7,493 food parcels were delivered by UNRWA, the agency stated, to families at the edge of the Yarmouk. Each parcel contains dry foodstuffs to feed a family for up to 10 days. However, the quantities are inadequate for the desperate needs of the people in Yarmouk. In addition, during the same period, hundreds of the most vulnerable individuals have been allowed to leave and be escorted to hospitals.

According to local and international sources, some 2,000 to 3,000 members of armed opposition groups were present in Yarmouk until early February 2014, when most were reported to have found means to leave the area despite the ongoing siege. As of late February 2014, all individuals inside or from Yarmouk interviewed by Amnesty International said that most if not all members of armed opposition groups had managed to leave Yarmouk via secret routes and there were hopes that the camp would return to its earlier status of neutrality once the siege comes to an end. On 2 March 2014, however, government forces shelled Yarmouk repeatedly following the return of members of Jabhat al-Nusra to Yarmouk. A statement issued by Jabhat al-Nusra and seen by Amnesty International accuses the Syrian government and PFLP-GC of renegeing on their commitment towards ending the siege.

2.2 DEATHS UNDER SIEGE

Amnesty International has received information on the deaths of 194 people, all said to be civilians, who are reported to have died between the tightening of the siege in July 2013 and 22 February 2014. Information on these cases is presented in a table in the Appendix to this report. It is likely that some fighters may also have died in Yarmouk during this period, although Amnesty International has only seen information concerning one such death.

The main sources for the deaths are the Palestine Red Crescent Society – Syria (PRCS-S) and several human rights NGOs with a presence or contacts inside Yarmouk, notably the Action Group on Palestinian Syrians (AGPS),¹² the Palestinian League for Human Rights (PLHR),¹³ Group 194,¹⁴ and the Palestinian Camp News Network Union (PCNNU)¹⁵. For 46 of the reported fatalities, reports are supported by still or video images of the deceased.

In almost all cases, the full names of the deceased have been given, but in several only partial names can be provided and in three cases the individuals' identities are unknown. Fifty-four of those reported to have died are female, and 139 individuals are male. In one case the deceased's sex could not be determined. For 16 of the reported fatalities, the sources provided information indicating that the deceased individuals were aged between 60 and 85 years old; a further 25 deceased individuals were reported as being "elderly", without additional clarification. Twelve infants under 12 months old are among the deceased, in

addition to six children.

Regarding the causes of death, 128 individuals, two thirds of the fatalities listed, are reported to have died as a result of starvation. Lack of proper medical care is also a factor in these deaths, as starving individuals could in other circumstances be treated through administering fluids for intravenous therapy, but such fluids are in very short supply as medical facilities and services have been decimated during the siege. Fifty-one individuals, according to the information received, died from illnesses and injuries that required a degree of medical care no longer available in Yarmouk. Even when individuals have died after suffering multiple injuries from shelling, or potentially life-threatening conditions such as heart attacks, medical workers in Yarmouk told Amnesty International that in most cases their lives could have been saved had proper medical care been available. Ten individuals are reported to have died from wounds they received when they were shot by government snipers; of these, at least two were shot while foraging for food to eat in the small fields adjacent to Yarmouk. Two others were said to have been shot by snipers during protests, one of which followed an incident on 16 January 2014 in which a government helicopter reportedly dropped barrel bombs on Yarmouk.¹⁶

2.3 STARVATION

From December 2012 to February 2013, the Syrian armed forces at Yarmouk's checkpoints permitted fewer and fewer individuals to bring in even the smallest amounts of food, such as vegetables, that had occasionally been allowed. Those who tried to bring in food and medicine also put their lives at risk. On 12 January 2013, Ghassan Shihabi sought to drive into Yarmouk with his children and with bread to give to other families. However, when he arrived at a Syrian army checkpoint outside Yarmouk, Air Force Intelligence officers at first prevented him from proceeding before he was cleared to do so by members of the PFLP-GC. His widow told Amnesty International that when he then drove forward, he was shot dead by a government sniper.¹⁷

From July 2013, Syrian government forces prevented all food, medicines and other supplies from entering Yarmouk, exposing the area's remaining inhabitants to untold hardship and serious risk. Since the area was sealed, the inhabitants have faced an increasingly difficult struggle to survive. Rampant malnutrition has led to scores of reported deaths from starvation as well as widespread illness, with the sick, the elderly, young children and pregnant women at highest risk.

With the Syrian army and its armed allies blocking the entry of all food supplies, Yarmouk's markets and shops have run out of stocks. All that could be obtained in the market, one resident told Amnesty International in February 2014, were "spices and a kind of green starch that can be fried and eaten".

As the impact of the siege took hold, local people had to resort to increasingly desperate measures. First, when there was no more flour to make bread, families baked substitutes using lentils and then crushed bulgur wheat. Then, these supplies too were exhausted or became too expensive – by late 2013, a kilogram of rice cost between 10,000 and 15,000 Syrian pounds (US\$70 to \$100). One woman told Amnesty International that her brother had

sold packs of cigarettes for the equivalent of US\$40-50 each, then used the money “to buy dry foods that last, such as rice and lentils”.

For months residents survived scouring the area for anything that might be edible, including cactus leaves, dandelion leaves and other plants. Hunger has driven many to expose themselves to government snipers while searching for food. For example, a hospital nurse described the case of a boy aged 16 or 17 whose body was brought in after he had been shot dead while collecting leaves to eat. Addressing the lifeless boy, his grieving father said: “You died for the sake of bringing hibiscus leaves for your brothers and sisters.”

A Syrian national who remains in Yarmouk told Amnesty International in February 2014: “I eat anything that I can get my hands on. I eat on average one meal every 30 hours. Either we have to go to the small field areas overlooked by snipers, looking for herbs, or group together to buy a kilo of rice or lentils at 10,000 Syrian pounds and cook it, but we cannot afford to do this each day due to the cost. For a year and two months we have been without electricity. There are some generators but the diesel for it is scarce and expensive. After some recent food deliveries got into the camp, the prices have gone down by about 30%, but they do not reach the markets and are instead sold on the informal market like drugs.”

Other residents told Amnesty International that they have had no fruit or vegetables to eat for many months. Speaking in January 2014, one said: “The last time I ate vegetables was more than eight months ago.”

Another said he had “not eaten fruit for seven months, nor vegetables for six months”, but had eaten a plant known as bird’s foot trefoil that is usually eaten by cows and other livestock. Other residents have also eaten this plant but some have suffered an allergic reaction, including bloating, as a result. Cases of food poisoning and other illnesses became common as many people have been forced to exist on a diet of leaves and weeds. In desperation, some have killed and eaten cats and dogs, a practice reportedly permitted through a fatwa issued by local sheikhs, in some cases suffering food poisoning as a result.¹⁸ According to one resident, some people have resorted to drinking dog milk.¹⁹ Another resident told Amnesty International that many eat from rubbish bins, and this is also purportedly shown on YouTube video clips. A common “meal” is said to be water mixed with spices.

Many Yarmouk residents have been killed or injured by government snipers while foraging for food, especially in the south where there are some fields. A local human rights activist told Amnesty International in late January 2014 that people had been able to search for food there without being shot at times but that the situation had now changed: “The area is sniped upon by members of the Syrian army. Currently, no one is able to enter the area without being shot at.”

A voluntary medical worker at Palestine Hospital said that people were generally shot and injured daily there, and sometimes killed.²⁰ Despite hopes and expectations around 12 February 2014 that a large food delivery was to arrive at Yarmouk, on that day it was reported that Talal Awad was shot dead by a sniper while foraging for food at the edge of Yarmouk camp.²¹

2.4 MEDICAL WORKERS, MEDICAL SERVICES AND THE HEALTH OF THE BESIEGED

The long and violent siege has had a devastating effect on the people who remain in Yarmouk, according to health workers inside the area, local human rights activists and residents with whom Amnesty International has been in contact, and representatives of international organizations that have sought to monitor conditions. Medical facilities in particular have been badly hit and medical personnel have suffered both through being targeted as well as through indiscriminate attacks and the collective punishment of the siege.

