

The Ongoing Crime

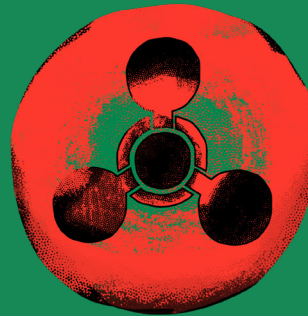


A Contextual Feminist Analysis
of the Crime of Chemical
Weapons in Eastern Ghouta on
August 21, 2013 and Its
Immediate and Ongoing
Impact on Survivors

Women Now
For Development
النساء الآن للتنمية



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Women Now for Development

Women Now for Development is a women-led feminist organization. Our aim is to deepen and strengthen the role of women in building a democratic future for Syria. Established in 2012, Women Now has since become the biggest women organization in Syria, with services reaching thousands of women and girls every year in Syria and its neighboring countries. Our work encompasses three key thematic pillars; Protection, Empowerment, and Participation and Leadership. Additionally, our work includes feminist research, knowledge production, and advocacy and campaigning on both the national and international levels. Our research focuses primarily on feminist knowledge production, including documenting and collecting women's narratives and testimonies, and in-depth qualitative and quantitative research and analysis. Our research work explores issues related to advocacy, local and international awareness campaigns on women's rights, women-led movements, feminist civil society initiatives in Syria, gender-based violence, and women's living conditions in Syria.

This research was produced in partnership with [Impunity Watch](#), An international non-profit organization working for over 15 years now in post-conflict countries, currently in Central America, Africa, the Middle East and the Western Balkans, with a presence in Guatemala and Burundi. At the core of its work is collaborating with victims of violence and affected communities to uproot structures of impunity deeply rooted in conflicts and to provide reparations for grave human rights violations. It focuses on collecting and sharing knowledge with partners through training, political work, and research, and on mobilizing joint political action by building partnerships and disseminating knowledge and demands from coalitions and victims' associations to relevant policymakers at all levels. The organization's research focuses on the concepts of transformative justice, transitional justice and impunity.

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Women Now
For Development
النساء الآن للتنمية



Contents

A Word from The Researcher	7
Important Disclaimer	8
Executive Summary	9
Methodology	14
The selection process of the violation and geography	14
Communication and the selection of participants	15
Data collection	17
Analysis, writing, and review processes	17
Psychological support throughout the process	18
Chapter I – Analytical and Documentary Introduction of the Circumstances and Contexts of the Crime	19
Circumstance 1 – The Syrian regime's siege and airstrikes on Eastern Ghouta starting late October, 2012	20
Circumstance 2 – The absence of basic services and goods, and the deteriorating living and health conditions due the siege since late October 2012	22
Circumstance 3 – The deteriorating ability of medical points and personnel to receive and treat the injured due to the siege and bombardment	24
Circumstance 4 – The element of surprise utilized by Syrian regime forces to maximize casualties	26
Circumstance 5 – The weather's compatibility on August 21, 2013 with maximizing the number of chemical attack victims	31

Chapter II – Analyzing the Details of the Crime and Its Direct Impacts (32)

The early moments and hours of the crime in the words of survivors	33
The first moments... "a chemical gas?"	36
The early moments and hours of the crime in the words of rescuers	44
Rescuing women	48
The early moments and implications of the crime in the words of paramedics	52
The experience of women paramedics and injured women	53
The experience of men paramedics and injured men	56

Chapter III – The Impact on People's Lives in the Days After the Crime (62)

Documentation, burial, and cemeteries	63
People buried alive	68
What happened to the people of Ghouta after the crime?	71
The first days and weeks after the crime	71
Residents of Ghouta under siege and bombardment until their forced displacement in 2018	74

Chapter IV – The Long-term Physical, Psychological, Social, and Economic Impacts (80)

The ongoing impact on the physical health of survivors	81
Effects on the respiratory system	82
Effects on the reproductive system	83
Effects on the nervous system	84
Effects on vision and the visual system	85
Cardiac effects	85
Effects on the immune system	86
Effects on the digestive system	87
The treatment and medical support options for survivors	88
The ongoing impact on the mental health of survivors	88
The feelings of guilt and self-blame	91
The importance of psychological support and treatment for survivors	92

The mental impact on the research and psychological support teams _____	96
The importance of sustainable social and economic support for survivors _____	97
Social isolation and the questioning of survivors' narratives by some _____	98
Chapter V – The International Response and Justice Seeking _____	(101)
Mechanisms	
The international response to the crime _____	102
Is justice only sought through official international processes? _____	106
Recommendations _____	(110)
Promoting justice and accountability _____	110
Sustainable healthcare for survivors and victim family members _____	111
Immediate and sustainable mental healthcare for survivors and victim family members _____	111
Researching and documenting the long-term physical, mental, and social impact of chemical gases exposure _____	112
Economic and social support for survivors and victim family members _____	113
Witness protection programs _____	114
Annexes _____	(116)
Annex A _____	117
Annex B _____	120
Annex C _____	123

A Word from The Researcher

Normally, research teams feel a sense of accomplishment and joy at the completion of a research project, especially one that touches on topics and nuances otherwise absent in traditional research on war crimes. However, we do not feel this joy, but rather we feel angry, frustrated, and disappointed documenting the details of a crime that holds such soul crushing brutality. A crime that took place before the eyes of all humanity, in the age of the internet and social media, an age falsely called the age of rights and freedoms. A crime whose perpetrators are yet to be punished, where no attention is paid to the fate of those who survived, those who remain forgotten.

Moreover, the use of the term "survival" itself and of labels such as "survivors" in such a context was confusing to us, as we often questioned the meaning of survival; Is it survival to stay alive? In an exhausted body loaded with diseases and a shattered psychological state? With the weight of collective disappointments and a sense of injustice and powerlessness? In the absence of social support circles and with a constant sense of loneliness, guilt and rejection? Is this survival? Yet our linguistic ability did not help us come up with another term representative of this situation, and we ended up keeping the term "survivors". On top of that, the women and men we interviewed showed us a spirit of resilience and eagerness to speak out despite difficulties, making us realize that it is not up to us to decide the meaning of survival; it is up to those who have survived.

Thank you from the bottom of our heart to all the women and men who participated in this research despite physical and mental fatigue. Thank you for giving us the strength to complete this work. Thanks to the psychological support team that accompanied us and the participants the whole way despite their own pain hearing the horrors and feeling helpless sometimes. Thanks to my fellow researcher Bayan al-Maleh¹ for organizing and conducting part of the interviews, for contributing to the writing, and for staying in daily contact with the women and men and trying every possible way to provide them and their families with health and psychological care and support. Thanks to Lubna Qanawati,² who was behind the idea for this research, thank you for all your efforts in an endeavor particularly difficult for you as a survivor of this crime, yet you were determined to complete this research and support the research team morally and mentally throughout the work. Thanks to Dr. Mohammad Kattoub,³ who poured his knowledge and heart and did not hesitate for a moment to provide us with any information or talk to us whenever we had questions or inquiries about the contexts and their nuances, and for reviewing the research with us before its publication.

Nisren Habib.⁴

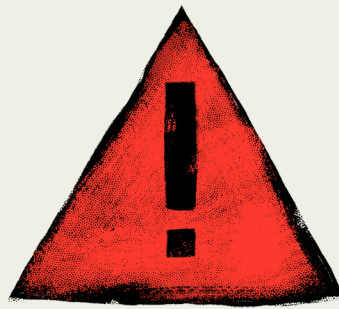
¹ Bayan al-Maleh: A political researcher, specialized in the Syrian context with multiple research projects and experience in documenting violations. She is interested in intersectional feminist theory.

² Lubna Qanawati: A Syrian feminist and women's rights activist. She is the co-director of Women Now for Development, a leading Syrian feminist organization. Her journey began in the early days of the Syrian revolution, where she joined the protests calling for justice and dignity. Recognizing the harsh conditions women face during the conflict, Lubna took on the crucial role of providing humanitarian aid in besieged areas. Throughout her journey, Lubna has been a tireless advocate against human rights violations. She has documented violations, supported fellow civilians, and relentlessly promoted accountability for chemical weapons attacks on Syrian civilians as well as her efforts to combat gender-based violence.

³ Dr. Mohammed Kattoub: A member of the Syrian Network for Public Health, an expert in humanitarian work, advocacy for humanitarian and human rights issues, civil society empowerment, and protection of aid workers in Syria and neighboring countries, and a research fellow at the Human Rights Center of UC Berkeley School of Law, and a member of the Researching the Impact of Attacks on Health (RIAH) consultancy group. During his work in humanitarian and human rights organizations, his work focused on humanitarian access to aid, documenting attacks on health sectors, fighting impunity for chemical weapons users and a board member of Don't Suffocate Truth campaign.

⁴ Nisren Habib: The lead researcher and editor. Nisren is the manager of Feminist Research Unit at Women Now e.V. Nisren specializes in South and West Asia from an intersectional feminist perspective.

Important Disclaimer



Please note that the information contained in this research may include sensitive details that may be painful or uncomfortable for some readers. This information has been included with the aim of achieving an accurate and comprehensive understanding of the topic at hand, but we recognize that the harshness of some data can be disturbing.

Out of respect for the victims' privacy, and to avoid causing additional pain and disturbance to readers, we were keen not to include any photos of the victims in this research.

We recommend that readers exercise caution and think carefully about the impact of reading this research on their emotional and mental health. If you feel or experience discomfort or anxiety while reading the research, please stop reading and talk to mental health or social specialists to get the necessary support and guidance.

Executive Summary



The crime of using chemical weapons against the population in the Damascus suburbs of Eastern and Western Ghouta on August 21, 2013 by the Syrian regime and its forces is a war crime and a crime against humanity.⁵ The use of the internationally prohibited deadly nerve gas Sarin resulted in the death of more than a thousand men, women and children,⁶ and injured about ten thousand in areas besieged by those forces,⁷ in addition to the long-term effects on survivors, their communities, and even future generations.

⁵ The use of chemical weapons has been considered a war crime since 1925 under customary and conventional international law, and has been confirmed as a war crime under the Geneva Conventions of August 12, 1949, to which Syria is a party. The widespread and systematic use of chemical weapons, especially when used against civilians, constitutes crimes against humanity as defined in Article 7 of the Rome Statute of the International Criminal Court. For more details, please refer to the following sources: [1925 Geneva Protocol](#), [Rome Statute of the International Criminal Court](#).

⁶ Violations Documentation Center in Syria, "Special Report on the Use of Chemical Weapons in the Eastern and Western Ghoutas in Rural Damascus Governorate," August 2013, 22.

⁷ A NEW NORMAL: Ongoing Chemical Attacks in Syria, SAMS, February 2016.

The long-term effects of chemical attacks on survivors are yet to be documented or analyzed in-depth from an intersectional feminist lens. Our research aims to fill this knowledge gap to some extent by providing a feminist analysis of the current situation and conditions of a group of survivors 11 years after the crime. To do so, it was necessary to describe and analyze the living contexts in the targeted areas before, during, and after the chemical attack of August 21, 2013 with an intersectional research approach. We note that this crime targeted people in Zamalka and Ain Tarma in Eastern Ghouta at around 2 a.m. and Moadamiya in Western Ghouta at around 5 a.m. However, in this research, we focused on Eastern Ghouta only due to our current inability to reach survivors from Western Ghouta.

Through our interviews with ten women and ten men including survivors, victims' families, rescuers and paramedics, and through the extensive desk review of most of the documents, articles, video and audio materials published about this crime, we noticed long-lasting effects on survivors in the form of health, psychological, social and economic issues,⁸ forming daily obstacles for them and their families to lead a decent and dignified life. We do not assert here that these effects are solely related to the crime at hand, especially since most survivors were subjected to numerous violations such as bombing, siege, starvation, and forced displacement before and after the crime. Rather, we present our characterization and analysis of these impacts as a reference for those interested in the aforementioned areas.

There is a lack of in-depth research -except for the limited resources we refer to in this paper- on the immediate and long-term impact of this crime on women's lives, bodies, mental health, and living conditions. We investigated the different gendered impacts of this crime and analyzed, based on testimonies and desk reviews, how the state of war exacerbates the effects of crimes and violence on women who live in societies and under a government that have exerted structural, social, legal, political, and economic discrimination against them before the revolution began in 2011 and then during the war. We analyzed and presented these effects throughout this paper, and found that the occurrence of this crime and others such as siege and bombing within this discriminatory structure increased the negative impact on women in every detail of their lives, especially in the aftermath of the criminal chemical attacks, where women's survival, rescue, and treatment were differently impacted despite heroic rescue and treatment efforts. The cumulative and complex effects of this crime extend to this day on women survivors, including poor mental and physical health conditions, difficult social circumstances, and economic deterioration. It is worth mentioning that we have not overlooked the effects on men, as we have sought to provide a comprehensive analysis that shows the differences and intersections in the effects based on gender. Our goal is to foster a deeper and more complex understanding of how this crime intersects with multiple forms of injustice, and to adopt intersectional feminist approaches towards achieving inclusive justice and equity.

⁸ To read about these effects, please refer to the following sections in the paper: [The ongoing impact on the physical health survivors](#), and [The ongoing impact on the mental health of survivors](#).

Based on our research and interviews, we affirm that the lack of justice to this day exacerbates these effects on survivors, their communities, and their communities. This justice begins with holding the Syrian regime, its forces and allies, and all those involved in the planning and execution of this crime accountable. Achieving accountability is of immense significance to survivors; to hold accountable the regime that killed their loved ones, chased them even after they died, dug up their graves in an attempt to erase the trace of the crime,⁹ and pursued witnesses to this day; to hold this regime accountable for a crime that led to the injury of thousands of people from the survivors' communities, and has directly affected them to this day¹⁰ and will continue to affect them for generations to come. Accountability means that impunity is out of the question, that this crime will not be repeated, and this is justice for all peoples on earth, because it may deter any party or government from committing such crimes in the near or distant future. Accountability is the beginning or the cornerstone of justice, but it is also justice that those who survived this crime should be cared for sensitively, through economic and physical and mental health programs that preserve their dignity and compensate for a small part of the damage or limit its accumulation and aggravation. It is also fair to study the impacts and needs from a gender and intersectional lens so that they can be addressed based on the type of impact and the different needs related to it.

Through our research, we discovered that there are no special local or international programs to care for the physical and mental health and social and economic well-being of survivors of this crime. In fact, during the research, we sought assistance from more than one medical entity to care for the deteriorating health conditions of the survivors who participated with us, yet our calls met no response, which called for Women Now for Development to provide some immediate financial assistance as an emergency measure for some health conditions, in addition to the psychological care that accompanied participants during the research and to this day as part of organization's research approach with survivors of grave violations which acknowledges psychological support as their basic right. However, this remains a temporary measure to fill an urgent need and falls short of the sustainable support that survivors of chemical weapons crimes should receive at all levels. We wonder why there are no sustainable medical care, social care, psychological care, or economic support programs dedicated to survivors. In the recommendations of this paper, we list the steps we propose and recommend supporting survivors at all levels.

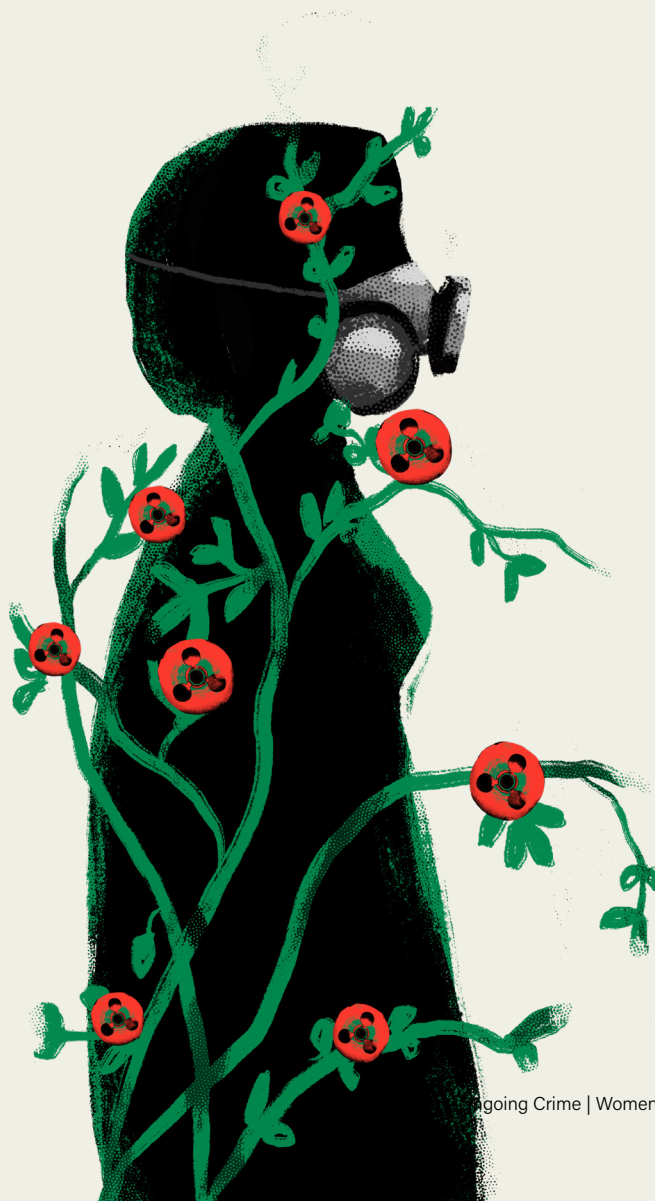
On the other hand, we emphasize the importance of supporting all collective and even individual local and international efforts towards accountability and justice. Although the Syrian regime and its allies wanted it to be a perfect crime, through the chosen circumstances of the crime, its details, its execution, the political games, the international and regional inaction, the prosecution of witnesses, and the exhumation and destruction of victims' graves in an attempt to erase evidence.

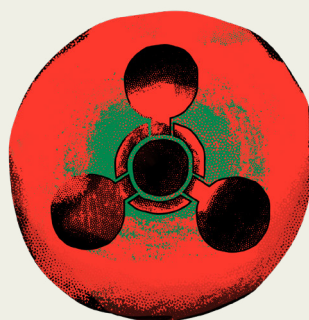
⁹ For more on the topic of graves, please refer to the following section in the paper: [Documentation, burial, and cemeteries](#)

¹⁰ For more on the issue of witness prosecution, please refer to the following section in the paper: [The importance of sustainable social and economic support for survivors](#)

This cannot happen even after years, nor should it be allowed to happen, despite the inaction of all the region's countries and international bodies to save what is left of these people and punish the perpetrators so that, at least, this act will not be repeated. Despite their pain, many activists, human rights defenders, survivors, and some interested stakeholders in many places still believe in justice and seek it and seek accountability of the Syrian regime by all possible means. But as important as these efforts are, we plead to all interested judicial, human rights, and civil society organizations to look at this crime, its consequences, and its effects from a gendered perspective. This will give a deeper understanding of the effects and severity of the crime, and to some extent do justice to the women victims who have suffered and continue to suffer from intersecting layers of injustices and physical, mental and economic effects, whether as a result of this crime or its intersection with all the crimes committed by the Syrian regime and its institutions, including siege, killing, bombing, detention and displacement, as well as social discrimination and violence against women during the war.

We declare our readiness to assist and participate in any research on the long-term physical, psychological, social and economic impacts of chemical attacks and the Syrian regime's crimes, and to provide analytical tools with a gender perspective and an intersectional approach.





Methodology

The selection process of the violation and geography

We chose to focus on the chemical attack in Eastern Ghouta (Zamalka and Ain Tarma areas) on August 21, 2013 and the areas involved in rescue efforts. This decision was made after considering several factors, including these listed below:

Context complexity: Analyzing every chemical attack that occurred in Syria is a complex process that requires a careful examination of the factors that led to the violations, the resulting loss of life, and the impact on the lives of survivors and victim families. Our research aims to expose the different layers of oppression and violations against people, focusing on the differential impact of the crime from a gender perspective. Therefore, we chose to study a single attack and analyze the associated systems, social conditions, and political and economic contexts in depth, rather than superficially examining multiple crimes.

Feminist research methodology: Our feminist research methodology relies on the Standpoint Theory, which builds on the subjective knowledge that arises from the personal experiences and daily lives of the affected constituency. Such an approach requires a long and delicate process of qualitative data collection, qualitative intersectional analysis, desk review, writing, and revision. Studying all of the many criminal chemical attacks in Syria using this methodology would take several years, which is beyond the scope of our current research timeframe, and human and financial resources.

Sensitivity of the research topic: We recognize that this is a highly sensitive topic for those who will be sharing their own experiences. This sensitivity comes first and foremost from the severity of the violation, the psychological toll on survivors, and the pain of reliving painful memories of trauma, loss, and helplessness. Therefore, this type of inquiry requires a high level of research ethics that prioritizes the well-being of participants. Secondly come the dangers related to providing testimonies on this issue, while the Syrian regime forces are still monitoring anyone who was or is a witness to it, and this adds to the difficulty of communicating with witnesses. In addition to these two factors, the previous experiences of many victims with documenting bodies did not seem to be positive, as many international and national bodies collected information from survivors in ways that were insensitive to their psychological and security needs, and without informing them about the fate of these documents, which led the survivors to lose confidence in the whole process and its usefulness. When we reached out to the participants, it was very helpful to know that there was an established trust in the credibility of Women Now's work and knowledge production, and this trust was reflected in the many details that most participants said they had not shared with anyone else.

The particularity of this crime in terms of its atrocity, the number of victims, the number of injured, the absence of accountability and justice, the silence of the international community, and even the attempts to erase any memory of it prompted us to delve deeper into the crime and its effects and document these so that those who end up writing the history do not conceal it later, and so that there are references to the truth in the language of the affected constituency.

Communication and the selection of participants

In order to reflect the devastating effects of the chemical attack at the time of the crime and later, we had to look at the crime scene from multiple angles, communicate with people who had different roles during the crime, and cross-check data from multiple sources. To provide a gendered analysis, we reached out to women and men to listen to their testimonies and analyze their different social situations and the unique impact of the crime on them. To do so, we reached out to women and men who were injured, who lost loved ones, and who rescued and treated others:

Survivors: Women and men who were directly exposed to Sarin gas on the night of August 21, 2013 (6 women and 1 man).

Rescuers: Those who participated in rescuing the injured and evacuating them from their homes; there were no female rescuers during this crime. (4 men)

Paramedics at medical points: Those who provided aid to the wounded at medical points on the night of the crime. (2 women and 3 men)

Relatives of the victims, who lost their loved ones to this crime. Family members narrated the details of the crime, its effects, and everything related to their condition to this day. (two women and two men)

This approach helped us greatly in confirming many details by cross-checking them, and in understanding the complexity of the events due to their rapidity and shocking magnitudes. At the same time, we emphasize that the methodology of separating categories is a theoretical one, and does not mean that the roles during the crime were so clearly divided, as injury, aid, rescue, loss and burial overlap with each other in such a terrible event, but the division is based on the different positionality of the participants and the additional active roles they played. In other words, we interviewed 10 women and 10 men survivors who played different roles on the night of the crime in multiple locations as follows:

Name	Category	Location on the night of the attack
Yusra	Survivor (woman)	Harasta
Rawan	Survivor (woman)	Zamalka (the area of the attack)
Om Alaa	Survivor (woman)	Douma
Ziad	Survivor (man)	Douma
Om Obeida	Survivor (woman)	Arbin
Om Ahmad	Survivor (woman)	Zamalka (the area of the attack)
Om rami	Survivor	Douma
Abu Mohammad	Victim family member (man)	Hazzeh
Om Saied	Victim family member (woman)	Zamalka (the area of the attack)
Om Mohammad	Victim family member (woman)	Zamalka (the area of the attack)
Abu Ahmad	Victim family member and rescuer (man)	Zamalka (the area of the attack)
Tuhama	Paramedic (woman)	Jisreen
Farouq	Paramedic (man)	Jisreen
Bissan	Paramedic (woman)	Harasta
Abu Sakher	Paramedic (man)	Zamalka (the area of the attack)
Abu Bakr	Paramedic (man)	Douma
Abu Firas	Rescuer (man)	Saqba
Abu Fares	Rescuer (man)	Jobar
Hussam	Rescuer (man)	Zamalka (the area of the attack)
Karam	Rescuer (man)	Zamalka (the area of the attack)

We note that most of the names are aliases for security reasons, except for participants who asked that we keep their real names.

Data collection

In this research, we used the qualitative research method of semi structured one-on-one interviews, in which we focused on some of the main themes of the research while leaving room for the participants to add any information or themes they found important and should be highlighted.

We tailored the interview questions according to the role and location of the participant on the night of the crime, i.e. different questions for survivors, victims' families, rescuers, and paramedics. In [Annex A](#), we have provided an example of the main themes and questions included in the interviews with survivors and victims' families.

We obtained the consent of all participants to conduct the interview verbally through an audio recording, and in writing through an informed consent sheet. This sheet included a detailed explanation of the research objective, confidentiality and publishing rights procedures, and some helpful tips (see [Annex B](#)).

We conducted all interviews online in 2023 through a private account on an app designated only for these interviews. We also interviewed the expert in chemical weapons crimes in Syria, Mohammad Kattoub, as a witness to the crime and to verify details about the medical points and treatment at the time of the crime, and to also gather some information about international political processes and local and international efforts to achieve justice and hold the perpetrators accountable.

We took all possible precautions to protect the data in the process of storage and transcription to prevent it from being leaked or published due to its confidentiality and to protect the survivors and the research team.

Analysis, writing, and review processes

We analyzed the data after reading the interviews according to the themes and questions included in the interview, those added by interviewees, and the interviewing researcher's notes.

We used a content analysis methodology where we identified key concepts and themes, cross-checked the data, and then drew findings and conclusions. In parallel, we reviewed relevant references which we collected through desk review of written and visual materials, articles, resolutions, agreements, etc. in both Arabic and English.

During the analysis process, we repeatedly contacted the participants to confirm some data and dates or to inquire about some materials or links given the availability of such material and the participant's consent to share them. In

addition to contacting Lubna al-Qanawati and Mohammad Kattoub to inquire about details related to the political, medical, and living contexts of the period of the crime and later.

We wrote the main headings of the content, discussed these within the research team, and adopted the final version as the basis to start writing, which lasted about four months.

We reviewed the research internally within the team, and then submitted it for external review by specialists in the researched contexts for review and suggestions.

Psychological support throughout the process

A team specialized in psychological care, Dr. Aziza al-Banna¹¹ and Dr. Mutaa Barakat,¹² followed up with the survivor participants from the beginning of the work before, during, and after the interviews until today through separate group sessions with women and with men and through one-on-one sessions as requested.

The process of psychological support and care began before the interviews through introductory group sessions separated by gender, in which the two specialists prepared the participants for the process of disclosure and memory recollection and provided important advice on dealing with the negative emotions resulting from recalling this painful event and talking about loss and all other violations participants have endured and continue to endure until today.

The specialists then carried on with communication and psychological support through group and individual sessions for interested participants. This process has been ongoing since July 2023 to this day, in cooperation with the Protection and Psychosocial Support Department at Women Now, and will continue based on the demand and needs of survivors.

Women Now also provided psychological support and care to the research team through one-on-one sessions throughout the process.

¹¹ Dr. Aziza Mahmoud Ali al-Banna: A specialist in individual and group trauma psychotherapist and psychosocial support for survivors of crises and disasters, with a PhD in Eye Movement Desensitization and Reprocessing (EMDR) therapy from USIM University in Malaysia.

¹² Dr. Mutaa Barakat: A mental health specialist and psychotherapist certified in CBT and Humanistic Therapy, Associate Professor at the Department of Psychological Counseling at Damascus University, member of the German Society for Conversational Therapy, and member of the Syrian Mental Health Association.

Chapter I



Analytical and Documentary Introduction of the Circumstances and Contexts of the Crime

There is no circumstance in which any society can be prepared to receive an attack with chemical weapons, but the circumstances that the Syrian regime forces created and chose in order to bomb populated areas with a chemical weapon can be described as carefully planned to achieve their goals. These goals are most likely -from our point of view and according to the statements of the participants- to eliminate any kind of resistance or opposition to the Syrian regime in that area adjacent to the capital Damascus, and to eliminate the prospects of any ideology and action that future generations can think of to oppose this regime. But rather to completely subjugate these generations after the survivors and their children realize that this regime is capable of using a chemical weapon against its people, annihilating the population of entire areas and causing everlasting physical and mental damage to those who survived, and creating a trans-generational trauma while avoiding the international community's reaction to this crime and attempting to escape punishment.

Here, we present these circumstances in detail, according to our analysis based on testimonies from survivors and specialists in the Syrian context, and on most written, visual and audio materials available about the period leading up to the crime.

Circumstance 1 – The Syrian regime's siege and airstrikes on Eastern Ghouta starting late October, 2012

Residents of the Eastern Ghouta area have revolted against the Syrian regime since the beginning of the Syrian revolution in 2011. Due to the region's geographical importance and its proximity to the capital Damascus, Syrian regime forces used violence against the population from the beginning to oppress peaceful demonstrations. Collective punishment tactics such as cutting off electricity, internet and basic services and deploying internal checkpoints by the Syrian regime forces were employed in the area in 2012. However, the siege policy against the residents of Eastern Ghouta escalated at the end of October, 2012, when security and military checkpoints withdrew outside the areas in response to what was then called by the opposition armed factions "the battle to liberate Damascus",¹³ imposing a total blockade on movement and food passage and preparing the conditions in the area for the Syrian regime's plan to bomb the population and the armed factions that began to form inside with ground and air weapons.¹⁴

¹³ Eastern Ghouta has been under siege since 2013, Al-Watan Online Magazine, February 2018 ,7.

¹⁴ For more information on the context of the region and the political and strategic importance of the rebel areas near Damascus for the Syrian government and its plans to retake them, we recommend reading "Assad strikes Damascus: THE BATTLE FOR SYRIA'S CAPITAL" by Valerie Szybala of the Institute for the Study of War, 2014.



“The regime withdrew checkpoints from inside Ghouta and placed them on the outskirts, and that’s when the rocket bombardment started, and in 2012, the punishment escalated on these areas, cutting off electricity, services, cellular and landline communications in retaliation against the residents”

said Hussam from Zamalka, who has been working as a rescuer since 2012.

The residents of these besieged areas suffered from daily bombardment, forcing many to flee internally from one town to another in search of safety, as the area was not yet equipped with basements or tunnels since this tragic situation was new to everyone and there was no prior preparation to deal with these conditions.

In her own words, **Rawan from Zamalka** describes this gruesome reality: "We were displaced a lot, we would go out for a month or two and come back... I remember one time we were displaced to an area called Mleiha, we found cars going there and jumped on board, and then the MiG jets came and hit Zamalka. The old people stuck to their homes, they didn't want to leave, and their children didn't leave because they didn't want to leave them behind. We went away for about a month to Mleiha, and when we returned to find the people of the area slaughtered so that we would be scared and learn our lesson. Some of us did get scared, some grew a grudge, and others left the country"

Since the end of 2012, residents of Eastern Ghouta have been living in a geographical siege that prevents women, men and children from leaving to Damascus or any other area to escape the daily shelling and airstrikes and the inhumane of living, transportation, education and medical care conditions.

Circumstance 2 – The absence of basic services and goods, and the deteriorating living and health conditions due the siege since late October 2012

When residents of Eastern Ghouta talk about the siege, especially those who remained in Ghouta until they were forcibly displaced by the Syrian regime forces and their allies in March 2018 (this is the case for everyone we met and interviewed for this research),¹⁵ they divide the siege into three phases:

The first phase was from October 2012 to October 2013, i.e. until after the criminal chemical attack on August 21, 2013. This phase was generally characterized by the availability of cash and most basic materials to an acceptable extent and a gradual scarcity of food, coupled with a lack of medical materials.¹⁶ It was also characterized by the lack of basic services such as water, fuel, education, electricity and telecommunications, and the use of alternative means such as generators, wireless networks and alternative education by local organizations.

¹⁵ A timeline of the events of the displacement of Ghouta, Mohammed Katoub, Al-Jumhuriya, August 4, 2021.

¹⁶ The collapse of life in Eastern Ghouta, 200,000 people are in extreme danger in Douma. Eqitsad , July 29, 2013.

The second phase, which was the most aggressive, lasted from October 2013 to early 2015, was characterized by a total ban on the entry of any foodstuffs, a complete cut-off of all basic services such as electricity, water, telecommunications and fuel, and daily shelling and airstrikes.

In the third phase, conditions improved slightly after the armed factions dug underground tunnels in 2015 through which some foodstuffs could be brought in to the besieged Ghouta population. However, these goods came at exorbitant prices set by war merchants, and people could not buy them because of poverty after two years of total siege.

When Syrian regime forces carried out the chemical massacre on August 21, 2013, the people of Ghouta had already been living through the first bitter siege phase since the end of 2012. About two months after the massacre, the regime tightened the siege on East Ghouta, and a new phase began.

Women started resorting to alternatives such as barley bread, boiling plants or eating food –if found- with cabbage leaves, and the feeling of satiety became a luxury not enjoyed by many. Although this period of the siege was not the most severe, its effects seem to vary according to the economic class of the people. Some suffered more than others, and women suffered in particular because they are the ones responsible for securing or coming up with daily alternatives for food and household chores.

Om Mohammad from Zamalka said, "Before the chemical attack, bread was cut off. We used to wet dry bread for the children, and my little girl, may she rest in peace, would say: "Give me dry bread, don't let it get wet...". Some people used cabbage leaves to eat as bread was completely cut off after the chemical attack. My nephew used to get flour and I would bake it for a while, but then the flour became fodder and barley flour, and we got sick from it; my sister-in-law and little girl got jaundice."

The complete power outage had a double impact in those circumstances; food could not be refrigerated, nor could any electric machine be used to make the situation easier, especially for women, and exhausting alternative solutions began to spread, such as using firewood for cooking and washing. The creativity in alternative solutions never stopped, as generators came into use, but many people were unable to obtain them.

Rawan, who used to work as a hairdresser for women, said, "There is no electricity anymore, even the TV at home became junk. We stopped using washing machines and resorted to hand-washing; we went back in time in search for alternatives. I mean, when the siege started, my job as a hairdresser was greatly affected, especially the dry-blower, all of my job aspects require high power. Although the concept of generators kicked in, but it didn't work and we used batteries that would break. After that I went back to wood fire, I put the iron on it and used it as a hair straightener"

Of course, the siege was not limited to food and electricity, which are basic requirements of human life, but it affected every other aspect of life. Schools were disrupted and children were deprived for long periods of time from any accredited education, or from learning in a building safe from bombardment. Many jobs have been lost or made more difficult by the absence of electricity and transportation, and many people walked for hours to get to work. Even daily details that we take for granted, such as taking a hot shower or waking up to find water for drinking, cooking, or cleaning, have become scarce and sometimes non-existent for many months. All these conditions, which directly affect the physical and mental health of everyone who lives there, have been accompanied by a shortage of medical services and medical personnel, which we will elaborate on in the next section.