Among at least scores of individuals arrested during the siege, at least 12 are medical workers. Of these, six are reported to have been subjected to enforced disappearances and one died in custody in suspicious circumstances. Government security forces arrested Dr Hail Hamid, a hospital consultant and professor in the faculty of medicine at Damascus University, at his clinic in Yarmouk on 11 August 2012. His fate is unknown. Dr Aladdin Youssef, a neurological surgeon, disappeared after being arrested at a Syrian military checkpoint on or around 18 December 2012. A volunteer with the PRCS-S told Amnesty International that Dr Youssef was detained after he entered into an argument with security officials at the checkpoint who refused to allow him to exit in order to fetch medicines. The fate of urinary surgeon Dr Nizar Jawdet Kassab, who was detained by government forces at a Yarmouk checkpoint on or around 19 December 2012, is also unknown. The fate of paramedic Hussam Mou'ad, who was arrested on 30 December 2012, is unknown. Salma Abdulrazaq, an engineering student aged 21 who volunteered with the medical scouts (al-Kashafa al-Tibbiya) of the Palestine Liberation Organization (PLO), was also arrested on 30 December 2012 when she was searched at a checkpoint and found to be carrying a small quantity of medicines into Yarmouk. She was taken to the Palestine Branch of Military Intelligence for interrogation, after which her fate is unknown.²² Abd al-Rahman Salameh, an assistant anaesthetist nurse, was arrested on 1 September 2013. His fate is unknown.²³ Government forces arrested Mohammed Abu Rughba, a paramedic, in October 2012; he was released in or around late December 2013.

Medical workers in Yarmouk told Amnesty International that many of their colleagues left Yarmouk during this period, fearing arrest. Lack of medical personnel inevitably impacted the services available and put lives of injured and sick patients at greater risk. As the widow of Ghassan Shihabi told Amnesty International: "As soon as I arrived there [at Palestine Hospital], a health worker told me that my husband hadn't made it. There were no doctors at the hospital because a few days earlier, Dr Aladdin Youssef was arrested and so others were scared to come to the hospital."²⁴

Other medical professionals who were among those detained include Mohammed Najma, the owner of a medical supplies company who assisted the group of volunteer medical scouts (al-Kashafa al-Tibbiya) of the PLO. They acted as a first response team when rockets fell and people were injured, helping the wounded into ambulances and access emergency medical care. A senior medical worker told Amnesty International that government security officials from the Palestine Branch of Military Intelligence detained Mohammed Najma on 1 September 2013 at his company office, after first beating him with his laptop computer, and then took him away. He was released in or around late November 2013.

At least one medical worker has been named among the scores of detainees from Yarmouk and thousands from elsewhere in Syria who are reported to have died as an apparent result of torture and other ill-treatment in the custody of Syrian government forces during the past three years. Security forces arrested Dr Firas Abd al-Razzaq al-Jild, a dentist, on 21 December 2012 as he sought to enter Yarmouk; his desecrated body was found two days later on a Yarmouk street.

At least three medical volunteers were arrested in the vicinity of the checkpoint at the main northern entrance to Yarmouk on or around 2 February 2014. Ahmed al-Solh, Ahmed al-Qudemi and Ahmed Taha all had permission to leave the camp: Ahmed al-Qudemi had been granted permission to accompany his injured brother to a hospital while both Ahmed al-Solh and Ahmed Taha had been given permission to leave to register for university. Ahmed al-Qudemi, a law student, also worked as a member of the group of volunteer medical scouts (al-Kashafa al-Tibbiya) of the PLO.

Other medical workers have been killed and injured in attacks by government forces on Yarmouk during the siege. Some government attacks, including aerial bombing and tank or artillery shelling, have been indiscriminate, carried out with gross disregard for the civilian population, while others appear to have deliberately targeted civilian objects, such as hospitals and medical centres. Dr Ahmed Nawaf al-Hassan, a surgeon at the Palestine Hospital, died on 17 June 2013 when a rocket apparently fired by government forces struck the hospital. A PRC-S volunteer who witnessed his killing told Amnesty International: "He died instantly when a rocket fell at the front door of the hospital (about 12m away) and he was sprayed with shrapnel, one piece of which pierced his heart." Another Palestine Hospital doctor, Mohammed Hemedi, was reportedly killed in a rocket attack outside Yarmouk.

The PRC-S volunteer said that government forces appeared to be pursuing tactics designed to cause casualties among medical staff and volunteers: "When a rocket hits a building, the government forces know that the medical staff will run out to save the injured. They wait a few minutes then fire a second and third time knowing the medical staff are likely to be there."

Medical professionals and volunteers who have sustained injuries include: Khaled Salama, who was wounded in the foot by a rocket explosion; Adnan Qassem, who was injured while driving an ambulance; Ahmed Hassoun, wounded in the foot; Asmaa al-Khayat, who sustained injuries to her back, hand and chest; Majd al-Masri, who was struck in the face by shrapnel; and Wissam Moussa, who received wounds to his shoulder and ribs when he was shot by a government sniper in November 2013.

The Palestine Hospital, run by the Palestinian Red Crescent Society (PRCS), is the main hospital in Yarmouk that continues to function, although it has been damaged by bombing, has lost many of its staff and its capacity has been reduced as a result of the siege. One health worker at the hospital told Amnesty International that it has been bombed a number of times by Syrian government forces: "On one occasion, a rocket hit the fourth floor and destroyed the generator. Another time a bomb fell at the front entrance." He said that rockets had also struck the area surrounding the hospital several times, including one that hit a nearby building, causing damage to the door of the hospital and wounding one of the hospital's staff. By February 2014, the Palestine Hospital's capacity and services had been

severely diminished by the months of siege; it had only two doctors, depended for its electricity on generators that were kept going using diesel fuel provided by residents from their own diminishing stocks, and was running low on medicines and other medical supplies, including fluids for intravenous therapy, locally referred to as “serum”. Yet the hospital continued to receive casualties – victims of shooting by government snipers and people suffering from a wide range of siege-related injuries and illnesses as well as others whose existing ailments have been exacerbated by the shortages of food, water, electricity and medicines arising from the siege.

Before the siege, the Palestine Hospital carried out around 600 surgical operations each month, including plastic surgery, ear, nose, throat and eye operations. Today, however, after months of siege, no surgeons remain and the hospital lacks proper medication for surgery patients; even so, according to a PRCS medical worker in Yarmouk who spoke to Amnesty International, “any necessary surgery is carried out by nurses who are learning by experience and study.”²⁵ Unsurprisingly, another medical worker said “many have already died here due to a lack of serum and other medication.”

A PRCS-S volunteer told Amnesty International: “People are dying from injuries sustained from being shot by snipers, or in explosions, particularly if they were hit in the head or chest, since there is no one able to treat them. Other civilians are dying specifically due to the lack of medical equipment and supplies such as defibrillators, incubators, blood bags and serum. We also lack gauze and simple sterilizers.” A PRCS worker added that “babies are dying because there is no milk, neither powder nor from their mothers” and that hospital staff were trying to remedy this by arranging for other mothers who were successfully lactating to breastfeed several children in addition to their own.

According to one PRCS health worker, three women and five newborn babies died due to complications during pregnancy and childbirth in December 2013 and January 2014 because the hospital was unable to give them the medical treatment they required. There has been an increase in miscarriages due to food shortages and poor nutrition for pregnant women, and due to the collapse of antenatal facilities and care under the siege. A medical worker told Amnesty International that the hospital possesses an aged ultrasound machine but has no doctor to operate it; consequently, it cannot be used to identify potential foetal problems prior to birth. The lack of gynaecologists and surgeons means that the hospital cannot carry out Caesarean births; at least one pregnant woman is reported to have haemorrhaged to death. The hospital has just two midwives to advise and assist women during pregnancy and birth.