Circumstance 3 – The deteriorating ability of medical points and personnel to receive and treat the injured due to the siege and bombardment

Due to the daily bombardment and the targeting of hospitals and their staff in particular, the remaining medical staff were forced to shift the places of treatment and hospitalization to basements in order to avoid the risk of bombing. Schools, farms, and basements were used as urgent care and treatment spaces, and a medical office was organized in each area with a small number of medical staff and salvaged equipment, which were later called field hospitals.¹⁷

Many medical personnel left the area due to poor conditions, and some were killed by shelling, explosions, and targeting of medical centers. The Syrian regime forces also arrested and imprisoned many of them.¹⁸ Therefore, the besieged medical staff remained in a state of great need for personnel in many medical specialties and even for nurses, and nursing training courses were made available to all those who could join.

As for the female medical personnel, they were the least in number, including gynecologists and other specialists. This is because there were already less women doctors than men, and because many of them had left the area with their families, and some were detained or forcibly disappeared. This has greatly affected the treatment of women in a conservative society where many men refuse that male doctors attend to their female family member.

¹⁷ Health care centers resemble field hospitals in Eastern Ghouta (photos), Enab Baladi e-magazine, September 21, 2018.

¹⁸ A video reviewing the most prominent violations against the medical sector by the parties to the conflict and the controlling forces in Syria since March 2011, Syrian Network for Human Rights, September 19, 2020.

Bissan describes the situation in her own words:

“While it’s true that I am a nurse and that we had other women nurses with us, but there were no women doctors. I remember once a woman was shot by a sniper in the back and the bullet had exited through her chest, so the doctor had to change her bandages, and the woman’s husband yelled and shouted, ‘How come you want to look at this area when she is a woman?’ The doctor said, ‘Yes, we have women nurses, but this process requires a doctor, so I teach the nurses the first time and they carry on.’ There were no women doctors.”

Bissan emphasizes that such an attitude from men was frequent, even in very critical cases that required amputation of limbs due to shrapnel injuries or any intensive care for women. Some male doctors were even threatened with weapons not to approach injured women.

The number of female nurses was also low. Bissan links this to the daily shelling and the fear of parents for their daughters to go out on the street. Bissan emphasizes that, had she not had enough support from her brother, her parents would not have approved of her training to become a nurse and her going out daily for long hours or for urgent cases at any time of the day.

Circumstance 4 – The element of surprise utilized by Syrian regime forces to maximize casualties

Despite the constant day-and-night shelling and airstrikes by Syrian regime forces against the residents in Eastern Ghouta, especially since late 2012, and despite the constant targeting of civilians, all the participants we interviewed did not, in their worst guess, expect that the regime would launch such amounts of Sarin gas on civilians in besieged residential areas.

The first reason a chemical attack was unexpected was its danger and ability to inflict mass death on humans and even animals. Abu Mohammad from Zamalka says: "We never expected that the Syrian Regime would use chemical weapons, this is why no one was prepared for such a thing. We expected the Regime to do anything shy of that despicability, because chemical weapons do not only kill human beings, they kill trees, animals and everything..." Um Ahmad, a resident of Zamalka, reaffirms by saying: "We never expected chemical weapons to be used on us, we heard that they were using Chlorine on the fronts, but not the Sarin they hit us with. We had no idea about chemical weapons, but now we have experience with everything from missiles to chemical weapons."

Syrian Government forces had used chemical weapons against the people of Homs in 2012,¹⁹ and had also used Chlorine gas and sometimes nerve gases against the fronts in Eastern Ghouta prior to the August 21, 2013 strike.²⁰ However, even the medical staff did not anticipate the magnitude of the disaster, and the criminal ability of the Syrian regime to strike fully populated residential areas with Sarin gas.

¹⁹ "December 23, 2012: Regime forces shelled al-Bayada, Deir Baalba and Sixty Street in Homs, causing more than fifty people to suffer from delirium, nervous convulsions, loss of consciousness, eye pain and suffocation; seven people died, four were paralyzed and three lost their sight." [Source: A timeline on chemical weapons in Syria, Al Jazeera, August 22, 2013.](#)

²⁰ During the interviews, almost all women and men said that the Syrian regime forces used Chlorine gas against the opposing factions on the fronts. One of the witnesses we interviewed was suffocated and treated for Chlorine intoxication. However, during our interview, expert Dr. Mohammed Katoub said that there was confusion among people and even among some medical staff between Chlorine and other nerve gases.

Dr. Mohammad Kattoub described the condition of medical personnel as he said:

“Unfortunately, there were no sufficient studies or treatment protocols on how to deal with the cases that we received from the fronts with nerve gas or Sarin intoxication, since no one had any knowledge or experience when it comes to these strikes. However, the Syrian regime’s army had the experience, so the Ministry of Health hospitals were equipped with Pralidoxime to treat Sarin intoxication. At the time, it was evident that we would not be able to host more than 300 injured people if the regime Forces increase the use of chemical weapons. We realized that we needed equipment, and that the equipped centers should not be located in one place in Ghouta and should be distributed in an L-shape so that no matter the wind direction, one of the centers will not be contaminated by the gas. We started thinking about how society should act before the strike on August 5.”

On August 5, 2013, Syrian regime forces used the Sarin chemical gas on the armed front in Adra, as well as an explosive device filled with chemical gases on the Abdul Raouf neighborhood in the Masaken area of Douma city, injuring about 400 people and some medical personnel.²¹ According to **Dr. Mohammad Kattoub**, this strike caused panic among medical staff due to the lack of equipment and their inability to move due to the bombardment and siege.

Their biggest fear however was their inability to deal with a large number of chemical gas injuries in the event that the Syrian regime forces decide to carry out a large-scale chemical weapons strike. Accordingly, medical personnel began to equip some schools in Douma with generators and chose schools that are close to water wells so that the injured can be sprayed with water during the decontamination process.

The selection of schools instead of establishing decontamination points next to medical points or hospitals was because most of these medical points had moved their equipment to basements as a result of the daily bombardment that hit most of their upper floors. In the case of chemical weapons use, the injured cannot be decontaminated in basements because of the involved risk of secondary injuries due to lack of ventilation, hence the urgent care had to be provided in well-ventilated spaces or at least above ground.

Some medical teams contemplated the situation of women in the event of a chemical attack. How would it be dealt with, stripping them naked and spraying them with water in open fields in a society governed by conservative social and religious norms? Even if special tents were to be set up for women outside schools as one solution, as **Dr. Mohammad Kattoub** says, the possibility of air-striking the tents was very high.

Unfortunately, the next crime hit on August 21, 2013, two weeks after the August 5 strike, and the medical staff, already exhausted from the siege and bombing, were unable to prepare anything that could help the population and even the staff themselves. Even if they were able to do so, the magnitude of the catastrophe caused by the crime does not allow any medical staff, even those not besieged or bombed, to respond to an attack with such weapon that killed many medical personnel during the treatment of the injured.

²¹ On August 5, 2013, opposition activists filmed what appears to be the remnants of the chemical weapons-carrying variant (with the extra fill plug visible as well as the red numbering system) of the 330mm rocket in the Adra suburb of Damascus, in what they alleged was a chemical weapons attack by Syrian government forces. <https://www.hrw.org/report/2013/09/10/attacks-ghouta/analysis-alleged-use-chemical-weapons-syria>.

Medical staff tried to raise community awareness about the steps to take in the event of chemical attacks, and the main discussion at the time revolved around whether or not the Syrian regime was capable of such an attack. However, the ability to sensitize the community was limited due to the absence of basic services such as electricity and internet and the poor condition of people and medical staff caused by bombardment and siege. Unfortunately, due to the shock of the crime and the fact that it happened at night while people were asleep, people were rarely able to implement any of these instructions. Worse, there was a spread of uninformed measures that exacerbated the injuries. These included burning tires, using vinegar and soda, or going into basements used for protection from shelling and airstrikes.

Rawan from Zamalka describes people's discussions before the crime, their fears, her own fears, and the preparations she made as a woman, as a patient with nasal allergies, and a mother always thinking about how to protect her children in the event of a chemical attack:

"There were many big rumors at the time, especially after the massacre in Mleiha,²² because people learned to expect anything from the Syrian regime, but then a rumor came out that the regime would strike with chemical weapons, and people didn't believe it because it would kill everyone, yet I still believed the regime was capable of that. There were no medical points in Zamalka, so people had to go to other areas for treatment, even the civil defense could not operate in Zamalka, and there was a lot of discussion among people about how to protect themselves from chemical weapons, such as using soda or vinegar, and saying that the gas stays on the ground and doesn't move up. I'm extra allergic to odors, and I didn't know what to do! I hid a towel and a bottle of vinegar in a bag, as if it was a first aid kit, and kept it within reach. I told my sister that I didn't trust the regime, so we had to be ready. I even prepared an Abaya [long dress] and a headscarf to cover ourselves, and because of the bombing that was going on, most houses had broken or open windows, especially since it was summer. These discussions even dominated all of social visits; a relative was once visiting us and she had asthma, she said that she was afraid because of her asthma, and I tried to comfort her by telling her that we should live with hope and not be afraid. I never forget her words because I can't imagine seeing my children die in front of me while I can't do anything about it."

Ziad from Zamalka says: "We were expecting the regime to use chemical weapons, but we didn't expect it to hit Zamalka, which is very close to Damascus. Before that, they used to launch chlorine on the frontlines through smaller bombs, but the chemical attack was the first official wide scale one. We never expected that because Zamalka is separated from Damascus by a single highway."

²² Bashar al-Assad's planes commit a horrific massacre in al-Mleiha, Syrian Observatory for Human Rights, January 3, 2013.

All participants we interviewed spoke of the crime as if it happened yesterday. According to them, the second reason the crime was shocking were the threats made by the international community, especially the US with Obama's famous threat "the use of chemical weapons is a redline".²³ Some online pages even posted about the weapons the international community would use against the Syrian regime and Assad in the event of using the internationally prohibited chemical weapons against civilians,^{24 , 25}

Despite the frustration of besieged Syrians from such a threat that authorizes a government to kill its people with all kinds of weapons except chemical ones, people held out hope that the Syrian regime would not dare to dig its own grave, but would stay within the broad limits of the use of weapons, which at the time included mortars, rocket launchers, airstrikes, explosions, barrel bombs, etc. These weapons were enough to kill hundreds of men, women and children and destroy their homes and lives on a daily basis.

The third reason is that in the days preceding the chemical crime on August 21, 2013, a UN committee was in Damascus to investigate the Syrian regime's use of internationally prohibited weapons, kilometers away from where the attack took place,²⁶ and it was expected that the Syrian regime would either postpone the use of chemical weapons or stop altogether in order to avoid an international military response and direct punishment.

²³ The context of this sentence and the international community's position is explained in detail in the section on [The international response to the crime](#).

²⁴ Leaders in Assad's operations room to "Al-Rai": This is how we will contain the US strike in the field ... Obama decides to expand the strike on Syria and use fighter jets..... 11 countries at the "G20 Summit" call for a "strong international response" and European defense ministers agree to hold those responsible for the chemical attack accountable, Lebanese Center for Research and Consulting, September 8, 2013.

²⁵ What weapons might be used in Syria? BBC Arabic, August 31, 2013.

²⁶ Maps of Death: How Syria Built Its Chemical Arsenal, Abdulrahman al-Kilani, Al Jazeera, May 11, 2017.

Circumstance 5 – The weather's compatibility on August 21, 2013 with maximizing the number of chemical attack victims

The timing of the crime was the biggest shock factor for the residents of Eastern Ghouta; it was 2 a.m., and everyone was asleep in their homes, especially women and children. In addition, the day on which the crime took place was a Damascus summer day par excellence, characterized by high temperatures and no winds, hence most people slept with open windows in the absence of electricity for fans or air conditioners. Therefore, when the Sarin gas was hit, it entered homes directly, and entire families with their women and children died in their sleep, especially those who live on lower floors, as the weight of Sarin gas pulls it down. Even families who tried to escape to rooftops had to come back down to escape the aerial and ground shells launched by Syrian regime forces immediately after the chemical attack in Zamalka and Ain Tarma.²⁷

Abu Fares, a rescuer from the Jobar, described the weather that day: "I finished my shift and went to get things because the hospitalization point had no supermarket, and I returned at 12 o'clock. It was an unusually hot day without a single breeze."

The choice of this day and time, around 2:00 a.m. on August 21, 2013, particularly increased the number of women casualties and injuries. Women, due of their societal positionality, would not be at frontlines during late hours, nor would they be in rescue teams; they would be in their own spaces, homes, sleeping with their children, wearing light attire suitable for the extreme heat under a severe siege. The likelihood of them dying in large numbers would be very high, as will their injuries, and the particular difficulty of treating them would further increase these numbers.

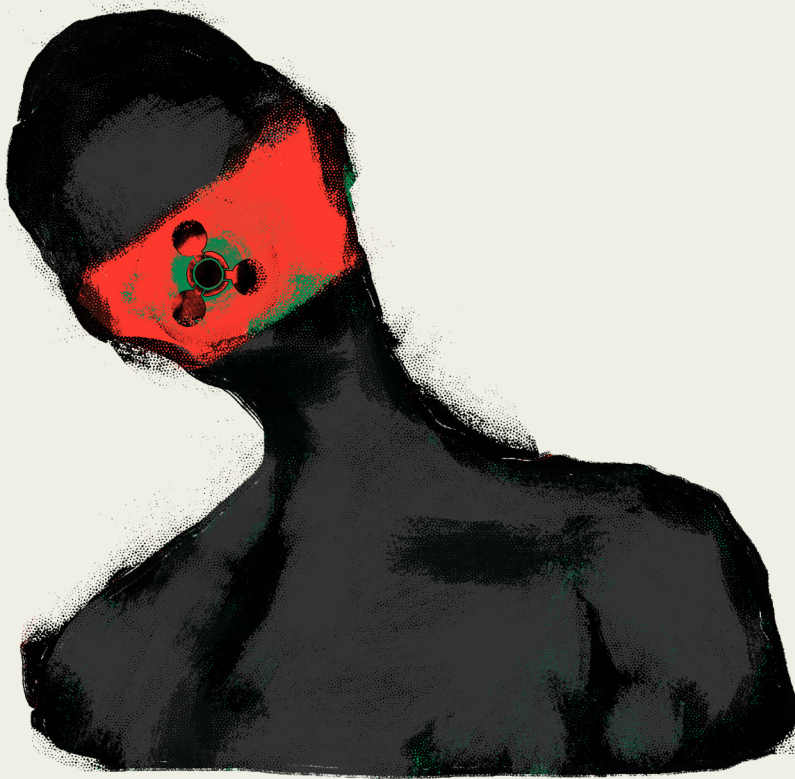
²⁷ Special report on the use of chemical weapons in eastern and western Ghouta in Rural Damascus, Violations Documentation Center in Syria, August 22, 2013.

Chapter II



Analyzing the Details of the Crime and Its Direct Impacts

The early moments and hours of the crime in the words of survivors



This section is designated for the testimonies of those who lived this bitter experience as survivors and did not have other official roles, i.e. not paramedics or rescuers, in the days and months prior to the crime.

In the next section, we will elaborate on the details of the crime as experienced by the rescuers and paramedics, in an attempt to give each survivor their right to narrate, and to try to understand what happened, and come close to imagining it, by describing the crime and its impact from different positions, making the picture almost complete in terms of describing the event. However, when it comes to understanding the feelings experienced by those who survived this crime, we need many years and comprehensive knowledge production. Even then, we would not come close to fully conveying what it feels like to be exposed to a chemical gas in a besieged area, to inhale it, feel its effect, see death and disability everywhere, lose dozens of loved ones and acquaintances, and see the specter of death devour even animals, birds and trees....²⁸ All under local and international silence that kills what chemical weapons, siege and shelling did not.

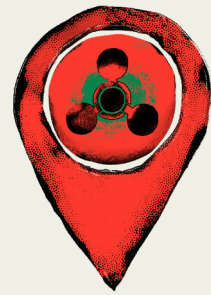


We interviewed seven women and three men survivors who witnessed the details of the crime since the launch of the missiles by the Syrian regime forces. Some were in the areas that were directly targeted (Zamalka) and others in the surrounding areas that were affected. We will start by recounting the first moments as experienced by survivors, when they realized that the biggest nightmare, the use of chemical weapons, was happening right now. We will not abbreviate or take quotes, but we will mention the details as they were narrated, because of their importance, their difference, and to honor every word the survivors mentioned in their painstaking recollection of these painful moments that no soul on this earth should have to live through.

²⁸ ibid

Eastern Ghouta:

Zamalka - Ain Tarma





The first moments...
"a chemical gas?"

"It's impossible to forget the night of the chemical attack. I remember it was 1:00 in the morning when I started getting ready to go to bed. I had put my son to bed by the window because it was a very hot day, and my second son slept on the couch. I heard the first missile, and my husband said, 'Thank God, it didn't explode.' Seconds later, I heard the second missile, which had a deep sound, and my husband said again, 'It didn't explode.' Then I heard the third missile, and I said to my husband that there was something unusual, 'Could it be chemical?' I counted eleven missiles with the same sound.