The Palestine Hospital’s two remaining doctors continue to treat patients with internal illnesses or injuries, to provide anaesthetics and first aid, but they have virtually no medical supplies. One of the hospital’s two stores of medical supplies has been exhausted while the other was seized, apparently for their own use, by armed men believed to be members of Suqour al-Jolan, an FSA-linked armed opposition group.

One medical worker told Amnesty International that he witnessed the armed men removing the store of medical supplies provided by the PRCS: “I saw their van full of our medical supplies stamped with ‘Ramallah’ on them.” The same armed opposition group is also reported to have been responsible for seizing the Palestine Hospital’s entire fleet of five

ambulances.

The Palestine Hospital pharmacy is still operating but it is now the only pharmacy in Yarmouk, one medical worker told Amnesty International. Before the siege there were around 100-120 pharmacies.

The Faiz Halawa hospital, where patients requiring surgery were often treated, and which had facilities for conducting X-rays and a paediatrics department, is no longer functioning, having been repeatedly shelled by the encircling government forces. Residents told Amnesty International that the hospital was struck more than 30 times. Such equipment and supplies that remained are reported to have been looted in early 2013 by unidentified armed men, suspected members of one or more of the armed groups that had taken up positions in Yarmouk.

The Deir Yassin medical centre, run by the PRCS, formerly offered a wide range of medical services, including paediatrics, gynaecology, dermatology, physiotherapy, dentistry and primary health care. Today its staff, mainly made up of volunteer paramedics, are able to provide only the last three services.

The small al-Basel Hospital, which now reportedly has only one doctor, provides mostly dental and general medical services, and has had to reduce its hours to mornings only.

These three medical institutions are the only ones still functioning, albeit at a reduced level, and are continuing to provide some assistance to the burgeoning number of wounded, sick and infirm victims of the siege. UNRWA has been forced to close its three clinics in Yarmouk due to damage and the lack of UNRWA medical staff remaining in Yarmouk.

The Rahma Hospital has also closed due to the damage it has sustained and its dangerous location, close to the front line between government troops encircling Yarmouk and the opposition fighters engaged in combat against them.

At the Palestine Hospital, health workers report that they have to contend with new illnesses resulting from the harsh conditions to which besieged residents have been exposed, including a rising incidence of malnutrition-related health problems, including food poisoning. People have become ill after they have been driven by hunger to “eating the stalks of plants that are not always edible”, one PRCS worker told Amnesty International in February 2014, adding that “even those stalks sell for a very high price”. At least three men are reported to have been admitted to Palestine Hospital when they became ill after consuming a waxy mixture of sugar and water that women use to remove body hair, and recently a young girl was brought in suffering from stomach problems after her family had killed and eaten a dog. By mid-February 2014, according to one medical worker at the Palestine Hospital, around 60% of Yarmouk residents were suffering from malnutrition. “For the first time I am seeing small babies with bloated stomachs, skin on bones,” he told Amnesty International. “The old people and babies are suffering the most.”

The same medical worker said that jaundice has been “spreading like wildfire” among Yarmouk residents. Jaundice, which affects the liver, is often a result of food contamination caused by a failure of hygiene. A PRCS-S volunteer told Amnesty International: “Jaundice is

very widespread amongst both children and adults.... At the Palestine Hospital we see at least six or seven cases every day. The other clinics may see more. They can do a simple urine test to detect it, but the medicine is the problem. Some of the private clinics donate whatever samples of medicines or vitamins they have, but it is not enough." According to a medical expert consulted by Amnesty International, the probable cause is of jaundice in such circumstances is hepatitis A or hepatitis E. Both of these forms of hepatitis are transmitted from food or utensils contaminated with human sewage and are therefore closely related to a lack of hygiene.²⁶ In addition, there has been a rising incidence of skin ailments, such as scabies and eczema, also apparently caused by endemic malnutrition and lack of hygiene, as well as keratomalacia, an eye disorder that affects the cornea and is caused by severe vitamin A deficiency. The hospital has also received several cases of rickets, which is caused by deficiencies of vitamin D and calcium.

Since 18 January 2014, conditions have been alleviated somewhat by the government's agreement that many seriously ill residents could leave the besieged area. On 14 February, a PRCS health worker told Amnesty International that "most of those suffering from serious illnesses have left, approximately 450 individuals." Many were accompanied by family members and were expected to receive treatment at Damascus hospitals. However, not all survived the exodus. "One young woman died yesterday at the checkpoint after having been referred to hospital outside the camp," according to the PRCS worker. A PRCS-S volunteer also told Amnesty International the same day that the medical assessments for those being evacuated from the camp are made at the Palestine Hospital, but must then be approved by the PFLP-GC and the Syrian government security forces managing the crossing point. On 13 February, they finally agreed to the exit of a pregnant woman whose passage they had denied for four days. In another case concerning a young girl who had been shot in the forehead with a bullet, the health worker said "it took 10 days to get approval for her to leave," although it was obvious that she was critically wounded.

2.5 ARRESTS, DETENTIONS AND DEATHS IN CUSTODY

Syrian military forces, in some cases assisted by members of the PFLP-GC and other pro-government groups, are reported to have arrested scores of people during their siege of Yarmouk, including the 12 medical workers cited above. The Violations Documentation Center, a prominent Syrian NGO documenting violations committed in Syria since April 2011, has the names of 150 people from Yarmouk arrested since that date and more than 80 names of individuals held as of late February 2014.²⁷ The actual number is likely to be higher, possibly much higher; documenting arrests by forces that act with impunity and frequently detain and hold people in secrecy for indefinite periods invariably presents serious challenges, and is especially difficult in the context of a protracted siege within a country engulfed by armed conflict and undergoing an humanitarian crisis. Local activists and members of human rights NGOs have told Amnesty International that they believe Syrian forces may have arrested hundreds or even thousands of people from Yarmouk during the past two years, although they cannot verify this. Some of those seized may have been opposition fighters but all of Amnesty International's sources insist that the majority were civilians not directly participating in hostilities. They include people who went to collect food parcels that the Syrian authorities had allowed into the besieged area, students who had received official permission to exit Yarmouk in order to resume their studies in other places,

and humanitarian aid and health workers. Uncertainty surrounds the fate of these individuals; many appear to be victims of enforced disappearance. The Syrian authorities have neither disclosed their number nor their identities, nor where they are held, and there is no independent access to them. It is feared that many will have been taken to the Palestine Branch of Military Intelligence in Damascus, where torture and other abuse of detainees, in some cases resulting in deaths, has long been rife.

Fuelling these fears, the Action Group for Palestinians of Syria, a local human rights group, reported the enforced disappearances or deaths in custody of 29 individuals from Yarmouk between 22 May 2011 and 17 September 2013. In all but one case, the perpetrators were believed to be Syrian government forces or their allies.²⁸ Khaled Bakraawi, a prominent humanitarian worker, was reported to have been arrested on 19 January 2013 by government forces while trying to assist individuals displaced from other locations into Yarmouk. He reportedly died as a result of torture or other ill-treatment on 11 September 2013.²⁹ Further arrests and at least one suspicious death in custody of individuals from Yarmouk are reported to have occurred subsequently. On 2 February 2014, Maher Mohammed al-Sayad was reported by local activists to have died in custody after being seized at a government checkpoint some nine months earlier.