Moments later, I told my husband that I smelled a strange odor... He didn't believe me, and we entered the house from the balcony, arguing about it. I told him I was feeling short of breath, he didn't believe me, and when we were in the inner room, we heard someone shouting in the street, 'Chemical, chemical!' I said, 'Do you believe me now?' Then I ran to my children, and my child whom I put to bed by the window was shaking strangely, I thought he was sick, so I held him to my chest, and I saw foam coming out of his mouth.²⁹ I told my husband we should go up to the roof because that's what I heard people say about what to do if the Syrian regime forces hit us with chemical weapons. My speech began to get slower... I brought some towels... My brother-in-law's family came to us and told us to go down to the street... I started to feel numbness climbing up my body from the bottom of my feet. I couldn't carry my children, my husband yelled at my son to move... I told him, 'Don't yell at them. They're dying.' My second child's body became as soft as putty, as if there were no bones in his body, and I started praying to God that we would all die together... I was afraid that my children would die and I would be alone. I tried to wash their bodies more than once, and I brought them medicine I had for bronchodilation. My brother came, and I told him we should all go up to the roof of the building, even if there was shelling, we were going to die anyway. My speech got even slower... My husband told me to push myself a little... We went down to the street instead of going up to the roof... The scene was like Doomsday... People running to save their children, people lying in the street... It WAS doomsday." – Rawan, a woman survivor from Zamalka.³⁰

"We were asleep at home when the attack hit, there was no electricity or even LED lights.³¹ We woke up to the sound of a blow that we thought was a mortar shell that didn't explode, so we said thank God. After a while, we started hearing people shouting 'they launched chemical weapons!' and some people started going up to the roofs of buildings and others went down to the basements. My mother-in-law brought some towels she had washed and told us to put them over

²⁹ Three doctors told Human Rights Watch that residents affected by the attacks all exhibited symptoms including suffocation, breathing shortness and irregularity, involuntary muscle spasms, foaming at the mouth, runny nose and eyes, tremors, redness and inflammation of the eyes, and narrow pupils. In addition, victims reported complaining of nausea, dizziness, and difficulty seeing. Source: [Report on Chemical Attacks in Syria, Human Rights Watch, September 10, 2013.](#)

³⁰ Rawan, 41 years old, married with two children, used to work as a hairdresser in Zamalka. She was forcibly displaced in 2018 to Idlib and stayed with her family for 20 days in the camps, then moved to Afrin, where she now runs a volunteer project.

³¹ LED lights: An LED is a light source made of semiconductor material that emits light when an electric current passes through it. A light-emitting diode with a plastic housing.

our noses so we wouldn't inhale the gas. We heard the sound of a second shell or rocket, and by then we had climbed to the roof of the building, so the gas had little effect on us. My husband's sister-in-law, who lived in the same area, died immediately, along with her family, because one of the rockets landed right next to her house." – Om Ahmad, a woman survivor from Zamalka.³²

"I met with my friends around 1:30 p.m. in the watch post, and they had brought some food to eat and stay up late. I started hearing a sound like wheezing in the sky, the sound was repeated three times, and one of the missiles landed next to the building we were in, about 70 meters away from us, the missile didn't explode... Or so we thought.

People started running in the streets, some got out of their cars to save the injured and fell next to them, someone who was riding a motorbike suddenly fell off. We started smelling strange odors as people shouted "chemical!" ... We thought 'What should we do?' 'What first aid?' We asked my friend who had a walkie-talkie to call and ask. My brother and I decided to go into the bathroom, put a towel over our face, and stayed for a while. Then we covered our faces and decided to go outside, down the street and away from the place. We went down the street, tripped over the bodies, and a 'medical van'³³ came.

Our vision became blurry and the people in the van put masks on our faces and took us to Kafr Batna... We were dying on the way, as we had inhaled large amounts of gas. They took us out of the car halfway, washed us with some cold water, gave us injections,³⁴ and put us in a ventilator³⁵ when we arrived." – Ziad, a man survivor from Zamalka³⁶

³² Om Ahmad, 32 years old, has five children. She was forcibly displaced from Ghouta in 2018 to Idlib and now lives in Afrin.

³³ A van used as an ambulance due to lack of which during siege.

³⁴ Atropine is an anticholinergic used to treat certain types of pesticide poisoning or chemicals that interfere with the central nervous system, treat some types of bradycardia, and reduce saliva production during surgery. It is usually given intravenously or by muscular injection.

³⁵ To provide patients with oxygen

³⁶ Ziad, 29, was forcibly displaced from Ghouta in 2018 to Idlib, and then moved to Turkey, where he started working in a factory and continues to do so today.

"At around 12:30, my little girl came into my room to sleep next to me, she was very attached to me. After half an hour or an hour, I don't remember, we heard the sound of a blow near the corner of our house, I took my child and went out to the living room. I started smelling gas, what is this? We started hearing blows after blows, I wanted to get out of the house, but my mother-in-law wouldn't let me. People in the street started calling out, 'Chemical... Chemical strike!' and my kids started crying... We went to our neighbor's house, thinking it was safer, as it was in the corner of the building, but the sounds and smell increased... My mother-in-law and her older children went with a car that was taking people out of Zamalka, and young men from the Free Syrian Army came to pick my husband and children in another car. I opened the car door and fainted completely, only to find myself in a hospital... People were cursing Bashar al-Assad loudly... I asked myself, 'Is it possible that I went to heaven and Bashar al-Assad chased me here?'- Om Mohammed, a woman survivor and victim family member from Zamalka.³⁷

"It was around 2 a.m. Our neighbor knocked on our door screaming that the regime forces had hit with chemical gas. We all woke up and my husband went out to help rescue people. My daughters felt strange symptoms and were visibly showing signs of fatigue and diarrhea... I didn't know what to do, I washed their faces with water, brought towels to cover their faces... My brother-in-law came from across the town and took us to his sister's house where we all sat in the bathroom. My husband was affected by the gas and what he saw... He was saying that it was Doomsday. I got worried about my parents, and we all decided to get out of the house and go to the Al-Hatita area to breathe clean air. I drove by my parents' house and couldn't get out to check on them... They all died" – Om Saied, a woman survivor and victim family member from Zamalka.³⁸

³⁷ Om Mohammed, 49 years old, a former resident of Zamalka. She lost two children in the chemical attack on August 21, 2013; a 9-year-old boy and a 4-year-old girl. The boy was found dead and buried two days after the attack, while the girl was searched for for 27 days until the mother found that someone had taken a photo of her before burying her because they did not know her name or lineage. Om Mohammed was forcibly displaced with her son and husband to Idlib in 2018, then moved to the Azaz area in Aleppo where her husband found work, then her husband died due to health reasons, so she moved with her son to a relative's house in Afrin.

³⁸ Om Saeid, a mother of five from Zamalka. She lost 15 members of her immediate and extended family in the chemical attack on August 21, 2013. She was forcibly displaced with her husband and children in 2018 to Idlib and remained there until 2019, then she was displaced to Afrin after the regime and Russian forces bombed Idlib, and her husband died there from a stray bullet in 2020.

"Around 2:30 am, we were sleeping, we woke up to loud noises, I looked out the window and saw a lot of people and neighbors in the streets, they were shouting "they hit Zamalka with chemical weapons!" My young children were there in Zamalka... I cried... How will I communicate with my sons? A little later, the Civil Defense came with my children, their clothes were wet with water and their eyes were yellow. The Civil Defense told me not to go near them, to burn their clothes. I burned them, but I couldn't stay away from my children, either we all die or we all live, I put a drop in their eyes, darkened the room, and stayed by their side until sunset. They called in the mosques that they needed nursing women and people to help, so I went several times to al-Baghdadi Mosque to help... If only you knew what the people looked like... All on the ground, souls leaving their bodies... It was like Doomsday." – **Om Rami**, a woman survivor from Douma.³⁹

"I remember the sound of ambulances as the morning started or before, I think it was 2:00 a.m. I was pregnant, asleep and my husband was at home. He started getting many calls on his walkie-talkie and they told him that areas in Ghouta had been hit with chemical weapons. My husband went out with the young men to save people, but I stayed at home, and cramps started to increase in my stomach, potentially from fear.

I went to my neighbor's house, and news started coming in that people in the municipality area, including my husband's family, had inhaled the gas. I got even more scared, would I lose my husband and my fetus on the same day? My hair grayed on the same day from fear, and from the sounds of people screaming in the streets.

My husband and his siblings returned injured... They were off balance and their eyes were strange, as if something was coming out of them... I stepped away from them out of fear for the baby and because I started to feel strong stomachache, my mother-in-law sprayed them with water and had them sniff onions. I looked at my husband, who has a strong build, and saw him crying and unable to move... I felt weak, and I asked my neighbors to take me to any medical point. I moved between many points and they were all full of chemical injuries, they even put a lot of injured people in the streets and sprayed them with water. At al-Hamdani Hospital, they were able to give me an antispasmodic injection and my condition improved a bit. There I saw sights I will never forget... People screaming... and people banging their heads against the walls." – **Om Alaa**, a woman survivor from Douma.⁴⁰

³⁹ Om Rami, 49 years old, mother of four, was a tailor. Her husband was killed by a Syrian regime checkpoint in 2012 while she was pregnant. In 2018, she was forcibly displaced from East Ghouta to Aleppo countryside. She now lives in southern Turkey in an orphanage with her daughters.

⁴⁰ Om Alaa, 32, has lived in Douma since 2012 and was trained as a nurse to help people during the bombing. She was pregnant during the August 21, 2013 strike, gave birth to another child and then her husband died. She was forcibly displaced with her two children in 2018 to Hama, then Idlib, and then displaced from Idlib due to bombing by Syrian regime forces and Russia in 2019 to Afrin.

"I was sitting with friends on the night of the chemical attack, and around 2 a.m., we heard the sounds of ambulances and strange shelling sounds. I went out with my neighbor, who was 16 years old, to see what was happening. We walked in the darkness towards Zamalka, and all I could think about was my family who live there, did they die?... A woman called out to us from the window of a high building, 'There are people in the building, help them!' It was an unfinished building, and the gate was locked. I told her there was no one there. She said, 'Yes, there is, please help them!' We went up the stairs... We found two young men dead... We made our way to the apartment... Oh God... Oh God... 13 people, women, men and children... They were asleep and remained asleep... At the door on the clothes hanger there was something strange that I touched with my hand... It was a woman who was trying to get dressed... She died sitting down... We brought two cars and took everyone to the hospital...

As for my family, I went to them to find the house and the whole building empty... No one. The doors were open... Except for the door of the apartment on the second floor, we tried to break it and couldn't, so we went down to the first floor, to my sister's apartment... I found her husband on the floor with foam coming out of his mouth... It was only after many days that we learned who died and who was still alive, where they were, in which hospital and in which area..." – Abo Mohammed, a man survivor and victim family member from Hazzeh.⁴¹

"It was a hot night, and we couldn't sleep. Around 2:00 a.m., we heard the sound of a rocket. Rockets have that wheezing sound before they explode, which we know and are used to, but that night was completely different. The first wheeze we said, 'O Allah, help us,' but it didn't explode, so we said 'Alhamdulillah! The second wheeze came, Oh, God help us, it didn't explode... Alhamdulillah, and we started counting them; the third, the fourth. We felt strange, but we said, 'Alhamdulillah, maybe they landed in a wasteland'.

Half an hour later we heard our neighbor's voice shouting: 'Close your windows!' I looked around. My house already had no windows, they were all broken from shelling and we had replaced them with tarp, we didn't even have doors! I had nowhere to go where I could keep the air out. We didn't know where to go. The voices on the streets became louder, 'Chemical, chemical, chemical!...' The smell of burning tires and rubber became suffocating, I tried to go up to the roof as I used to find out the location and type of bombing. I was stunned by what I saw, fire everywhere from burning tires, mosques calling out for blankets, clothes and water tanks to be delivered to medical points and gathering places [crying] I had two children and I was afraid for them... [Pause] We will never forget this night" – Yusra, a woman survivor and victim family member from Harasta.⁴²

⁴¹ Abo Mohammed, 60 years old, was a merchant in Hazzeh, 10-minute walk from Zamalka. He lost 19 members of his family in the August 21, 2013 chemical massacre, including his sister, who died while helping rescue people. He was forcibly displaced in 2018 to Idlib and lives there with the rest of his family.

⁴² Yusra, 46 years old, a former resident of Zamalka, has 3 children. She was displaced with her family in 2018 to Idlib and then moved to Afrin in Aleppo, she was a tailor and worked as a tailoring instructor, then volunteered in many relief and humanitarian fields, then worked in an organization as a communication officer, and eventually became the director of the center.

"That night, I was waiting for my son to return from work, as he is the breadwinner for our family after his father died. He fell asleep immediately, but I couldn't sleep because I was worried, he started coughing in his sleep as if he was choking. I woke him up to drink water, and that's when the voices outside started saying, 'Get outdoors! The regime launched chemical weapons!' I woke up my daughters and we put vinegar and water masks on our faces, but it didn't help. My youngest daughter started to choke, I took her out to the street and an ambulance took us to Douma. The scene in Douma was so scary and horrific that the doctor was devastated. My daughter received treatment and I left her with a family near the hospital to go back and get my middle daughter. No one would take me to the area, they said there was no one left there. A young man I didn't know drove me to the house, I asked him to break the door open, only to find my daughter lying on the floor, her eyes bulging, and foam was coming out of her mouth. I took her to Douma, and when I went to pick up my youngest daughter, the family told me they didn't have her, and I broke down, 'How can I put my daughter in your custody and you give her to the paramedics?' I looked for her hysterically and eventually found her in the Duma mosque. [Silence]..." – **Om Obeida**, a woman survivor and victim family member from Arbin.⁴³


"It was Doomsday". The majority of those we interviewed used this analogy. This shocking mass death, the way people looked like; the dead ones without blood and foam coming out of their mouths, and the living ones floundering in pain, unable to breathe or see. People falling in the streets one after another, especially the men, as they were the ones outside, staying up late to guard, to keep company and to seek out companions when the disaster happened. Even those who were asleep and woke up rushed to the street to help save people, and most of them were injured and many died.

As for the women, most of them were at home, sleeping or preparing to sleep, they did not move away from their homes, especially in the first moments; some went to their neighbors, some waited for their children, some asked to go up to the roof and were disregarded, and others went up and saw the horrors in the streets.

This of course affected them differently, especially those who were in Zamalka; many of the men went out to rescue others, and those who stayed at home did not know what to do or how to act, who to save and how, all while inhaling the toxic gases. Most of the women waited in this catastrophic situation until the men took a decision or brought a car. The delay in going out or going up to the roofs, even if for minutes, and inhaling chemical gases or coming into contact with affected family members, and not being used to going out alone to the street and at night, or going up to the roofs, had all had an impact on women.

At the same time, women did not stand idle; some of them tried to help those at home by bringing them wet towels, eye drops, onions and other spontaneous and quick actions based on nothing but what they had heard and shared in the previous days, a mother tried to save her two daughters living in different areas, and those with milder injuries tried to help the injured in general and respond to calls from mosques in particular.

⁴³ Om Obeida, 56 years old, has 5 children. Her husband is deceased, she has a forcibly disappeared young son, and her daughter and her sister's entire family died in the chemical attack on August 21, 2013. She was forcibly displaced with her son and daughter to the northern Aleppo countryside in 2018, then moved to Afrin near Aleppo.



Survivors likened that day to Doomsday because of the horrors they saw, the feeling of helplessness, and the scale and shape of death that they were not used to, even in the violent daily bombardment and siege. Even and paramedics used the same analogy to describe what they saw in the streets, squares, and medical points; babies, women, and men by the hundreds everywhere, and medical staff injured and often dead.

The early moments and hours of the crime in the words of rescuers



On the night of the crime, everyone tried to save others, not just the trained evacuation and rescue teams. It is not easy to separate events and stories according to roles; the situation of that night was complex, the events were quick, overlapping and painful. People played several roles; rescue, aid, and assistance, sometimes simultaneously and sometimes in parallel. The common denominator was that everyone was injured by the chemical gas either directly, or through repeated inhalation or contact, in addition to psychological trauma.

In other words, we are not looking at a sequential event, such as a missile falling on an area, rescue teams hearing about it, going to rescue, and then transporting the injured to medical points. We do not intend to say that the situation before the chemical crime was relaxed or allowed residents to carry out the tasks in a complete, separate and sequential manner. Death, injury, and rescue also used to be sudden and overlapping during the daily shelling and airstrikes by the Syrian regime forces, especially when rescue teams, field hospitals or medical points were sometimes targeted again immediately after the first strike.⁴⁴

However, the weapon used on that night was Sarin gas, in large quantities, rapid spread and wide scale, so the rescuers became patients after minutes or hours, and those with milder injuries got up to become rescuers. Similarly, medics became patients after coming into contact with many injured people and needed someone to help them... Those searching for their families found themselves rescuers, then injured, and those waiting for their children became volunteers in mosques to help women and children, then were injured and rescued... Those who died needed to be buried, and those who helped with the burial soon collapsed and needed treatment or someone to bury them... And so on...

In light of all these facts, we will start explaining and narrating how the rescuers heard or learned about the Sarin gas attack, and then proceed from there to follow their steps during the first hours after the attack, and how this crime affected the rescuers and the injured.

We note that at that time, all the rescue teams were comprised of men and there were no women rescuers. This may be due to the dangers involved and the need for great muscular effort to rescue from under the rubble, as well as the random working hours that could be at any time of the day, and the lack of social acceptance of women's participation in such tasks, most of which take place in public spaces outside the home or clinic. Also, most women were already preoccupied with many new comprehensive roles such as medical care, education and relief in addition to the conventional roles of caring for the home and family.⁴⁵ Therefore, we only interviewed men in relation to the rescue operations.

It seems that despite some of them were directly injured, the rescuers in Zamalka tried to continue rescuing, despite their injuries until they lost consciousness. **Karam from Zamalka**,⁴⁶ who was returning from a long shift at the frontline, saw the chemical missiles hit in front of him. "A little while later, a purple missile landed in front of us, two meters away from me." He then saw another one, but noted that it looked different and was yellowish. Karam was not a trained rescuer, but

⁴⁴ [When The Planes Return: Double-Tap Strikes on Civilians in Syria, July 2022.](#)

⁴⁵ Women later joined the Syrian Civil Defense teams known as the White Helmets: "Since the founding of the White Helmets, female volunteers have joined, and today there are more than 221 female volunteers who have been trained in medical care and light rescue work." Source: [White Helmets homepage.](#)

⁴⁶ Karam, 45, from Zamalka, used to work in real estate and stayed in East Ghouta until he was forcibly displaced in 2018 to northern Syria. He suffers from several injuries to his body and from chronic respiratory issues after the chemical incident.

almost everyone was trying to be a rescuer at that moment. Despite Karam's increasing symptoms being directly affected, he kept helping until he fainted and got transported to a medical point in KfarBatna area.

As for those who were in the areas surrounding Zamalka, some of them saw the rockets coming from the direction of Mount Qasioun without hearing an explosion, or with an unusual sound, they did not know what they saw or heard. Others learned about it on the radio, from the calls of mosques, or from people's screams in the streets. Abu Firas was in Saqba area,⁴⁷ staying up late with his friends on the roof of his high-rise building overlooking Zamalka, Jobar, al-Qaboun and Mount Qasioun. He saw rockets hitting Zamalka that had an unusual color, "It was a blueish color instead of the orange-red color of the explosions we are used to," he said. He also heard an unusual explosion sound too, faint, deep, and then he heard the calls from the mosques at around 2:30 a.m. announcing that rockets carrying chemical gas had hit Zamalka and asking for help. Abu Firas rode his bicycle to Zamalka, and on his way, he passed through Hazzeh area and witnessed the horrors:

"People lied on the ground as if they were sleeping, there was no blood or anything! It was new, new to us, I saw children choking and foaming from their mouth. Some were dead, some were moving, some were being washed with water; women, children, men. Women were taken inside the medical point, children and men were on the street because there was no place to go. There was a water tanker, they undressed people and poured water on them... I asked how I could help, and they said there are a lot of injured people in Zamalka and it's best to go help there. So I rode my bicycle to Zamalka, and found that people were putting shirts over their mouths, so I did the same. We split and started combing the buildings looking for people who couldn't escape their homes... We had to break down the doors to enter and find people injured or dead, while still in their beds."

Abu Firas adds that when he reached the third building, he began to lose his energy, felt short of breath and lost 90% of his vision. He rested for a bit, and in the morning, the mortars and rockets started raining down, so he got on his bicycle and went to check on his family in Saqba, then started helping transport the dead to Saqba's cemeteries.

Hussam,⁴⁸ in Jobar town, was also staying out with his friends because they were unable to sleep in the heat. He saw missiles coming out of Mount Qasioun, but he didn't know where they came from, he didn't hear their noise, and he and his friends didn't know what was happening. A little bit later they began to

⁴⁷ Abu Firas, 41 years old, was a resident of Saqba area. He worked with the Civil Defense in Eastern Ghouta from 2012 until he was forcibly displaced in 2018 to northern Syria. He suffers from chronic digestive system issues that prevent him from doing his job and carrying out his daily routine.

⁴⁸ Hussam, 36 years old, from Zamalka, used to work in commerce and had dreams of completing his education. He remained in Eastern Ghouta until he was forcibly displaced in 2018 to northern Syria, Idlib, and is currently working in the humanitarian field.

show symptoms of burning eyes, bitterness in the mouth and a runny nose. After wandering around the area to find out what was happening, they came across people with the same symptoms, and they received radio calls to bring cars, motorbikes, anything, and head to the medical points in Ain Tarma area to help rescue and aid people injured by the chemical gas. Describing the first moments of entering the medical point and what happened next, **Hussam** said:

"We were shocked by the large number of injuries in the basement of the medical point. There were no above-ground medical points in Ghouta because they had been bombed. They were using a water pump next to the medical point, and we helped them wash the excessive number of injured before they were brought down to the medical point. Women, men, and children were on the streets in huge numbers. After we had worked for half an hour a person told us: 'Most injured are not here, people in Zamalka are at home and no one can save them or take them out'

We took a large bus, and the driver had picked injured people; those who were conscious were sitting down, and those who were unconscious were lying on the floor of the bus. We arrived in Zamalka and started asking people where the injured were, and people said that everyone had been rescued. This was when we first entered Zamalka; people had thought that the injuries were in certain neighborhoods, but they didn't imagine that there were so many injuries everywhere in Zamalka, so we went back and started going home."

Hussam adds that what terrified him the most was that if he and those with him would lose consciousness, who would continue the rescue and who would help them? What kept him going was seeing people coming from everywhere to help, knowing that they could die. He mentioned that many rescuers were martyred during the rescue operations.

Hussam's symptoms began to appear as burning eyes, but he splashed himself with water whenever he could. After rescuing many people and seeing so many dead, especially children, he began to see black. "I started to see black as if there was coal in my eyes and then it became like a white blur. Upon sunrise, the regime started targeting the same area and the main roads with missiles so that everyone who went up the roofs and survived would die by bombardment."

We can see from the testimonies of rescuers in Zamalka, Jobar and Saqba areas that they did not have any equipment when they started rescuing people, and the most they could do to protect themselves was to put a piece of cloth over their mouth and nose and wash with water when possible. The mission of these rescuers and many others was centered around transporting the injured from their homes to medical points. Those who showed signs of life were prioritized for rescue and evacuation, while those who died were evacuated later, and sometimes in parallel, by youth and men who brought cars and put everyone in them, women and men. Most of the rescuers said that what made it difficult to complete the rescue and treatment operations later, in addition to the Sarin gas, was the shelling that targeted people's homes and medical points, resulting in the death of many injured people and some medical personnel.⁴⁹

⁴⁹ [Between two years and two massacres.. Ghouta is silently dying, Al Jazeera.net, August 21, 2015.](#)

Rescuing women



Dealing with women during rescue was difficult and confusing, especially in the absence of female rescuers. During the rescue and evacuation on the night of the crime, rescuers had to kick down doors and break into homes. Most of the women were asleep in their homes, and those who inhaled the gas while sleeping were unconscious. To revive them or mitigate the effects of the Sarin gas, the same procedure had to be followed as for men; removing as much clothing as possible and spraying the body with water. This was not an easy thing to do, as women mostly wear summer nightwear at home, and most women in East Ghouta's communities wear the hijab and conservative attire when interacting with men. The issue here is not only seeing women in their pajamas, which can happen during rescue from ground and aerial bombardment, but to mitigate the effects of the gas, the rescuer must remove the clothes off women as he does with men.

When asked about rescuing women, rescuers had different answers based on the interviewee, the location, and memory. Some said that there was no differentiation between women and men when they were evacuated from their homes, i.e. they would put everyone in the ambulance if there was one, or regular cars, and the cars would move to the nearest medical point that had room for the injured and wounded.

Others said that they used to remove clothes from children and men but not women, "When we took people down the stairs and into the cars, I would tear the clothes off the children, but I couldn't do that for women, so they were washed with water until their clothes were damp so that they wouldn't inhale the chemical gas on the route and die" – **Hussam**.

Abu Bakr,⁵⁰ a rescuer and paramedic, said that when they entered homes and found injured women who had been exposed to large amounts of gas still in their nightgowns, either one of the men in the family was awake and helped move the women, or sometimes they had to move them down the buildings to the entrances. Women who were slightly sober and had clothes on however would be sprayed with water and taken down the stairs. He said that in Zamalka, the women remained at the entrances waiting for ambulances with women nurses on their crew and an acceptable supply of injections and oxygen.

So, this is how the rescue operations were carried out; teams of young men would climb into buildings and try to evacuate as many injured people as possible to the bottom of the building, and water would be sprayed on the injured at each stage depending on the availability of water. Sometimes men's clothes would be taken off immediately before spraying them with water, and sometimes because there is no water available or to get as many people as possible to treatment quickly, rescuers would put men in cars and upon reaching the medical point, mosque, school, or any place that has large yards and indoor rooms, there would be tanks of water outside, and men would be repeatedly stripped and washed and then placed with children outside, either in the yards and or on the sidewalks because of the large numbers of injured people.

Women, on the other hand, would not be stripped, but rather sprayed with water in large quantities while wearing their clothes, then brought into the buildings, and if there are female medical staff available, they would remove their clothes, otherwise they remain clothed and are sprayed with water and treated like others with atropine injections and oxygen, depending on the symptoms and the degree of injury.

⁵⁰ Abu Bakr, 26 years old, worked early in the medical field at the beginning of the revolution. He was rescued on the night of the chemical attack and remained in Eastern Ghouta until he was forcibly displaced to northern Syria in 2018, and is currently residing in Turkey. Abu Bakr suffers from chronic immunological diseases in his digestive system and has undergone many surgeries that did not benefit him and he is now in a very poor state of health. We tried to help during the research with the support of Women Now, but Abu Bakr's condition requires urgent medical intervention and sustained health care.

Most rescuers showed visible confusion when asked about how women were rescued, as the question is sensitive on several levels; for a rescuer, neglecting any human life during a rescue causes an unbearable guilt complex. Also, since the question touches on the most violent, cruel and painful moments of any former or subsequent rescue they may have done, the question may suggest that they may have neglected women, were late in rescuing them, or did not know how to deal with them.

On the other hand, the recollection of this memory itself is indescribably tiring and cruel. It is also a memory of trauma with certain details left out, and others strongly present, and sometimes making sense of precise things that happened in moments outside of time because of their speed and cruelty can be difficult or even impossible. On the contrary, for us, all the rescuers we met are heroes, and they are indeed heroes, and had there been swift justice, their names would have been written in history years ago as an example of courage, altruism, solidarity, and humanity.

However, we ask these questions to show how crimes affect women and men differently, not only in targeting or rescue, but also in the long-term impact of such crimes. We also pose such questions to give a broader idea of the brutality of the perpetrators who used a chemical weapon on areas populated by their fellow citizens, besieged areas whose people cannot leave, where services are destroyed by daily bombardment, and who chose a time when people, especially women and children, are asleep, on a summer day. It also happens that this society has its own religious and societal heritage represented by certain customs and traditions, in which it is neither easy nor customary to comfortably deal with exposing a woman's body to rescue her. There was no readiness to deal with a chemical weapon, nor training or planning in advance. In those moments, when the rescuers saved so many lives, they had inhaled and touched the gas as well, i.e. they were not in a good physical, neurological and mental state at all, and there was no equipment to protect them first. Rescuers had to think about everything, and they did think and do and save what they could, and many of them died in the rescue operations to save one more person.

Perhaps more injured women could have been saved had there been female rescuers, and perhaps dealing with the impact of the gas on the women's bodies would have been quicker and more effective. At the same time, many female rescuers would have died during rescue operations, as one survivor reported that his sister died while helping and rescuing people as a result of inhaling a large amount of Sarin gas. Had society been less conservative in terms of discriminatory customs and traditions regarding women, some male rescuers might have acted more comfortably and removed clothing from women's bodies to minimize their exposure to Sarin gas and sprayed them with water as they did with men.

This societal shame associated with dealing with women's bodies was an obstacle in rescuing and helping women, even for medical staff, as Dr. Khalil al-Asmar says in his testimony in the report "A New Normal: Ongoing Chemical Attacks in Syria" that the lack of privacy for dealing with women in light of the large numbers that were arriving at medical points and the need to deal quickly and effectively with all of them confused the medical staff,⁵¹ and that confusion may have affected the rescue of many injured women.

Of course, societal customs that discriminate against women have played a negative role in rescue and assistance. However, these customs and norms have their roots in society, its foundations, laws and policies before the start of the revolution and the state of war, but they erupt and worsen in conflict situations, leaving the greatest impact on already marginalized groups, including women, which confirms the different impact of crimes on women and men in times of peace and war.⁵² We note that these discriminatory customs and notions impacted even rescuers, some of whom still live with guilt about failing to saving women in particular that night, asking themselves "Should we have acted differently with women? Could we have saved more women? Could fewer women have died?" However, we want to rephrase these questions as follows:

Had the Syrian regime forces not used chemical weapons on the people of Eastern Ghouta, would fewer women have died? Of course yes.

Had the Syrian regime forces not besieged the area and arrested its men and women, would fewer women have died? Of course yes.

Had the Syrian regime not used excessive shelling and airstrikes on Ghouta after the use of chemical weapons, would fewer women have died? Of course yes.

Had the international community stopped a government from using chemical or any other weapons on its own people, would fewer women have died? Of course yes.

By asking these questions, we mean to emphasize the bigger picture of why women die: the brutality of the Syrian regime against its own people, and the international community's failure to prevent it from committing these crimes. But it is also our duty to highlight that women's positionality in society and the discriminatory customs and traditions against them affect their survival in every detail of daily life in times war and crimes to a greater extent than in it already does in times of peace.

⁵¹ [A New Normal: Ongoing Chemical Attacks in Syria](#), SAMS, February 2016.

⁵² We also recommend reading the article "[A Gendered Look at the Chemical Massacres in Syria](#)" by Farah Youssef, Arab Reform Initiative, August 28, 2023.

The early moments and implications of the crime in the words of paramedics



As we mentioned, the roles of rescuers and paramedics overlapped, but the term paramedics entails those who carried Atropine injections and oxygen machines in the ambulances and had the same equipment in medical points, schools, and mosques where the injured were attended to. They did not have to be trained, because the number of injuries meant that any hand that could administer an injection or fit an oxygen mask, and any mind and body that had not yet been severely compromised by the Sarin gas, could help.

The experience of women paramedics and injured women

We could not reach women paramedics from Zamalka, but we did interview two women paramedics, both survivors: **Bissan, a nurse from Harasta⁵³** who treated the injured in Douma and **Tuhama, a nurse who was in Jisreen** who were responding at the Applied School, Martyrs' Square, between Jisreen⁵⁴ and Saqba.

Bissan woke up to the sounds of ambulances at 2:00 a.m. A fellow nurse knocked on her door and asked her to get dressed quickly and join him. She asked him what was happening and he told her that the Syrian regime forces had struck chemical gas on residential areas in Ghouta "we didn't know what a chemical attack means at the time." She got dressed and said goodbye to her mother, who prayed for her success.

She got into an ambulance with her fellow nurse, two women she didn't know and two other young men, and they drove to a large school in Douma where many injured were taken. Bissan asked about procedures as she had no experience in dealing with chemical gas first aid, and the only instructions she and her colleagues received were "you and the girls get into the veins and inject Atropine."

As for Tuhama, whose parents were in the medical field, her father, a doctor, went down to the street at around 2:00 a.m. to see what was happening after they all woke up in Jisreen to the screams of people. He came back to tell her to get herself and her mother ready quickly, as the Syrian regime forces had hit the population with chemical gas, "I said I'm in my pajamas, he said put an apron over your pajamas, you and your mother." Tuhama went with her father to Saqba area, while he asked a young man with a motorcycle to take her mother, a nurse, to Jisreen area.

Paramedics and medical personnel led this spontaneous yet structured planning and mobilization reactively, without any prior training on how to treat people for chemical gas injuries. Everyone had to respond to this humanitarian catastrophe, especially women with the ability to provide aid, whom are a few, compared to the large number of injured women in many areas of East Ghouta. Therefore, going to the areas closest to them was the priority, so that they could quickly reach the injured women and men in the hope of saving some of them.

⁵³ Bissan, 32 years old, married with three children. She was forcibly displaced to Idlib in 2018. She has worked as a nurse since 2012 in Ghouta out of the need for women nurses due to the many daily injuries, and now works for a humanitarian organization in northern Syria.

⁵⁴ Tuhama, 34, switched from university studies to nursing in 2012 due to the severe shortage of female medical staff, and was academically trained in nursing with the Red Crescent organization when it was still present in East Ghouta. She was forcibly displaced in 2018 to northern Syria, then moved with her daughter to Turkey and then to France in 2019.

Bissan likens the horror of the scene when she arrived at the school to "Doomsday". She was asked to enter the classrooms where rescuers had placed women and children. According to **Bissan**, the infants were lined up on the top section of the classroom next to the blackboard, while the older children and women filled the remaining space. A doctor came in and gathered the nurses and told them, "Give the children yellow catheters,⁵⁵ the women IV catheters,⁵⁶ and suction catheters⁵⁷ for those with foam coming out of their mouth"

On the treatment process, **Bissan** explains that the women were washed with water in the school yard, wearing their clothes, which were sometimes summer nightgowns for those who weren't able to get dressed before losing consciousness, then they were brought into the classrooms, where the nurses would remove their clothes to minimize the impact of the chemical gas, administer Atropine and oxygen according to the degree of injury and symptoms, and then cover them with uncontaminated clothes donated by people in response to mosque calls.

In Bissan's opinion, not removing the women's clothes before spraying them with water worsened their injuries, as these clothes had absorbed the gas. She adds that nurses were also infected, not by inhalation, but by contacting contaminated clothes. "When I came home, I was feeling dizzy and my vision was very blurry. I said to my mom, 'I'm not feeling well,' and my mom looked at my eyes and said, 'Your black pupils are all transparent.' I was infected by the injured women's clothes. That's why I think the injured men had a better chance of survival than the women that night."

Bissan adds that there were not many women paramedics, and they needed the help of men; some of whom did help, while some refrained from helping until the women were covered before treatment. "Even the number of women paramedics was very little. There were men helping us, but not all of them did; they were busy with the men's injuries as well. I remember that night a woman who was very lightly dressed and the nurse came back out and said, 'Put something on her and call me! We can't deny that there was differentiation between men and women, but I don't know what the main reason was... Perhaps because there was filming, so they covered the women; I think the nature of societies and traditions definitely had a role in that."