Most recently, Syrian government forces detained dozens of people from Yarmouk in early February 2014. They included 27 people who were arrested on 2 February during an officially authorized food and aid distribution at the Syrian army checkpoint on the northern side of Yarmouk. Some of the 27, whose names were subsequently published by local human rights activists, were among those who went to collect food parcels for Yarmouk's residents, while others had received official permission to leave for study reasons. All were said to have been taken to the Palestine Branch of Military Intelligence in Damascus; their fate remained unknown as of late February 2014.³⁰ Also arrested on or around the same day was Fuad Amr, who acted as a mediator in the then ongoing negotiations and was reportedly seized by members of the PFLP-GC. He is reported to have been taken to the Palestine Branch of Military Intelligence in Damascus, prompting concerns for his safety.³¹ On 3 February, members of Fateh al-Intifada, a Palestinian organization that supports the Syrian government, were reported to have seized Mahmoud Mou'ad, a humanitarian aid worker, and taken him also to the Palestine Branch of Military Intelligence. According to the information received, the Syrian authorities have provided no information about him since he was detained; there are fears for his safety.

3. THE SIEGE AND INTERNATIONAL LAW

International law sets strict limits on how sieges may be used by parties to an armed conflict. Government forces are bound both by international human rights law and international humanitarian law. All parties to the armed conflict, including armed opposition groups, must respect the rules of international humanitarian law. The manner in which the siege of Yarmouk has been imposed violates international human rights law and international humanitarian law. Many of these violations committed in the context of pursuing the siege and attacking Yarmouk and its inhabitants constitute crimes under international law, including war crimes and crimes against humanity.

3.1 INTERNATIONAL HUMAN RIGHTS LAW

International human rights law, including civil, cultural, economic, political and social rights, applies both in peacetime and during armed conflict and is legally binding on states, their armed forces and other agents. It establishes the right of victims of serious human rights violations to remedy, including justice, truth and reparations.

Syria is a party to some of the major international human rights treaties, including the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of the Child (CRC). Syria is legally bound by its obligations under these international treaties, as well as by relevant customary international law. The International Court of Justice as well as the UN Human Rights Committee have affirmed that international human rights law applies in times of armed conflict as well as peacetime.

Of particular relevance to this context are Syria's international human rights law obligations related to the right to life, the prohibition of torture and other ill-treatment, the prohibition of enforced disappearance and arbitrary detention, and the right to freedom of movement.³² The conduct of Syrian government forces in Yarmouk has also breached its obligations to respect, protect and promote the right to an adequate standard of living, including adequate food and housing (ICESCR, Article 11) and the enjoyment of the highest attainable standard of physical and mental health (ICESCR, Article 12). Actions that were aimed towards or were likely to result in the destruction or impairment of infrastructure necessary for the enjoyment of those rights, such as hospitals, are violations for which Syria can be held responsible.

3.2 INTERNATIONAL HUMANITARIAN LAW

International humanitarian law, also known as the laws of war or the laws of armed conflict, contains the rules and principles that seek to protect primarily those who are not participating in hostilities, notably civilians, but also certain combatants, including those who are wounded or captured. It sets out standards of humane conduct and limits the means and

methods of conducting military operations. Its central purpose is to limit, to the extent feasible, human suffering in times of armed conflict.

Syria is a state party to the four Geneva Conventions of 12 August 1949 and their Additional Protocol relating to the Protection of Victims of International Armed Conflicts (Protocol I), of 8 June 1977. Article 3 common to the four Geneva Conventions applies to all parties to non-international armed conflicts, such as that currently in progress in Syria. Many of the specific rules included in these and other international humanitarian law treaties – and all the rules cited in this report – form part of customary international humanitarian law and are thus binding on all parties to any conflict, including Syrian armed and security forces and non-state armed groups.³³ Violations of many of these rules may amount to war crimes.

A fundamental rule of international humanitarian law is that parties to any conflict must at all times “distinguish between civilians and combatants”, especially in that “attacks may only be directed against combatants” and “must not be directed against civilians.”³⁴ A similar rule requires parties to distinguish between “civilian objects” and “military objectives”. These rules are part of the fundamental principle of “distinction”.

Intentionally directing attacks against civilians not taking direct part in hostilities, or against civilian objects (in the case of non-international conflicts, medical, religious or cultural objects in particular), is a war crime.³⁵ The corollary of the rule of distinction is that “indiscriminate attacks are prohibited”.³⁶ Indiscriminate attacks are those that are of a nature to strike military objectives and civilians or civilian objects without distinction, either because the attack is not directed at a specific military objective, or because it employs a method or means of combat that cannot be directed at a specific military objective or has effects that cannot be limited as required by international humanitarian law.³⁷

International humanitarian law also prohibits disproportionate attacks, which are those “which may be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated.”³⁸ Intentionally launching an indiscriminate attack resulting in death or injury to civilians, or a disproportionate attack (that is, knowing that the attack will cause excessive incidental civilian loss, injury or damage), constitutes a war crime.³⁹ Parties are required to take all necessary precautions in attack to spare the civilian population.⁴⁰ They must also take precautions to protect civilians under their control from the effect of attacks, including by avoiding locating, to the extent feasible, military objectives within or near densely populated areas.⁴¹

The use of starvation of the civilian population as a method of warfare is prohibited, as is attacking or destroying objects indispensable to the survival of the civilian population. The parties to the conflict must allow and facilitate rapid and unimpeded passage of impartial humanitarian assistance to civilians in need. They must allow civilians in besieged areas to leave and they must ensure the freedom of movement of authorized humanitarian relief personnel.⁴² The parties must ensure that the wounded and sick are collected and cared for without adverse distinction.⁴³ Sieges that amount to collective punishment of the civilian population are prohibited.⁴⁴ Collective punishment and starving civilians by depriving them of objects indispensable to their survival constitute war crimes.⁴⁵

3.3 INTERNATIONAL CRIMINAL LAW

Certain human rights violations, such as torture and enforced disappearance, amount to crimes under international law and states are required to make such violations a criminal offence in domestic legislation. States are also obliged to bring to justice those responsible for these and other serious violations, including extrajudicial executions. Individuals – whether civilians or military – can be held criminally responsible for certain violations of international humanitarian law and of human rights law. All states have an obligation to investigate and, where enough admissible evidence is gathered, prosecute genocide, crimes against humanity and war crimes, as well as other crimes under international law such as torture, extrajudicial executions and enforced disappearances.

According to the Rome Statute of the International Criminal Court, certain acts, if directed against a civilian population as part of a widespread or systematic attack, and as part of a state or organizational policy, amount to crimes against humanity. Such acts include, among others, murder, extermination, enslavement, deportation or forcible transfer of population, imprisonment or other severe deprivation of physical liberty in violation of fundamental rules of international law, torture, rape and other sexual crimes, and enforced disappearances.⁴⁶

Some of the violations by Syrian forces that are documented in this report constitute crimes against humanity, including extrajudicial executions, enforced disappearances and torture.

All governments have a duty to investigate and prosecute crimes against humanity including by exercising universal jurisdiction over the crimes.

4. CONCLUSION AND RECOMMENDATIONS

The Syrian government has committed numerous war crimes as part of the siege of Yarmouk. Hundreds of civilian residents of Yarmouk have been killed, wounded or have perished as a result of deliberate starvation and destruction of their means of support, direct attacks on civilians and indiscriminate attacks. Other residents have been subjected to enforced disappearance, arbitrary detention and torture as part of a systematic, as well as widespread attack on the civilian population in what amount to crimes against humanity.

The siege of Yarmouk has been particularly vicious and long-lasting, yet it is only one of a number of armed sieges of civilian areas that have been imposed and enforced by the Syrian army and other security forces. A clear pattern has emerged around the country. Areas where local residents oppose the government or where armed opposition fighters are present have been subjected to indiscriminate bombardment by government forces using heavy weapons, causing massive civilian casualties, destruction and displacement – 6.5 million people are now estimated to be internally displaced within Syria and a further 2.5 million have become refugees mostly in neighbouring countries – and long sieges by government troops, effectively seeking to starve the inhabitants into submission.⁴⁷

In other areas, where loyalty to the government remains strong, armed opposition groups have carried out suicide and other bomb attacks indiscriminately, causing many civilian deaths and injuries. They have also mounted sieges of such areas and sought to interfere with the free flow of food and other necessities to their civilian inhabitants.