⁵⁵ Yellow catheter: A hollow plastic or metal tube placed in the bile duct to help keep the bile duct open after it is partially or completely blocked, allowing fluids such as bile to continue flowing through the bile duct and into the intestines to aid in digestion.

⁵⁶ Intravenous catheterization is the use of a catheter to access the patient's bloodstream through the veins. It is a very common and essential procedure in medical care.

⁵⁷ Suction tubes are used to clear the airway of blood, saliva, vomit, or other secretions so that the patient can breathe. Bissan explained when she asked; "A plastic tube entered through the nose to pull the body's discharges and let the patient breathe. Because they can't move because of the nerve gas, patients can't breathe on their own; the muscles in their bodies spasm and the women's faces turned blue... so fluid discharges are pulled out so they could breathe."

Tuhama talks about the situation when she arrived at the school in Saqba area, also likening it to Doomsday; the corpses everywhere, the water hoses, lost children looking for their parents, parents looking for their children. Injured women were moved to the backyard of the school, and there were about ten women paramedics, some of whom were already nurses and others became nurses at that moment to save people.

"There were a few of my colleagues and a few other women I didn't know, some of whom had some experience and some were not qualified, but the situation had everyone try and save anyone. However, administering Atropine had to be in certain doses, and the scene was very chaotic [pause] So no one could be blamed; anyone who knew how to give an injection at that time felt responsible to do so."

Tuhama describes the treatment process in fine detail, and how self-organization was born in those moments from people's unfortunate experience in rescue due to the daily shelling, and from their determination on saving as many as possible, even if they themselves were injured. Tuhama says that Saqba's relatively far distance from the targeted area may have given room for a little organization. She also says that the presence of a well-staffed female medical team, having female paramedics next to male doctors when treating women, and designating the backyard for women only, contributed to giving privacy to the injured women, as paramedics were able to remove the contaminated clothes off the injured women to reduce the gas impact, perform the necessary aid, and then cover them with clothes and blankets people donated and brought to the school.

However, **Tuhama** also recalls the chaos and the lack of medical equipment and sterilization materials;

"We arrived at the school at around 3:00 a.m., and the rescuers brought the injured by any means of transportation and put them in the yard while we provided treatment. There was a little bit of organization because we were farther away from the strike, meaning we tried to move the women and children in the backyard, and the rest of the men remained in the main yard. The main yard was full of people on the ground and the whole floor was wet, the aid was very haphazard; it was like some young people were trying to take clothes off people, some trying to administer Atropine injections, and others trying to provide inhaled Atropine. Women in the backyard were helping the nurses remove women's clothes, performing first aid on those conscious, and trying to wake up those unconscious or remove their clothes, cover them and call for the doctors to intervene, because we only knew how to perform first aid as nurses.

Even sterilization, as you know, was a complete mess; everything was on the floor, we wiped the needles with our aprons. Those who had alcohol would sterilize but those who didn't [pause] The situation was catastrophic and there was no electricity. The youth had brought a small generator and connected to it only 3 oxygen machines in the whole school –or perhaps 2, I don't recall. So, there was some organization in that otherwise unfitting 'medical point'. Technically, any place

that could accommodate people in East Ghouta became a medical point, whether adequate or not, ready or not, because the scale of injuries was too overwhelming for the existing medical points, and all the areas around Zamalka were actively providing aid without exception."

After administering first aid, Tuhama says that women who passed away were taken to the cemeteries, and those who did not regain consciousness or respond to first aid were taken to the maternity hospital next to the school, if an ambulance was available and there was space at the hospital. Those whose condition improved on the other hand were asked to leave if they could or were transferred to recovery points.

Bissan was injured and treated with Atropine injections, while **Tuhama's** injury was milder and was only treated with water, yet both continued to work until late in the morning. Both of them described how bad their mental state was when they saw the injured people and how they were on the verge of a mental breakdown from the horrors they saw.

But the doctors' words of encouragement and their sense of responsibility motivated them to keep going for long hours despite their injuries and fatigue. Describing her shock and trauma, Bissan said, "I was crying from fear and the horror of the scene, and the nurse with me asked what's wrong, 'I can't anymore', I said. Then a doctor came and asked, 'Why aren't you working?' I remember that I couldn't talk, I was shocked... I mean, a whole classroom full of little babies. I remember a child who was watching his mother as she choked, he was about 3 years old, they were trying to clear the foam from her mouth and the boy was watching and saying 'Oh Merciful God, my Mom, oh Merciful God! I can't forget that moment. The doctor then said 'These people are our responsibility. Now is not the time to be traumatized' and I somehow regained my energy and started opening veins for injections"

That night was also traumatizing for **Tuhama**, especially after the first injured woman she tried to save lost her life. "As we arrived at the school door, I thought of what my father said to me... 'Stay strong like you are and don't collapse!' Because it was like Doomsday; the people on the ground, the water hoses, the soda boxes, everything... Lost children... It was a horrible scene. When I saw all of that, I froze for a moment... I was about to collapse, but I gathered my strength, and the first thing I saw was an old woman on the ground with foam coming out of her mouth, and I turned around to find Atropine, but I didn't find any, [confused] as if I couldn't make sense of what I was looking at... Unfortunately, she passed away [pause]. This was a very difficult moment; that the first woman I tried to save, I couldn't and she died, but I gathered my strength and for a moment I felt that I was the only left to save everyone."



Injured women in one of Douma's mosques on August 21, 2013 – Reuters.

The experience of men paramedics and injured men

The condition of men paramedics was no better than that of women paramedics, as most of them were doing both rescue and paramedic work. The situation of paramedics in Zamalka varied according to their proximity to the falling rockets with chemical gases. Abu Sakher, from Zamalka,⁵⁸ was among the least fortunate, as the rockets landed near him and he suffers from asthma. He tried to save some of his family members before he lost consciousness, but his sister passed away and the whole family was injured:

"I started to suffocate, I have asthma, and the missiles they hit didn't explode, or so I thought. When it happened, I was about to go get my sister from the farm where she lived, and I heard people saying chemical weapons, so I went to get her. When I got there, I told her to get dressed, and before I could finish my sentence, three missiles with chemical warheads came down on us. I got down on the ground quickly, and the missile landed next to me and a yellow smoke came out of it at first, followed by white smoke then rapid fire.

I took my sister, her in-laws, and whoever fit in the car, and we left, but we were surrounded by chemical gases. We were away from the city and surrounded by missiles, and then my sister started saying: 'My heart, my heart' and she fell a martyr. Many martyrs fell, including my sister's in-laws and her husband's relatives. I got halfway back and fainted to the ground. Even though I was down, when I saw women and children in the streets on the ground, I started telling people that there were injured women and children so that they could help them; they rescued us all and took us to Duma to schools and then to hospitals, and then I didn't know where I was anymore"

Abu Fares,⁵⁹ from targeted Zamalka, was in charge of a medical point in Jobar area and a recovery point in Beit Nayem area. He was radioed and asked to take the spare ambulance with medical staff, Atropine injections and cloth masks and head to Zamalka. Abu Fares used these injections to save many people and also save himself and the medical staff to carry on. He says:

"We were communicating with the medical staff by radio, and they called us and said, 'Go to the area, take all the staff with you, and bring masks and injections. We had a backup ambulance, so we went to Zamalka at 2:15 a.m. It was scary, hysterical... People were running in a strange way. We were shocked... There were bodies in the streets, so we had to deal with the situation. First of all, I blocked all air entrances into the car, I put my cloth mask, and I tied my sweater over it. We then started getting instructions on where to go and how to help. The masks were helpful, and we were also taking Atropine and it helped. Despite I'm a cautious person, I still got injured, mildly."

⁵⁸ Abu Sakher, 36 years old, from Zamalka, was a paramedic, who rescued and treated people on the night of the crime and was injured. He stayed in East Ghouta until he was forcibly displaced in 2018 to northern Syria. He is currently suffering from respiratory issues and severe pulmonary spasm.

⁵⁹ Abu Fares, 42 years old, worked in video editing before the revolution and was one of the rescuers on the night of the crime and before and after. He remained in Eastern Ghouta until he was forcibly displaced in 2018 to northern Syria and is currently residing in Turkey. Married with 2 children, he is currently a member of one of the chemical victims' associations.

Abu Faris describes the situation as catastrophic for people and medical staff as he referred to the death of an entire medical team at a medical point in Zamalka due to chemical gas inhalation and contact. Abu Fares and his small staff were able to make three ambulance transfers between Zamalka and al-Ihsan Hospital in Hamouriyah area, and continued to provide aid until 6 a.m. He says that all the field hospitals were in basements, so it was difficult and wrong to put the injured there, "Sarin gas is heavy and descends to the ground and basements".

So they lined up the injured on the sidewalks, sprayed them with water, and tried to save those who could be saved. "I carried dozens of dead people, we put them on the sidewalk to clear space in the hospitals and not leave the deceased in the basements. Even a hospital team died due to physical contact with the injured. In Zamalka, people where on the ground, we sprayed water on them, and those who were lucky enough got an oxygen tank, and those who weren't, died." Abu Fares was injured, despite his precautions, and showed symptoms of visual impairment, shortness of breath, and delirium, so he went to a farm in Beit Nayem area and slept until 2:00 p.m.

As for **Abu Bakr**, he was with his friends on the roof of an evacuation point near Queen Hospital in Ain Tarma area. They were on the roof trying to sleep in the heat. Between 2:00 and 2:15 a.m., he and his friends heard people calling out, then the spotter called and told them that six to seven rockets were coming from the direction of Mount Qasioun, with a strange sound, "a deep sound, like when you drop a watermelon in a pool." Abu Bakr said that rescue teams started going to Zamalka, but no one came back... "Rescue teams started going out and no one came back, [Pause] I know teams that went out and didn't come back, they were all injured."

Abu Bakr joined the rescue teams as they went to Zamalka. He describes the scene when he first entered Zamalka, "It was like a zombie city, people were walking in the streets, and foam was coming out of their mouths, those were the ones who were awake and went to the street after their injury..."

Abu Bakr evacuated many people from their homes, from the streets, provided first aid, and transported them to the Douma area. He made two rounds like that, but he and his companions could not continue because of their injuries. They rested for a while and at 7 a.m. joined the groups to help bury the dead.

"It was something new to us, we didn't know what to do; what COULD we do? We would arrive at a medical point and they would be out of Atropine, and all we were left with was the primitive solution; Oxygen and water. Infants cannot take such damage; how big can their lungs be? How much can they tolerate?"

When Abu Bakr was infected by the chemical gas, he began to feel tightness in his chest, inability to breathe, and an allergic reaction in his nose. He describes his condition in his own words:

"My chest hurt and I couldn't breathe; I felt an allergic reaction in my nose, extreme tightness in my chest, a fever, and burning in my eyes. A young man came and gave me a chemical injection, which is what we called Atropine or Adrenaline injections; these two are the same thing. My heartrate was elevated, I had tremors, and cold attacks, I would take atropine, wash my face for example, then I would calm down a little, take a break and then drink some water. Some people started vomiting or foaming from the mouth, some survived and some didn't. I, for example, could not take it. I kept shaking heavily until I was injected and washed my face, I would wash my face however I could and sit in the corner to calm down, yet I still had shortness of breath, meaning I couldn't take a full breath; I wanted to breathe, but I couldn't, I was suffocating."

This was the case for some paramedics, and was the case for most of the medical and paramedic staff throughout the region, according to some reports published later by medical organizations on the chemical attacks. Many medical personnel died during the rescue, and others were affected and injured as a result of direct inhalation or contact with the injured.⁶⁰ With few medical supplies and simple equipment, paramedics and doctors were able to save many lives.

Although there had been some chemical attacks in the past by the Syrian regime forces on the region, especially on the frontlines, the preparedness of the medical points and their staff was minimal due to the siege, lack of medical supplies and medicine, daily shelling and airstrikes, and the 24-hour emergency situation. Atropine injections, inhaled Atropine, and oxygen are first aid items that can help minimize the symptoms of such injuries. However, even these items were not available in all medical points, and if they were, they were not enough for the small and worn-out spaces, some of which having received hundreds of injuries in a matter of moments.⁶¹

⁶⁰ A massacre commemorating a massacre, and the responsible party is one; this is the state of Eastern Ghouta today, yesterday, and perhaps tomorrow, Hanin al-Nuqari, Enab Baladi, August 23, 2015.

⁶¹ According to Dr. Zaher Sahloul, former president of the Syrian American Medical Society, "A doctor from Ain Tarma, who runs a rural hospital with a capacity of 20 patients, told me in a trembling voice that he had received about 700 patients in a few hours. Despite the heroic efforts of him and his volunteer medical team throughout that night, 141 of his patients died, including 66 children. Another doctor told me that many of them arrived with respiratory failure - slowly choking, foaming and convulsing. He could only save a few of them by putting them on life support, with limited access to ventilators. He chose to save the youngest, because they had a longer life to live. Doctors should not be put in a situation where they have to play God. In Syria, where medical resources are scarce and the international community has largely turned a blind eye, this happens every day"

This is an excerpt from the SAMS report "A New Normal" mentioned earlier.



صادر 10/22

المكتب الطبي الموحد لمدينة دوما

تقرير بإصابات السلاح الكيماوي

بسم الله الرحمن الرحيم

راجع النقاط الطبية في مدينة دوما

أبتدأ من الساعة الثالثة فجراً من يوم الأربعاء ٢٠١٣/٨/٢١

مايهاز الـ ٦٠٠ مصاب بأعراض من حدقات دوسية وضيق تنفس

ومفرزات قصبية غزيرة وإقيانات واختلاجات وغياب عن الوعي

تتمشى الأعراض مع الإصابة بالمركبات الفوسفور العضوية ويغلب أن يكون

مصدرها غاز السارين .

٥٠٪ من الإصابات نساء وأطفال و ٥٠٪ من الحالات كانت شديدة مع وفيات

مباشرة معاشير لتراكيز عالية من المادة المسببة وضع

٣٦ مصاباً على التهوية الآلية وقد أدخل ١٦ منهم إلى العناية المركزة

سجلت (واحد وستون) ٦١ حالة وفاة ومازالت أعمال الإسعاف جارية حتى اللحظة

المكتب الطبي الموحد لمدينة دوما

This document was shared by Dr. Mohammed Kattoub, who was present at the Unified Medical Office for Douma on the night of the crime. It reads "A report on chemical weapon injuries: Since 3:00 a.m. of Wednesday August 21st, 2013, around 600 individuals showing symptoms of pinhole eyes, breath shortness, excessive bronchial discharge, nausea, tremors, and unconsciousness have been brought to medical points across Douma. These symptoms are consistent with exposure to Organophosphorus compounds, likely Sarin gas. 50% of the injured were women. 50% of cases ranged between severe injury and death, indicating exposure to highly concentrated contaminants. 36 injured individuals were put in ventilators, and 16 were admitted into intensive care. As of the release of this statement, 61 casualties have been documented, and rescue and treatment operations remain ongoing" – Unified Medical Office for Douma.

Chapter III



The Impact on People's Lives in the Days After the Crime

Documentation, burial, and cemeteries

In the midst of all this loss, grief, and fatigue, it was necessary to bury those killed by the crime. This mission is no less difficult than the preceding rescue and treatment missions. Its difficulty comes from 1) the magnitude of death, a bloodless death that came upon thousands of people, most of whom in their sleep, especially children. It was also difficult 2) due to the inability to document all the names, since many families had members living in many different places and were hence scattered across medical points, while some entire families were transported for rescue to a remote area where no one knew them, in addition to the many who were from outside Ghouta and got displaced to it from their areas affected by the bombing and arrests, so they were not well known by the residents, and they became unidentified after they died in this massacre according to the interviewees. Moreover, 3) it was not possible, especially due to the high temperatures, to keep the bodies for another day or days for identification, as the smell of death began to spread.

The documenters photographed the bodies and gave them numbers. People -those who survived- searched through the photos to see if their parents, children and relatives were in the photos. Those who were recognized were registered by the media offices and local coordination groups in Zamalka and other areas. Those who were not recognized were given numbers and buried anonymously.

"We were still treating people at six o'clock in the morning, so I moved to a medical point in Hamouriyah area. They told me where the martyrs were in case I wanted to identify any of the numbered bodies. I went in, and I found my father with a piece of paper on his forehead that read 91, I told the guy that this was my father. He asked me about the others, and I said I knew them, and I named more than one. It was then when I heard that my brother at the frontline had fell a martyr... [Pause]

Then they told me that my other brother's children are missing; their father was in detention and had a son, Amr, a year and a half old, may he rest in peace, and my brother died in detention later in 2016. So, I went and searched in Ghouta about 140 times to find them, and we found them all dead, my nephews and everyone who was there, around 25 people, so we buried them and my brother. My mother was in one area and my wife was in another, it was like Doomsday." - Abu Ahmad.

Therefore, most of the interviewees say that the casualty numbers circulated in the media, 1400 or 1500, may not represent the actual number of deaths, as many more were buried anonymously and more victims were discovered in the days following the crime.⁶²

⁶² Brussels, 24 August 2013 - Three hospitals in Syria's Damascus governorate that are supported by the international medical humanitarian organization Médecins Sans Frontières (MSF) have reported to MSF that they received approximately 3,600 patients displaying neurotoxic symptoms in less than three hours on the morning of Wednesday, August 21, 2013. Of those patients, 355 reportedly died.

Thousands suffering neurotoxic symptoms treated in hospitals supported by MSF, Médecins Sans Frontières, 24 August 2013.



A man holding a deceased infant after the Syrian regime's chemical attack. August 21, 2013 – Douma. Taken by Bassam Khabiyye for Reuters.