To date, internationally driven efforts to secure a ceasefire and negotiate a peace agreement between the government and opposition forces have made little headway and no end to the conflict is in sight. The international community, as represented by the UN Security Council, has been riven by divisions that have paralysed effective action to address the crisis. The Security Council finally agreed a resolution on 22 February 2014 that calls on the parties to immediately lift sieges of populated areas, including Yarmouk; end violations of human rights and international humanitarian law; and allow rapid, unhindered and safe access – including across borders and conflict lines – for humanitarian agencies to reach people in need. While enforcement and accountability measures are lacking, as the first resolution in three years to address the humanitarian situation, it offers the first glimmer of hope to millions in Syria for some improvement. How the international community follows up on ensuring implementation of the resolution will be key to halting the suffering in Syria.

Amnesty International is making the following recommendations:

RECOMMENDATIONS TO THE GOVERNMENT OF SYRIA

- Immediately end the armed siege of Yarmouk and other civilian areas and allow unfettered access by independent humanitarian agencies to assist the civilians suffering in

those areas by providing food, water, medicines and medical aid, and by safely evacuating the sick, elderly, families with children and other civilians who lack shelter or wish to leave the area.

- Cease immediately all indiscriminate shelling or other bombardments by Syrian government forces or those assisting them, in recognition that indiscriminate attacks and direct attacks on civilians or civilian objects (such as hospitals and power supplies) are war crimes.
- End all attacks on medical and other humanitarian workers and instruct all military and security personnel to afford them appropriate protection at all times.
- Release, immediately and unconditionally, all persons detained solely on account of their political opinions, identity or legitimate exercise of freedom of expression or other human rights, and ensure that all other detainees are released without delay if they are not charged and brought to trial fairly and promptly, and without resort to the death penalty.
- Allow free and regular access to all places of detention by representatives of international organizations with appropriate expertise as a means of ensuring the safety of detainees, including their protection against torture and other ill-treatment in custody.
- Ensure that all deaths in detention and allegations of torture are independently investigated, thoroughly, promptly and impartially, and that all military, security and other personnel against whom there is evidence of torture or other serious abuse are removed from their positions and are brought to justice in fair trials without delay.
- Ensure that anyone suspected of ordering or committing war crimes or crimes against humanity is removed from the ranks and promptly brought to justice in proceedings that conform to international fair trial standards.
- Provide full co-operation and unimpeded access to the independent international Commission of Inquiry to investigate all alleged crimes under international law and violations and abuses of international human rights law.
- Allow international humanitarian agencies prompt and unfettered access to Syria, including across borders and across conflicts.

RECOMMENDATIONS TO ALL ARMED OPPOSITION GROUPS IN SYRIA

- End sieges of civilian areas and allow unfettered access by independent humanitarian agencies to assist the civilians in need; and facilitate the safe evacuation of the sick, elderly, families with children and other civilians who wish to leave the area.
- Respect at all times the prohibition in international humanitarian law on direct attacks on civilians, indiscriminate attacks, summary killing of captives and torture, and ensure that all detainees, including captured government soldiers, are treated humanely and all times.

- End all attacks on humanitarian workers and instruct all fighters to afford them appropriate protection at all times.
- Remove from the ranks any individual suspected of ordering or committing serious violations of international humanitarian law.

RECOMMENDATIONS TO THE UN SECURITY COUNCIL

- Refer without delay the situation in Syria to the Office of the Prosecutor of the International Criminal Court in order that the Court is authorized to initiate an immediate investigation into the alleged commission of war crimes and crimes against humanity by the Syrian government and by opposition forces.
- Act on its declared intention in Security Council resolution 2139 to take further steps in case of failure by the parties to comply with the call to immediately lift the siege of Yarmouk and other populated areas, among other measures, by imposing sanctions – including a travel ban and asset freeze – on persons suspected or believed to be responsible for non-compliance with the resolution.

RECOMMENDATIONS TO COUNTRIES NEIGHBOURING SYRIA

- Keep their borders open to all persons fleeing Syria, without discrimination, and ensure full access to their territories and to safety.
- Ensure that no persons fleeing Syria are forcibly returned to Syria, in any way whatsoever, including through removal, rejection at the border, expulsion or deportation.

RECOMMENDATIONS TO THE INTERNATIONAL COMMUNITY, IN PARTICULAR STATES WITH THE MEANS TO PROVIDE ASSISTANCE

- Offer a generous number of emergency resettlement and humanitarian admission places, over and above annual resettlement quotas, to vulnerable refugees who have fled Syria and are currently in neighbouring countries. Priority for resettlement should be given but not limited to: women and girls at risk of violence, persons with serious medical conditions and disabilities, people with family reunification possibilities, persons with physical protection needs including as a result of their political or ethnic profile or their involvement in peaceful humanitarian or other activities, and lesbian, gay, bisexual, transgender and intersex (LGTBI) individuals. Palestinian refugees from Syria should have equal access to resettlement opportunities.
- Refugees from Syria, including Palestinian refugees who resided in Syria, should be able to access refugee protection and the benefits that come with it, a right they have under international law. Key to this is that Syrian refugees should not be disadvantaged by being restricted to a lower humanitarian status according them only short residency periods and excluding them from family reunification. Countries receiving people fleeing Syria should fully respect their rights as refugees.

5. APPENDIX: TABLE OF DEATHS UNDER SIEGE

The table presents a summary of the information Amnesty International has received on the cases of 194 people, all said to be civilians, who are reported to have died between the tightening of the siege on Yarmouk in July 2013 and 22 February 2014.

Reported date of death	Name	Sex and indication of age	Reported cause of death
13/08/2013	Samir Mahmoud Nassar	M	Lack of medical care (shrapnel injury)
18/08/2013	Jana Ahmed Hassan	F	Starvation
11/10/2013	Malak Jum'a	F (new-born)	Starvation
16/10/2013	Aziza Mohammed Na'imi	F	Starvation
26/10/2013	Mahmoud Ahmed Aladdin	M	Starvation
28/10/2013	Aya al-Sahli	F	Starvation
29/10/2013	Amin Tamim	M (child)	Starvation
31/10/2013	Ahmed Abdullah Uqla	M	Lack of medical care (multiple injuries)
02/11/2013	Abd al-Hay Youssef	M (4 months)	Starvation
03/11/2013	Mohammed Salem Qassem	M	Lack of medical care (brain haemorrhage)
06/11/2013	Omar Bassam al-Ahmed	M	Lack of medical care (multiple injuries)
07/11/2013	Mahmoud Hanafi	M	Lack of medical care (multiple injuries)
08/11/2013	Abdullah al-Haj Saleh Taha	M	Lack of medical care (heart attack)

10/11/2013	Omar Omar Hussein	M (child)	Starvation
11/11/2013	Ahmed Zeidan	M	Lack of medical care (multiple injuries)
11/11/2013	Jihan al-Qaim	F	Lack of medical care (heart attack)
12/11/2013	Hassan Awad	M	Lack of medical care (heart attack)
12/11/2013	Ibrahim To'ma	M	Lack of medical care (heart attack)
12/11/2013	Mohammed Abdullah al-Masri	M	Lack of medical care (multiple injuries)
12/11/2013	Ali Qassem Tirawiyeh	M	Lack of medical care
12/11/2013	Taher Teklo	M	Lack of medical care (multiple injuries)
12/11/2013	Ali Ahmed Qassem	M	Lack of medical care (head injuries)
14/11/2013	Samira Ahmed al-Tayish	F	Lack of medical care (heart attack)
16/11/2013	Mohammed Issa	M	Lack of medical care (multiple injuries)
16/11/2013	Ahmed Tamim	M	Lack of medical care (heart attack)
17/11/2013	Salim Za'ir	M	Lack of medical care (heart attack)
17/11/2013	Imad Ahmed Mou'ad	M	Lack of medical care (multiple injuries)
18/11/2013	Fayez Draid	M	Lack of medical care (head injuries)
19/11/2013	Ahmed Abu Sharifa	M	Lack of medical care (multiple injuries)

20/11/2013	Mahmoud Mohammed al-Ayadi	M	Starvation
24/11/2013	Zakia Hamada	F	Lack of medical care (head injuries)
25/11/2013	Abdullah al-Shamlouni	M	Lack of medical care
25/11/2013	Amna Abd al-Rahim Tamim	F	Dead on arrival
28/11/2013	Yasser al-Malah	M	Lack of medical care (medical poisoning)
17/11/2013 or 28/11/2013	Maher Hussein Hamad	M	Lack of medical care (lack of post natal care)
29/11/2014	Ahmed Ouda	M	Lack of medical care (neck injury)
04/12/2013	Hana Faisal al-Awad	F	Lack of medical care (hypothermia)
05/12/2013	Mahmoud Shehadah al-Rifa'i	M	Shelling by government forces
05/12/2013	Abada [family name unknown]	M	Lack of medical care (multiple injuries)
06/12/2013	Mohammed Ibrahim	M	Lack of medical care (chest injury)
06/12/2013	Sa'id Ahmed Qassem	M	Lack of medical care (chest injury)
08/12/2013	Fatima al-Zahra Qaddu	F	Starvation
10/12/2013	Karam Mohammed Nahar	M	Starvation
13/12/2013	Malek al-Hanoun	F	Lack of medical care (multiple injuries)
15/12/2013	Sham Malek al-Hariri	M	Starvation
16/12/2013	Mu'tassem Abd al-Ghani	M	Starvation

16/12/2013	Kawthar Abd al-Qadir	F	Starvation
16/12/2013	Youssef al-Khatib	M	Lack of medical care (injured by shelling)
17/12/2013	As'ad Ali Sa'id	M	Lack of medical care (brain haemorrhage)
17/12/2013	Amer al-Ghotani	M	Lack of medical care (chest injury)
17/12/2013	Khaled al-Haj	M	Lack of medical care (multiple injuries)
17/12/2013	Mohammed Mahmoud Sa'ad	M	Lack of medical care (multiple injuries)
17/12/2013	Ali Mahmoud Sa'ad	M	Lack of medical care (multiple injuries)
18/12/2013	Rizq Sa'ad Eddin Sharshara	M	Lack of medical care (brain haemorrhage)
18/12/2013	Mansour Nayef	M	Lack of medical care (brain haemorrhage)
20/12/2013	Hani Saleh Fatyan	M	Suffocation by gas
21/12/2013	Mohammed Kheir Abdullah al-Sa'ad	M	Lack of medical care
21/12/2013	Samer al-Ghothani	M	Sniper fire
23/12/2013	Subhi al-Amri	M	Starvation
23/12/2013	Wafaa Ahmed al-Hassani	F	Starvation
24/12/2013	Qassem Mohammed al-Maghrabi	M	Starvation
24/12/2013	Jamal Hamad	M	Sniper fire
27/12/2013	Ahmed Rashid Hamid	M	Starvation
27/12/2013	Fayez Sa'diya	M	Starvation

27/12/2013	Zuheir Sinan	M	Starvation
27/12/2013	Ahmed Adwan	M	Starvation
27/12/2013	Houweida Ahmed al-Hamawi	F	Starvation
28/12/2013	Lund Khalid Ghazal ("Um Akram")	F	Starvation
29/12/2013	Rabiha Sa'ud al-Madhi ("Um Adel")	F	Starvation
29/12/2013	Masara Tawfiq Qunberji	F	Starvation
29/12/2013	Hana Faisal al-Awad	F	Lack of medical care
29/12/2013	Bashar Ajan	M	Starvation
29/12/2013	Adnan Ahmed al-Nazer	M	Starvation
29/12/2013	Ibrahim Khalil	M (infant)	Starvation
29/12/2013	Mohammed Ahmed Abu Nasser	M	Starvation
29/12/2013	Qassem Mohammed Kheirat	M	Starvation
30/12/2013	Alaa Khalil	M (27 years)	Starvation
31/12/2013	Ibtisam Ali Batto	F	Starvation
01/01/2014	Khair Allah Hassan Mansour	M	Starvation
01/01/2014	Amal Qassem Okal	F	Starvation
01/01/2014	Ahmed Mohammed Khalil	M	Starvation
03/01/2014	Majid Mahmoud Suweid	M (34 years)	Starvation
03/01/2014	Majdolin Mohammed Rashdan	F	Starvation
03/01/2014	Hassan Ibrahim Quseini	M	Starvation
08/01/2014	Sahar Tawfiq Ameis	F	Starvation

08/01/2014	Mohammed Ahmed Abd al-Ghani	M	Starvation
09/01/2014	Aref Abdullah	M (infant)	Starvation
10/01/2014	Alaa al-Masri	F (infant)	Starvation
10/01/2014	Maryam Mohammed	F (55 days)	Starvation
10/01/2014	Awad Mahmoud al-Sa'idi	M (68 years)	Starvation
11/01/2014	Amal Hussein Shikhu	F	Starvation
11/01/2014	Akram Suleiman al-Alal	M	Starvation
11/01/2014	Sa'ida Qaisi Raja or Sa'ida Qais Raja	F	Starvation
12/01/2014	Israa al-Masri	F	Starvation
12/01/2014	Jihad al-Qirbi	M	Starvation
12/01/2014	Bashir Mohammed Shehadeh	M	Starvation
13/01/2014	Jamil al-Qirbi	M (80 years)	Starvation
13/01/2014	Basel Hassan al-Shihabi	M (40 years)	Starvation
13/01/2014	Mahmoud Mohammed al-Sabbagh	M (10 years)	Sniper fire during protest
13/01/2014	Haja Nour [family name unknown]	F (50 years)	Starvation
14/01/2014	Hussein Nada Nazal	M	Starvation
14/01/2014	Haja Safiyeh Diyab al-Shibli	F	Starvation
15/01/2014	Maryam Abd al-Rahim	F	Starvation
15/01/2014	Taysir al-Taba'a	M	Starvation
15/01/2014	Reem Abd al-Aziz	F	Starvation
16/01/2014	Mohammed Jum'a	M (40 years)	Starvation

15/01/2014 - 16/01/2014	Ahmed Abd al-Hamid Mohammed	M (24 years)	Starvation
16/01/2014	Mohammed Omar al-Shihabi	M	Starvation
17/01/2014	Isma'il Abdullah	M	Starvation
18/01/2014	Yassin Anis Abu Madi	M	Starvation
17/01/2014 - 18/01/2014	Najah Mohammed al-Buqa'i	F	Starvation
16/01/2014	Mohammed Refa'at al-Faar	M	Lack of medical care (barrel bomb)
16/01/2014	Omar Suhaib al-Qudsi	M	Lack of medical care (barrel bomb)
16/01/2014	Mahmoud Hamid al-Tafouri	M	Lack of medical care (barrel bomb)
16/01/2014	Hussam Abu Ahmed	M	Lack of medical care (barrel bomb)
16/01/2014	Alaa Furajj	M	Lack of medical care (barrel bomb)
16/01/2014	Mahmoud Abdallah Taha	M	Sniper fire after barrel bomb
21/01/2014	[name unknown]		Starvation
23/01/2014	Subhi al-Sudai	M (55 years)	Starvation
23/01/2014	Sa'id al-Fawaz	M (70 years)	Starvation
23/01/2014	Khaled Mustafa Karim	M (70 years)	Starvation
24/01/2014	Zahra Youssef al-Zain	F (68 years)	Starvation
24/01/2014	Abd al-Aziz al-Khadraa	M	Starvation
24/01/2014	Sa'id al-Bash (or Sa'id Salim Dirbash)	M	Starvation
24/01/2014	Mustafa Bahtiti	M	Starvation