For many people, the horror of loss they experienced and the uncertain fate of their parents, children, relatives and neighbors in the first days after the crime was the greatest torment. Some of the injured did not wake up until days later, so how could they know where their family members were buried and whether or not they were identified before the burial?

"Some people could not find each other, and bodies were buried before others could ask about them. Hence, people might eventually find their loved ones in a cemetery or they might not know where they are... Months later, people started to adjust because there was no other solution." – **Farouq**.

As for the method of burial, most of the bodies were not placed in hospital refrigerators because they were not enough. According to the men we interviewed who buried others, and the women who knew how their loved ones were buried, most of the burials were carried out en masse and in storied layering, i.e. after digging a long, deep longitudinal hole, bodies were buried next to each other, not separately as is the social and religious norm, nor separated by gender, as it was not possible to do so with such huge numbers and under the barrage of shells. After bodies were lined up and the pit was full, soil was piled on top of everyone and new bodies were lowered on top of the old ones, separated from each other by soil... and so on. This is why they called it a storied cemetery.⁶³ Few families were able to bury their lost loved ones in individual graves.

As for the locations of cemeteries, many places of mass graves were mentioned during the interviews, including the Martyrs' Cemetery in Saqba's fields. "There was an old local cemetery in Saqba's fields where the martyrs got buried, and it was called the Martyrs' Cemetery because it grew in space and people donated land for burial of martyrs from outside Ghouta, while those from Ghouta were buried in their local cemeteries. After sunset, I couldn't help anymore because I had used up all my energy; I wanted to help more, but I couldn't." – **Abu Firas**.

Mentioning another mass grave in Ain Tarma area, **Om Mohammed**, who kept searching for her daughter for 27 days before she learned she was buried there, says, "I searched for 27 days for my lost daughter. My husband was driving someone from Ain tarma in his taxi and told him that we were trying to find our daughter who was lost since the chemical attack, and the man said, 'I buried a girl in Ain Tarma, I don't know whose daughter she was.' It turned out that when that person looked for his family, he found his wife and son dead, and my daughter

⁶³ "Bodies lined up next to each other in long, dark trenches were wrapped in white shrouds or old blankets, showing only bluish faces, foam frozen at the corners of mouths, and sometimes a thread of blood mixed with the foam. On the forehead or on the shroud, a number, a name, or the word "Anonymous" was written. From an article written by the forcibly disappeared Razan Zaitounieh in her description of the graves of the martyrs of the chemical weapons massacre, entitled: [About the Chemical Massacre, August 21, 2013](#).

was with them, he thought she was his son's daughter, so he held her and said 'Oh grandchild...'. Thank God he had taken her photo before burying her, because the next day he found his granddaughter alive, and that photo was the only way we could've ever known"

Hussam spoke about another mass grave in Zamalka, "As you know, the martyrs were buried immediately after the chemical attack; longitudinal trenches were dug in the cemetery and bodies were buried in layers because there were too many, not only in Zamalka cemetery, but in all cemeteries in Eastern Ghouta."

Om Obeida, who lost her daughter, recalls:

"They buried them in a mass burial in the Idris land behind the al-Nu'man facility in Zamalka. The land had been intended to be a cemetery for the Idris family, but it became a cemetery for martyrs. I've seen the burial videos long time ago, and it was a mass burial; a large group of men and women... I don't know where my daughter was buried... They told me she was buried with other people including her brother-in-law in the same cemetery... That's why I used to go visit her there..."

"Before the revolution, it was called the New Zamalka Cemetery, no one was buried there yet. The first people to be buried there were the martyrs of the chemical massacre. On that night, people were buried quickly because it was too hot." – **Yusra**.



Transporting the bodies of the chemical attack victims.
August 21, 2013 – Hamouriyah. Taken by Bassam
Khabiyye for Reuters.



Burying the bodies of the chemical attack victims.
August 21, 2013 – Hamouriyah. Taken by Bassam
Khabiyye for Reuters.

People buried alive

The tragedy did not stop there, unfortunately, some rescuers and paramedics discovered later that some of the buried may have still been alive. Some of the buried people regained consciousness after 24 hours, and everyone was shocked by these cases, as it meant that many of those who were buried might have woken up in the grave, and that was the biggest fear and guilt for many people, asking themselves "Were our loved ones buried alive?". This is a situation that has people wish for the actual death of their loved ones, and the only case in which death is more merciful than any other terrifying scenario.

"A family came to pick up their injured son, perhaps he was the only son left because we had buried the rest of the family with our own hands. One of them woke up during burial and started breathing; he was in a coma, which means there were medical errors. I know of many people who started breathing again as they were being wrapped in shrouds for burial... [Silence]" – **Abu Bakr**.

"I for one buried my brother, he was all blue, and 15 hours later we were told that we shouldn't bury someone before 24 hours because the person could be alive but unconscious." – **Abu Ahmad**.

"We buried my sister and my nephew. He was two years old. I washed his body. He was all stiff, his head didn't move, but his left or right hand was soft... This was after 7 hours of the attack; we were sure he was dead... [Silence]" – **Abu Mohammed**.

Medical staff and paramedics did not know the full procedures to follow for Sarin gas injuries. This unfortunate experience of how to deal with injuries inflicted by Sarin and other internationally prohibited gases was later developed after the Syrian regime and its allies targeted the area with numerous strikes until 2018.⁶⁴

But back then, the only possible emergency procedure was the one that was actually followed. There was no alternative to take when confronted with so many injuries. Those without a detectable pulse were announced dead, and the presumably deceased bodies could not be kept at the emergency medical points to clear space for the hundreds of injured people who needed treatment and rescue. The bodies also had to be buried quickly due to the intense heat and the fact that the generators could not work for long hours in an area completely cut off from electricity for months.

Tuhama explains about the cases of missing individuals, search efforts, and the mistaken burial of people alive: "Further horrors of the disaster began to unfold, especially for those who lost their families. These moments were honestly even more difficult than the moments of treatment; during the treatment, you're either able to save the person in front of you or you unfortunately aren't, but when people ask you about their family members, show you pictures of them, give you

⁶⁴ Anniversary of the Douma chemical attack April 7, 2018, Association of Victims of Chemical Weapons, April 7, 2024.

their names, their features, and tell you what clothes they were wearing... It's much harder.

Other than that, there are cases of people who were buried alive because Sarin is a nerve gas that can cause a temporary stroke or a heart attack from which some people wake up. Therefore, one of the mistakes was that after failing to detect someone's pulse, they would announce them dead and wrap them in shrouds, which was indeed a tragedy, but no one's fault."

After this mass death, loss, confusion, search for loved ones, second-guessing whether people were buried alive, the immediate airstrikes killing many after the attack, the siege, hunger, fatigue, and fear, what more could happen? One might ask. There is plenty to say about the events of the following years; all the interviewees remained under siege, bombardment, and subsequent chemical weapon attacks until their forced displacement to North Syria in 2018.

In an attempt to make their crime perfect and devoid of evidence, the perpetrators tried and still try to dispose of the mass graves resulting from the attack. Even those buried in the graves were not spared from the brutality of the regime and its ally Russia; they were dug up after the regime entered the area in 2018, most likely to hide any evidence that might incriminate the regime in the future, or for other additional reasons. Moreover, the regime forces arrested all those who remained there and witnessed this crime, especially photographers, witnesses, and doctors and paramedics. Many human rights organizations, including the Syrian Center for Human Rights, report how the Syrian regime is continuing its efforts to erase any evidence of the crime of using chemical weapons by digging up graves and arresting anyone who has any connection to what happened, especially those who remained in Eastern Ghouta.⁶⁵ Journalist platforms such as Akhbar Baladi write about attempts by Syrian regime forces to put cemetery areas such as the Harasta cemetery, which houses thousands of bodies, up for investment, meaning for the construction of public or private buildings or spaces on top of these cemeteries.⁶⁶ The Syrian Archive, an organization that created a database on chemical weapon crimes, also mentions in its platform that Syrian regime forces destroy cemeteries to destroy physical evidence that was collected or could be used to prosecute the perpetrators.⁶⁷

Here, we cannot overlook the deep emotional impact on victim families as a result of these heinous acts targeting the bodies of their loved ones. Violating the bodies of victims not only causes additional pain to their families, but also deepens the suffering and the sense of oppression and helplessness. Such acts not only violate the sanctity of the dead, but also the feelings of dignity and respect that are the right of every human being, even after death. In addition, attacking places that are sacred to the victim families symbolizes a complete disregard for their feelings and a recurrent violation of their basic human rights.

⁶⁵ Seven years after the chemical massacre in Damascus Ghouta... International justice is absent and the Syrian regime continues to suppress evidence and work to overturn the truth, Syrian Observatory for Human Rights, August 21, 2020.

⁶⁶ The regime puts martyrs' cemeteries up for investment in Eastern Ghouta, Malham al-Asali, Baladi News, , August 6, 2019.

⁶⁷ Ghouta Chemical Attack Database - Results, Syrian Archive, August 21, 2023.



Mass graves of the chemical crime victims. August 21, 2013 –
Zamalka. Taken by Bassam Khabiyye for Reuters.

What happened to the people of Ghouta after the crime?

The first days and weeks after the crime

In the first few days after the crime, families were scattered; those who went out to save people returned home and did not find their families and loved ones, as other people had taken them to various medical points in East Ghouta. Those who fainted woke up in their homes or at medical points, not knowing where their parents or children were, whether they were alive or dead, and not knowing where those who died were buried. Those who were trying to help people in an area other than their own died and remained unidentified. Some people also rescued entire families and had to put them in different medical points due to lack of spaces and they ended up scattered. It was like a nightmare of a collective end of the world, but unfortunately it was not; it was a reality, not for all people in the world, but for this besieged group of people in Syria.

The situation was tragic for the children who were separated from their parents, and for the parents searching for their missing children. Bissan says that many women and men were searching for their children and relatives, and that many children regained consciousness in a state of shock and did not find their parents. "It's also impossible to describe what the children went through then; they did not know where their parents were. Five children were brought the next day in the afternoon, the doctor told us to talk to them and feed them. We saw the shock in their eyes as their symptoms began to subside, and they asked for their parents," she said.

"There were little children who had not yet learned to speak, one or two years old, so they could not tell us the names of their parents or which area they were from," Abu Firas said.

As for adults, many suffered from temporary or permanent amnesia and did not recognize their children and family members.

"There were little children who couldn't speak and did not know where their parents were, nor their parents knew where the children were. Some met their parents after a month, while others ran into their relatives after believing they were dead. There were many moving moments that I was unable to document on film as people did not consent. Some people had amnesia; one person I met had completely lost her memory and I do not know if she ever found her relatives. We did not know how to condole people or where to begin. A friend of mine, who now lives in the North, had lost his entire family after a chemical missile landed in their neighborhood, we went to condole him, and he started condoling us. He lost his mind"

In the first weeks after the crime, Zamalka, Ain Tarma, and most of the affected areas became ghost towns; entire neighborhoods with most of their residents dead, even animals and plants wiped out. It was psychologically difficult to return to those areas, as there was the trauma of the injury itself and the trauma of death and loss. It was also unsafe to return, as the Syrian regime's airstrikes did not stop. People remained in constant fear of the repeated use of chemical weapons, especially at night, and many remained sleepless for long nights fearing to die in their sleep.

"We grew afraid of the night because of the chemical attack. We couldn't sleep in the morning and afternoon because of the jets and the bombing, nor we could sleep at night so that we could save ourselves if they strike. We didn't fear the jets at night, but the chemical weapons were scarier, we are talking about mass bloodless death! It's very difficult to see an entire family annihilated, so we became afraid that they might hit us in our sleep! That's why we had anxiety and we couldn't sleep; the chemical attack affected us more than the bombing." – **Om Alaa**.

The women described how they were, days after the crime, in somewhat more detail than the men. They were exhausted from fatigue and injury, from loss and fear, and on top of that they had to take care of the children and family. "We were very tired from the injury, and then we were shocked by the news about my uncle and all the others who died, and we had children to take care of" – **Om Ahmad**

Women stayed up every night fearing another chemical attack that could kill them and their children while they sleep. They were forced to stay up all night wearing their headscarves and long dresses, in the suffocating summer heat, as Yusra says, "I mean, in this situation, we had to be always dressed and ready." They wanted to cover themselves despite their experience that chemical gas penetrates the body through clothing as well, not just inhalation, but for them it was better to die in clothes that cover the body than to survive naked. It is absolutely cruel and unjust for women to think about how they can die in a way that is acceptable to them and those around them, a way that doesn't bring the shame associated with their body upon their family and men, and to prefer such death over their own survival.

It is difficult for those of us who write and analyze to understand how women make such decisions in such catastrophic circumstances, how a woman can act in a situation where she expects a new chemical weapons strike by her own government, and how dying in a more dignified manner than others becomes a woman's priority when she sees that her death and the death of those around her means nothing to the world. How cruel and discriminatory are those systems of life and society under which a woman's body becomes an obstacle to her survival from a crime against humanity.

Some of the women we interviewed recalled the sight and smell of the streets, the shadow of death all over the place, the empty streets except for the shoes of people running frantically, the animals that perished and died on the roads, the darkness and loneliness of homes after losing many of their loved ones and the psychological toll on them.

"Zamalka was empty; people's slippers on the ground, the sheep were dead, the birds were dead, even the chickens and rabbits were dead. When we went home, the food was covered with a white layer, like the foam that came out from children's mouths. We even changed the water in the tanks in case there were any traces of the gas. We only went home to take some things. There was nothing left in Zamalka to stay for, so we stayed in Kfar Batna for a year, and that's when the siege started and the people's suffering increased" – **Om Ahmad**.

"When I came back, no one had returned to Zamalka, and the city smelled horrible because there were many dead dogs, so the young people brought water tanks and cleaned the streets and the neighborhood. There were always birds in the old house across from ours, and I woke up to their sound every day, they all died. There was no hope, nothing was ever the same." – **Rawan**.

Men, on the other hand, spoke more on the bombing in the subsequent days, as the Syrian regime forces maintained the use of shelling and airstrikes. This hindered mobility, the search for missing persons, and people's ability to process the catastrophic mass death. Abu Fares describes the overall feel of the place and residents in his own words; "People were sad, depressed. There was no place for smiles, it was a gloomy atmosphere. An area already under siege had lost a huge number of people overnight, even those who weren't injured were traumatized and will never forget that night".

People's distress was further deepened upon finding out about more victims through search and communication in the subsequent days; many people found that entire families had died in their basements or their homes that no one knew about that night. This left its own toll on residents in general, and paramedics in particular, who have and still live with the guilt of not saving more people. More elaboration on that toll can be found in the section on psychological impact on survivors.

Abu Ahmad says that the chemical attack changed his interests. Following international news and opinions is no longer a priority for him, but rather is survival, his role in protection, and the search for solutions within that reality through intensive preparation and coordination between medical points.

"For more than three months, we didn't know anything; I and the people around me were traumatized. We would laugh at the promises coming from abroad that America threatened the regime; we were too traumatized to have the energy for such talk. After the strike, there was more coordination and communication across medical points in Ghouta," he said.

Residents of Ghouta under siege and bombardment until their forced displacement in 2018

After the crime of chemical weapons, another war crime, siege, continued against those who survived. Syrian regime forces applied a total siege on the area, inflicting suffering on everyone in every detail of daily life.⁶⁸

Women suffered in particular because of their role in finding alternative solutions for most of what was lost during the siege. They had to bake bread at home, even from barley, which was considered an acceptable solution compared to worse alternatives at the time, find ingredients for any kind of cooking, hand-wash clothes, come up with alternatives to diapers and pads, find ways to heat water, etc. All of this was added to their original roles, such as working at medical points, administrations, and even sometimes at home to provide for themselves and their families, and to feel a sense of self-worth and value.

Men on the other hand began to look for any source of income or foodstuffs, especially after the war merchants began in 2015 to exploit the situation and smuggle some of these materials through the tunnels in exchange for huge sums of money, of which the residents of the area had none.

Yusra describes her situation and that of the people and the alternatives they had to create under siege: "Some people opened gasoline and diesel stalls, and then they started making fuel through plastic refinement in boiling water, but it killed many workers. My cousins worked in that, and told us about the many people who fell in the boiling mixture and died. There were occasional recessions in the siege; the businessman Manfoush⁶⁹ would bring in items such as jam, processed cheese, and Qamar al-Din,⁷⁰ and the centers would announce that Manfoush brought some stock and that we can get one bag of bread through the card,⁷¹ and of course the parents would feed their children that bread. When the tunnels opened, people started going out, and the people of Harasta area supported their fellow citizens through a tunnel that stretched there, but there was also exploitation".

⁶⁸ "Sieges were a successful strategy for the Syrian government, as they allowed the Syrian army to contain rebellious areas and drain them of resources, and ultimately displacing much of the unwanted population. Russia's military intervention in 2015 finally enabled the Syrian army to capture besieged areas." Source: *Final Report Out of Sight, Out of Mind: The Aftermath of Syria's Sieges*, Siege Watch and PAX, 2018, p. 8

⁶⁹ Manfoush isn't the only one in Ghouta. Abdel Dayem and al-Wazir compete: Merchants created by the siege in Syria," Mohammad Homs, Enab Baladi, March 11, 2018.

⁷⁰ Ghouta, especially Arbin, is known for the production of Qamar al-Din from its abundant apricot crops. Because it can be stored without the need for refrigeration, the rebels in charge prevented these goods from traveling to regime areas, believing that they were besieging and pressuring the regime.

This explanation is excerpted from an article titled "The unsaid about the siege of Ghouta," Aus Mubarak, al-Jumhuriya, October 17, 2014.