24/01/2014 - 25/01/2014	Haniyeh Abu al-Ruz ("Umm Luay")	F	Starvation
25/01/2014	Moussa Mar'ei	M	Starvation
25/01/2014	Omar Shafiq Abu Siyyam	M	Starvation
25/01/2014	Wael Abd al-Razaq al-Sa'ran	M	Starvation
26/01/2014	Mahmoud Hamid Abdullah	M	Starvation
26/01/2014	Sa'id Salim Idris	M (66 years)	Starvation
26/01/2014	Mohammed Hussein Amayri	M	Starvation
26/01/2014	Nejma Jum'a Quwaidar	F (65 years)	Starvation
26/01/2014	Raifa Mohammed Qar'aish	F (50 years)	Starvation
26/01/2014	Abd al-Jalil Mohammed Khamis	M (new-born)	Starvation
26/01/2014	Rahma Abd Alyan	F	Starvation
26/01/2014	"Abu Marwan"	M	Sniper fire during search for food in Hajar al-Aswad area
27/01/2014	Salha Mahmoud Anisi (or Salha Eissa)	F	Starvation
27/01/2014	Mohammed Diyab Mohammed	M	Starvation
27/01/2014	Mohammed Ibrahim al-Bitar	M	Starvation
27/01/2014	Ahmed About al-Moussa	M	Starvation
27/01/2014	Mohammed Sa'id Ibrahim Jarbu'a	M	Starvation
27/01/2014	Sa'ida Hassan Khattab (or Sa'ida Sa'id Khattab)	F	Starvation
27/01/2014	Samir Hassan Taha	M	Sniper fire
27/01/2014	Mohammed al-Hadi Hussein	M	Sniper fire

	al-Aydi		
28/01/2014	Hassan Mahmoud	M	Starvation
28/01/2014	Fadi Mohammed Shehadah	M (30 years)	Starvation
28/01/2014	Rahaf Jabli	F (25 days)	Starvation
28/01/2014	Alaa Jum'a Farhan	M	Sniper fire
28/01/2014	Laila Khaled Da'dou	F (4 months)	Lack of medical care (lack of milk)
28/01/2014	Issam Mahmoud Qadoura	M (60 years)	Starvation
29/01/2014	Abd Mahfouz al-Naji	M (42 years)	Starvation
29/01/2014	Ezzat al-Taba'a	M (60 years)	Starvation
29/01/2014	Razan Khaled Awad	F (child)	Starvation
30/01/2014	Nahar Mohammed Shetewi	F (84 years)	Starvation
31/01/2014	Wassim Zaghmout	M	Starvation
31/01/2014	Rawan Riyad Taleb	F (new-born)	Starvation
31/01/2014	Hamda Sa'id Shetewi	F (74 years)	Starvation
01/02/2014	Amouna Eissa Sa'oud	F	Starvation
01/02/2014	Ahmed Ata al-Saleh	M (73 years)	Starvation
01/02/2014	Hamza al-Taba'	M (12 months)	Starvation
01/02/2014	Omar Abu Heit	M	Starvation
02/02/2014	Mahmoud al-Sa'di	M	Trampled while waiting for his food parcel
03/02/2014	Darar Omar Ghubari	M (12 years)	Lack of medical care (Wilson's disease)
03/02/2014	Ahmed Moussa ("Abu Eissa")	M (56 years)	Starvation

03/02/2014	Mohammed Ahmed Qassem	M (14 days)	Starvation
03/02/2014	Hussein Sayel Fares	M (70 years)	Starvation
04/02/2014	Fatima Ali Abwaini	F	Starvation
04/02/2014	Jenny Khaled Hasram	F (6 months)	Starvation
04/02/2014	Bassem Khaled Abdullah	M (33 years)	Starvation
07/02/2014	Islam Ahmed Shahin	F (child)	Starvation
08/02/2014	Harbiya Ali Halawaniya	F	Starvation
08/02/2014	Mohammed Ahmed Samed	M	Starvation
08/02/2014	Zuhair Omar al-Wazir	F	Starvation
08/02/2014	Ibrahim Mohammed Dabdoub	M	Died due to clashes
08/02/2014	Khalil Qassem Amairy	M	Lack of medical care (heart attack)
08/02/2014	Jum'a Munir Khaled	M	Lack of medical care (heart attack)
09/02/2014	Ahmed Jum'a Khan	M	Starvation
10/02/2014	Muayad Mohammed Darwish	M	Starvation
11/02/2014 - 12/02/2014	"Abu al-Kheir"	M	Starvation
10/02/2014 - 12/02/2014	Talal Awad	M (45 years)	Sniper fire in al-Zein fields
15/02/2014	Mohammed Fouad Mohammed	M	Sniper fire
15/02/2014	Mohammed Mahmoud Bani al-Merja	M	Lack of medical care (heart attack)
15/02/2014	Sou'ad Hassan Falyoun	F	Starvation

34 Squeezing the life out of Yarmouk
War crimes against besieged civilians

17/02/2014	Hamad Saleh al-Abtah	M (85 years)	Starvation
17/02/2014	Raghd Mohammed al-Masri	F (5 years)	Starvation
17/02/2014	Mohammed Hussein Zaghmout	M	Starvation
19/02/2014	Ahmed Mansour Mansour al-Masri	M (64 years)	Starvation
19/02/2014	Mahmoud Hussein	M (70 years)	Starvation
20/02/2014	Ahmed Isma'il al-Ruweiya	M	Starvation
20/02/2014	Omar Fadloun	M	Starvation
20/02/2014	Mahmoud Hussein	M	Starvation
22/02/2014	[name unknown]	M	Starvation
22/02/2014	[name unknown]	F (43 years)	Starvation

ENDNOTES

¹ UNRWA (<http://www.unrwa.org/where-we-work/syria/camp-profiles?field=16>).

² Most estimates as of late February 2014 lie between 17,000 and 20,000 people remaining in Yarmouk. For example, see UN OCHCR, *Living under siege*, February 2014 available at <http://www.ohchr.org/Documents/Countries/SY/LivingUnderSiege.pdf>

³ UNRWA, Syria Crisis, as of 28 February 2014, see <http://www.unrwa.org/syria-crisis#zoom=5&lat=34.05266&lon=38.49609&layers=00B00T>; UNRWA, Syria regional crisis response July – December 2013, 7 July 2013, see <http://www.unrwa.org/userfiles/201306071557.pdf>. For more on Palestinian refugees in Syria and how they have been affected by the crisis, see *Palestinian refugees in Syria: Internal crises and international betrayal*, by Alaa al-Barghouthy, researcher on refugee rights, in Amnesty International, *Mawared*, Winter 2014, available at <http://www.amnestymena.org/ar/Magazine/Issue21/PalestinianRefugeesinSyriaCrisesandBetrayal.aspx?articleID=1125> (in Arabic only).

⁴ The PFLP-GC is a Palestinian armed group that was formed in 1968 by Ahmed Jibril as a breakaway from the Popular Front for the Liberation of Palestine (PFLP). Based in Syria, it has been closely allied with and dependent upon the Syrian government throughout its existence. It carried out a number of attacks targeting Israel in the 1970s and 1980s.

⁵ Amnesty International, *Israel must investigate shooting of protesters in Golan* (Index: MDE 15/027/2011), 6 June 2011.

⁶ Statement by Palestinian Centre for Human Rights-Syria (PCHR-S), 17 December 2012; VDC, *Forgotten under siege: A special report on the siege of Yarmouk Camp in Damascus and Mo'adamieh City in Damascus Suburbs*, September 2013, p. 5, available at http://www.vdc-sy.info/index.php/en/reports/1379660373#.UwylOvl_tIU, and communication with displaced residents and human rights activists on 26 and 27 February 2014. One human rights activist told Amnesty International that he estimated as many as 250 people may have been killed in the attack, all of them civilians.

⁷ VDC, *Forgotten under siege: A special report on the siege of Yarmouk Camp in Damascus and Mo'adamieh City in Damascus Suburbs*, September 2013, p. 9, available at http://www.vdc-sy.info/index.php/en/reports/1379660373#.UwylOvl_tIU

⁸ UNRWA, *UNRWA demands humanitarian access to Yarmouk*, 17 November 2013, available at <http://www.unrwa.org/newsroom/official-statements/unrwa-demands-humanitarian-access-yarmouk>

⁹ See Amnesty International, *Growing restrictions, Tough conditions: The plight of those fleeing Syria to Jordan* (MDE 16/003/2013), October 2013, including pages 23-26 on Lebanon, Turkey, Iraq and Egypt. available at <http://www.amnesty.org/en/library/info/MDE16/003/2013/en>

¹⁰ Jabhat al-Nusra li Ahl al-Sham min Mujahidi al-Sham fi Sahat al-Jihad (Al-Nusra Front for the People of the Levant from the Levant Mujahideen in Areas of Jihad), generally known as Jabhat al-Nusra, is formally linked to al-Qa'ida. ISIS is also widely known in English as the Islamic State in Iraq and the Levant. ISIS was also linked to al-Qa'ida, but al-Qa'ida's leadership publicly distanced itself from ISIS in February 2014. For more on these armed groups and abuses committed by ISIS, see Amnesty

International, *Rule of Fear: ISIS abuses in detention in northern Syria* (Index: MDE 24/063/2013), December 2013.

¹¹ Most estimates as of late February 2014 lie between 17,000 and 20,000 people remaining in Yarmouk. For example, see UN OCHCR, *Living under siege*, February 2014, available at <http://www.ohchr.org/Documents/Countries/SY/LivingUnderSiege.pdf>

¹² See its Facebook page, available at <https://www.facebook.com/ActGroup.PalSyria>

¹³ PAHR-S (which subsequently altered its name to the Palestinian League for Human Rights), *Report documenting casualties of the siege on Yarmouk Camp*, 9 January 2014, available at <https://www.oximity.com/article/Report-documenting-casualties-of-the-s-1>

¹⁴ See its website, <http://group194.net/english>

¹⁵ See its Facebook page, available at <https://www.facebook.com/pages/Palestinian-camps-network-news-union/227152164084488>

¹⁶ The barrel bomb attack appears to have been a direct attack on civilians. A PRCS-S volunteer told Amnesty International that he knew of at least two others who had died as a result of that barrel bomb attack, while a former resident and human rights activist told Amnesty International that a further seven individuals later died of their injuries. See Action Group for Palestinians of Syria, *Daily report on the situation of Palestinian refugees in Syria*, 16 January 2014 (Arabic only).

¹⁷ Amnesty International, 'To my Valentine: Death will not part us', 14 February 2013, available at <http://livewire.amnesty.org/2013/02/14/to-my-valentine-death-will-not-part-us>

¹⁸ Al-Hayat, 'Yarmouk issues a fatwa to allow the eating of cats', 19 October 2012, available at <http://alhayat.com/Details/563259> (in Arabic). Amnesty International has also seen videos purporting to show a man killing, skinning and eating cats, and of dog skin, assumed to be a result of the animal being killed and eaten, being pulled out of a rubbish bin. Local residents confirmed that both animals are being eaten in Yarmouk.

¹⁹ See photo posted on Twitter by the Free Syria Media Hub entitled "'On the edge' boy tries to milk a Dog in Yarmouk to feed an infant dying of Starvation", available at <pic.twitter.com/iNLqsQsndJ>

²⁰ See video posted by Fajer Press on YouTube, which purports to show children shot at a green area to the south of Damascus, available at https://www.youtube.com/watch?v=q-3bl47_81c

²¹ See photo posted on Flickr by the Palestinian Refugees News Network in Syria, available at <http://www.flickr.com/photos/117091416@N08/12478364094/lightbox>

²² See http://www.vdc-sy.info/index.php/ar/details/detainees/37546#.UwyM-vl_tIU

²³ See medical section in VDC, *Forgotten under siege: A special report on the siege of Yarmouk Camp in Damascus and Mo'adamieh City in Damascus Suburbs*, September 2013, pp.11-13, available at http://www.vdc-sy.info/index.php/en/reports/1379660373#.UwyIOvl_tIU

²⁴ Amnesty International, 'To my Valentine: Death will not part us', 14 February 2013, available at <http://livewire.amnesty.org/2013/02/14/to-my-valentine-death-will-not-part-us>

²⁵ Amnesty International spoke on multiple occasions in January and February 2014 with two PRCS-S representatives and one PRCS-S volunteer at the Palestine Hospital. It is not identifying the individual in order to protect their safety.

²⁶ According to the medical expert, jaundice, but not its cause, can be detected in urine. There are other

causes for jaundice than hepatitis A or hepatitis E, such as poisoning, other liver diseases and malaria. However, these other causes are not contagious and unlikely to be endemic in Syria. Diagnosis of hepatitis A and hepatitis E is usually made by testing for antibodies in blood. In early stages of the disease, the virus can also be detected in stools. Therapy for such hepatitis is generally directed towards the symptoms, particularly fatigue and muscle ache.

²⁷ See entry on VDC website, available at <http://www.vdc-sy.info>

²⁸ Action Group for Palestinians of Syria, Palestinian Refugee Victims of Torture and Enforced Disappearance in Syria, available at <http://www.actionpal.org> (no publication date given).

²⁹ See entry on VDC website, http://www.vdc-sy.info/index.php/ar/details/martyrs/94769#.UwzLP_mPI0k; AGPS, *Khaled was martyred: Farewell to Khaled Bakraawi* (Arabic only, no publication date given).

³⁰ Yarmouk Camp News and other Yarmouk-connected activists shared names on social media and emails.

³¹ Statements from various Yarmouk-connected organizations including a PAHR-S/PLHR statement issued on 2 February 2014.

³² ICCPR Articles 2, 6, 9 and 12.

³³ Red Cross study, *Customary International Humanitarian Law: Volume 1: Rules*, J-M Henckaerts and L Doswald-Beck, eds, 2005 (ICRC Customary IHL Study).

³⁴ ICRC Customary IHL Study, Rule 1; see also Protocol I, article 48 and Protocol II, Article 12(2).

³⁵ ICRC Customary IHL Study, Rule 156, pp.591,593,595-598. See also Rome Statute of the ICC, articles 8(2)(b)(i) and (ii) and 8(2)(e)(i)(ii)(iv) and (xii). See also discussion in ICRC Customary IHL Study, p.27.

³⁶ ICRC Customary IHL Study, Rule 11; Protocol I, Article 51(4).

³⁷ ICRC Customary IHL Study, Rule 12; Protocol I, Article 51(4)(a).

³⁸ ICRC Customary IHL Study, Rule 14; Protocol I, Articles 51(5)(b) and 57.

³⁹ ICRC Customary IHL Study, Rule 156, pp. 599-601.

⁴⁰ ICRC Customary IHL Study, Rules 15-21.

⁴¹ ICRC Customary IHL Study, Rules 22-24.

⁴² ICRC Customary IHL Study, Rules 53-56.

⁴³ ICRC Customary IHL Study, Rule 109-110.

⁴⁴ ICRC Customary IHL Study, Rule 103.

⁴⁵ ICRC Customary IHL Study, Rule 156, pp. 599-601.

⁴⁶ Rome Statute of the International Criminal Court, Article 7.

⁴⁷ See statistics provided by UN OCHA, available at <http://www.unocha.org/cap/appeals/syria-crisis-humanitarian-response-2014> and UNHCR, available at <http://data.unhcr.org/syrianrefugees/regional.php>

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