⁷¹ Cards distributed by the relief office of the local councils to residents to obtain bread.

Moreover, everyone suffered from the lack of medicine and medical supplies for surgeries, especially with daily cases of injury by the continuous shelling and airstrikes, the chronic diseases people usually suffer from which tend to intensify in times of siege, in addition to malnutrition and the deteriorating psychological state. Abu Bakr describes the medical shortage and alternatives: "If a patient comes to us with a fracture or a neurological disease, their lives would be in the hands of God; a neurological patient needs like 50 anti-inflammatory injections to overcome the critical stage... We didn't have any, there was no medicine, nor supplies to cover the shortage."

Pregnancy and childbirth represented yet another struggle for women, with no food, no nutritional supplements, and no anesthesia for delivery. "The first three months of my pregnancy, I did not find anything I craved, and my baby was later diagnosed with Calcium deficiency; there was no calm, no food, and no medication. I then got the shocking news that my second husband fell a martyr while I was pregnant with my daughter, and just like my son from my first husband, my daughter never saw her father. I decided that I did not want the baby, but thank God the girl was born.

In my ninth month however, Hamouriyah area was no longer safe, so I went to Saqba area and saw a surgeon at Al-Zahraa Hospital in a basement, and I had a C-section. The operating room was not ready; there were no tools nor sterilization, but the doctor was very skilled and my delivery was easy, thank God. The hospital was bombed when I was in surgery, and my son was waiting at the door, and I thought to myself that something bad definitely happened to him." – **Om Alaa**.

"It was a field hospital on the third floor underground. I remember going down the stairs two steps at a time as the jet was bombing. The baby was coming out, but out of fear, something exploded inside me and I started bleeding, I was about to die. They pulled the baby out with tongs without anesthesia, and I was screaming in pain, I will never forget that day. Four days after I gave birth, they bombed the building next to my parents' house, I carried my daughter by her legs instead of her head out of fear, and we stayed in the basement for two days." – **Om Rami**.

"I was pregnant at the time of the attack and I was afraid because they said there would be deformities in babies. My daughter was born too skinny, and we still struggle with her weight because she was malnourished without milk or food after she was born." – **Om Ahmad**.

People of Eastern Ghouta continued to live under siege, bombardment, loss, and destruction until early 2018, when the Syrian regime and its allies decided to retake the area at any cost and with any weapon.⁷² The military campaign, which people describe as the "vicious campaign," began with daily bombardment using all kinds of weapons, immediately after the UN Security Council voted on a resolution to bring humanitarian aid to the besieged areas and initiate a partial ceasefire.

⁷² The regime and its Russian allies have pursued a devastating three-part strategy involving extreme indiscriminate violence, ground military operations, and parallel negotiations of so-called reconciliation agreements - which, despite their name, are in practice purely surrender agreements. In rapid succession, settlement after settlement in East Ghouta surrendered under the cumulative pressure of years of siege and the massive and indiscriminate violence of this military campaign."

This explanation is excerpted from a research titled [The Rationale - Strategic Terrorism of Chemical Weapons](#). Tobias Schneider and Theresa Lutkefend, April 2020.

The Syrian regime and its ally Russia did not heed this resolution, but did the exact opposite and launched this campaign in which airstrikes continued 24 hours a day as ground forces advanced. We remind here that the Syrian regime and its allies used internationally prohibited chemical weapons against the people of Eastern Ghouta dozens of times, and throughout Syria hundreds of times.⁷³ We will elaborate more on the international responses to these crimes and their outcome in the last section of this paper. However, we will mention here what our interviewees told us about the chemical attacks carried out by the Syrian regime and its allies against the people of Ghouta, especially Douma, in 2018 as a last resort to terrorize the population. Under that brutal military campaign, the residents could only live in basements, moving from one basement to another in search of a temporary or illusory safety.⁷⁴

Om Saied describes the moments of fear as she hid with people in basements waiting for her and her children's inevitable death by aerial bombardment or ground incursion:

"They started bombing all the areas, and the bombing intensified at dawn, so we stayed at my in-laws' basement in Zamalka, and people started fleeing. The bombing then started on Hamouriyah, then moved Haza, then Zamalka, and we stayed in the basement. While there, suddenly there was a cloud over us, a missile came down between the two buildings, and they said we had to get out of the basement. I was afraid and exhausted, and I was carrying my son, he was a chubby child and I couldn't carry him anymore. I asked someone to carry him for me so I can escape but he couldn't carry him out of fear. We went to another basement and they told us that the regime would hit Chlorine on the basement. I said, 'Don't say anything anymore, just let us stay here.' Then I told everyone that we should go to my daughter's basement. I went there and they bombed the basement I was in before, so my brothers-in-law came to us. The bombing then intensified, and the army arrived in Hazzeh area and started slaughtering people. I was waiting for the moment that they break in and kill my children before my eyes. There was no food, water, or getting out."

Bissan the paramedic continued her job with her husband, a paramedic too. But as the shelling intensified, she had to move to the basements with her son. All her loved ones had died and she couldn't even grieve after surviving with her child, as she had to treat the injured. She describes the moments when a napalm missile hit the basement where she and her child were staying:

"I was holding my little boy and we had not seen the sun for about a month. Suddenly everything was on fire, people were screaming, as the building we were living in was hit by more than one napalm missile that reached the basement. I saw people burning, people looking for their children."

⁷³ For the number and details of chemical weapons attacks in Syria, see the timeline in the SAMS report detailing all attacks through 2016. Available at: [SAMS](#), and the timeline in the GPPI report through 2018. Available at: [GPPI](#)

⁷⁴ On February 24, the Security Council voted on a long-delayed resolution calling for humanitarian access to Eastern Ghouta and a partial ceasefire. While this resolution is a welcome development, civilians who are starving and waiting for life-saving aid and protection from deliberate shelling should not have to wait for a Security Council resolution or a ceasefire. On February 25, a chemical attack was reported in Eastern Ghouta.

My little son was next to me, I hugged him, and I screamed for people to get me out because I didn't know where the door was anymore. I remember finding water next to me pouring it on my scarf so I wouldn't burn. The basement came down, and I would stumble between the rubble and go the wrong way. I didn't know where to go because the place was destroyed beyond recognition.

There were about fifty people, only women and children, there weren't any men with us. One woman had given birth only three days, she died... May she rest in peace... It was through my mother's prayers that we survived.

The Civil Defense came and took us to the tunnel, and my husband, who was a paramedic in Douma, came from Douma to Harasta, and a doctor came to me and said, 'You have to help us, get up.' I said, 'But these are my friends who died, we spent two months together!' and he replied, 'there is no time to grieve, we have to treat the injured.' I had a cousin and we were very close, and I remember that day when my husband told me that my cousin died, I simply said 'may he rest in peace.' He was like my brother and my second soul, but I had lost all feelings."

Abu Firas the rescuer also recalls how the situation was for him and other residents in those times. He was exhausted by rescuing, and by being resilient and helpless at the same time for 7 continuous years, especially during the military campaign that began in February 2018, which left no room for rescue or aid due to the magnitude of destruction, rubble and death.

"I went with my friend to Saqba because I needed a change of clothes for me and my family, I found my building bombed but not destroyed, while the building behind it fell to the ground. I had lived there for 5 years and all the neighbors knew me. My neighbors asked me to help rescue people from under the rubble, and it was very difficult to reach them without any equipment, so I didn't know what to say, but I told them, 'I swear to God, had it been my wife and children under the rubble, I wouldn't be able to help them. There is nothing I can do,' so they stopped asking me.

We went to Hazzeh to help the injured, and about 20 percent of them were dead, and the rest were able to get out and go to the basements because there was no way to live above ground. This continued until they signed the displacement agreement, and the bombing stopped for a while, so we tried to get vehicles to remove the rubble. However, most of the people we pulled out were dead, so we took them to medical points and buried them. Some bodies were left unclaimed"

In the interviews, everyone mentioned the horrors of the intensive military offensive that began in February 2018,⁷⁵ and they even wanted to talk about it all the time, despite the fact that the interviews were designed to understand the context of the chemical weapons crime on August 21, 2013, and the events before and shortly after it. However, the desire for disclosure was very clear, so we gave the participants space to vent and talk, and decided to include an overview of the subsequent violations that they experienced, as violations in wars are not separate from each other; when the siege begins, it brings upon other war crimes that start with the use of excessive violence and massacres and end -nominally- with the forced displacement of populations.

In this paper, we do not mention the crimes and violations that occurred in that besieged area on an individual level, as this would require years of writing. We say that these war crimes nominally ended with the crime of forced displacement because, starting from the first moment of displacement, a whole chapter of suffering will continue in the lives of all those we interviewed and many others who were exposed to all these violations. This is in addition to the mental and physical impact of all the crimes these people survived, which compounds every day without any help or any proper humanitarian conditions for self-support.

All those we interviewed were forcibly displaced between March and mid-April 2018 to areas in Northern Syria designated by the Syrian regime and its ally Russia as part of the so-called "reconciliation agreements". These agreements began to take place in several areas in Syria since 2014⁷⁶⁻⁷⁷. Of course, displaced communities are not allowed to return to their localities, and they all had to start from scratch, moving from one place to another in search of safety and livelihood, and their search continues.⁷⁸ This displacement and all the crimes and violations suffered by the people of Eastern Ghouta and many other areas in Syria have indeed affected their physical and mental health and deprived them of their rights to return, or make use of or even claim property, land and everything that was theirs, which worsens their already deteriorating living conditions.⁷⁹

In terms of the international responses, In June 2018, the UN Commission of Inquiry on Syria presented a report in Geneva stating that the five-year siege and bombardment of Ghouta amounted to war crimes, and that the military campaign carried out by Syrian regime forces and their allies on the area killed hundreds of people and destroyed all medical facilities, markets, and homes, mounting for another war crime. The report also concluded that the mental and physical suffering inflicted on the population amounted to a crime against humanity.

⁷⁵ The Unravelling Humanitarian Disaster in East Ghouta. Amnesty International, February 28, 2018.

⁷⁶ Displacement Sponsored by Massacres and Insured by Misinformation. Mohammed Kattoub, Aljazeera, August 5, 2021.

⁷⁷ Syria: 'We Leave or We Die': Forced displacement under Syria's 'reconciliation' agreements, Amnesty, November 2017.

⁷⁸ Forced Displacement: Syria's immense tragedy. Warda Al-Yasin, Syrian Feminist Political Movement, December 2, 2020.

⁷⁹ Position paper on the perspectives of forcibly displaced Syrian women. Feminist Research Unit, Women Now, January 2021.

As for forced displacement, this term was used alongside the term truce agreements and was also condemned, as was the detention of many people as they tried to escape Ghouta during the bombardment.⁸⁰

Of course, there has been no real impact on people resulting from such reports, nor from previous Security Council resolutions on Syria, including Resolution 2139 in February 2013, which "demanded that all parties halt unlawful attacks on populated areas, sieges, arbitrary arrests, abductions, torture and enforced disappearances." which was followed a month later by Resolution 2165 that "authorizes the UN to deliver cross-border humanitarian aid without the consent of the Syrian government". These resolutions did not help stop the massacres and starvation and were not heeded by the perpetrating parties. Then in December 2015, the UN Security Council adopted Resolution 2254 "approving a roadmap for a political settlement in line with the Geneva Communiqué, a transition plan issued in June 2012 after a meeting of the UN-backed Action Group for Syria." which has yet to be implemented.⁸¹

Here, to describe the feelings of frustration and disappointment with these hollow international reactions, we refer to a Le Temps editorial titled "In Ghouta; the redundant words" on February 22, 2018, written by Luis Lima:

"[The horrors] inflicted at this moment on the residents of Eastern Ghouta near Damascus have become indescribable, not only because children and their relatives are losing their lives, but also and especially because of the inconceivable cynicism and disdain surrounding this programmed killing. For example, Russia -which until yesterday was supposed to be a 'guarantor' of a semblance of a ceasefire in this designated 'de-escalation zone'- is now actively engaging its forces in the massacre under the pretext that it is -once again- about 'hunting down terrorists' hiding among some 400,000 residents of Ghouta. France's Emmanuel Macron continues to speculate about the truth of a series of recent chemical attacks by the Syrian regime, waiting for 'clear evidence' before 'striking.' The evidence that the Syrian regime and Russia were looking for has already been found, but it is quite different: The massacre can continue and no matter how many 'red lines' are crossed, no one will move to help the people of Eastern Ghouta."⁸²

⁸⁰ UN Commission of Inquiry on Syria: The siege and recapture of eastern Ghouta marked by war crimes, crimes against humanity, OHCHR, June 2018.

⁸¹ Syria: 'We Leave or We Die': Forced displacement under Syria's 'reconciliation' agreements, Amnesty, November 2017.

⁸² Adapted from Swissinfo. Source: "The Hell of East Ghouta is part of the war of all against all in Syria," May al-Mahdi and Kamal al-Deif, February 2018.

Chapter IV

The Long-term Physical, Psychological, Social, and Economic Impacts



The ongoing impact on the physical health of survivors

Disclaimer: We are not here to confirm that the chronic diseases suffered by survivors are the result of exposure to chemical gases, as this linkage or lack thereof must be made by specialized medical entities. We also note that we are fully aware that the interviewees suffered difficult health conditions as a result of exposure to multiple types of weapons and bombing over the years, in addition to malnutrition during the long years of siege, not to mention the mental pressures surrounding all these violations and others such as arrest, loss, fear and daily anxiety. Rather, we are here to present the information we obtained as an important reference for medical entities and researchers.

Before we look at the health condition of the survivors of the criminal chemical attack on August 21, 2013, we will mention some important details about this deadly gas, its uses, and its impact on the human body.

Sarin is a highly toxic nerve agent developed for use in chemical warfare. It was first synthesized in 1937 in Germany during the search for better insecticides. Sarin was first used in a military context during the Iran-Iraq War in the 1980s. Sarin exposure can be fatal within minutes to hours of exposure. In its vapor and liquid forms, Sarin can be inhaled or absorbed through the skin, eyes, or mucous membranes. Due to its high potency, Sarin is considered lethal for 50 percent of individuals exposed at doses of 100-500 mg via skin contact, or 50-100 mg/min/m³ via inhalation, based on an average body weight of about 70 kg.⁸³ Sarin is considered one of the most lethal known chemical warfare compounds. Biologically speaking, it is an organophosphorus compound that inhibits the activity of acetylcholine in the body,⁸⁴ resulting in its accumulation in nerve endings, which in turn leads to long-term physical effects associated with acute poisoning, potentially causing subtle neuroimmune abnormalities that only appear in clinical symptoms.⁸⁵

All the men and women survivors who participated in this research mentioned that they suffer from various chronic diseases to this day, in addition to not receiving any medical services, treatment, or sustainable medical support. The research team tried to document these cases to present them in this research, of course, after taking full consent, with the aim of helping and finding organizations that can provide sustainable health care.

⁸³ Institute of Medicine (US) Committee on Health Effects Associated with Exposures During the Gulf War; Fulco CE, Liverman CT, Sox HC, editors. (2000). *Gulf War and Health: Volume 1. Depleted Uranium, Sarin, Pyridostigmine Bromide, Vaccines*. National Library of Medicine.

⁸⁴ Acetylcholine is one of the most important neurotransmitters in the nervous system. Acetylcholine is produced in the body and can be obtained from natural sources. Acetylcholine is responsible for all involuntary movements in the body. Acetylcholine is produced from both acetic acid and choline. Source: [Webteb](#).

⁸⁵ Hajimohammadi, S., Balali-Mood, M., Etemad, L., & Moshiri, M. (2024). Sarin. In Elsevier eBooks (pp. 421-433). doi:10.1016/b978-0-12-824315-2.00544-3.

We categorized the medical cases based on direct health related questions, the conversational context during interviews, and subsequent follow-up communication. We also asked participants to share medical reports for the purposes of documentation and seeking support.

Effects on the respiratory system

Respiratory issues were common and mentioned by 90% of interviewees. "Ever since I held my injured sister, I've had allergies; I'm still allergic to odors until this day. When they hit Chlorine, my allergies acted up intensely, but of course it was nothing compared to the chemical [Sarin], after which many people I know developed allergies and breath shortness... I mean, I can't take a full breath, only when yawning do I feel that I'm actually breathing." – Yusra.

Ziad says that he continues to suffer from the effects of chemical gas on his respiratory system, without having the financial ability to visit any medical entity or receive any treatment, despite that his condition worsens every year, especially on hot summer days or with weather changes. The same goes for Rawan, who suffers from respiratory issues on a daily basis and has to undergo nebulizer sessions at the hospital whenever she suffers from suffocation.

Om Alaa said that she felt suffocated for years until she arrived in Idlib in 2018 and stayed in treatment for 7 months. "I started coughing a lot and feeling dizzy and headaches, we were in the basements then. When I left Ghouta for Idlib, I had bronchodilator injections and nebulizer sessions at hospitals. Even my son developed asthma after the Chlorine attack. During my bronchoscopy sessions the doctors would ask, 'Are you a smoker?' Because my bronchi have marks."

Om Obeida, who was injured with her family and took months to recover, says that she and her son and daughter all suffer from lung issues, "My son and I have issues in both lungs, while my daughter's right lung was damaged. The three of us were affected, but my daughter's condition is a bit better"

Most rescuers we interviewed also reported suffering from ongoing health issues. Karam spoke about how the health condition of his family, friends, and himself has changed, and how his respiratory issues persisted even after his displacement in 2018:

"My mother's breathing and eyesight became very bad and she complained about it a lot, I developed a cough and shortness of breath. They took two biopsies in Ghouta and didn't tell me what happened to me, and my condition wouldn't ease without using a nebulizer or a ventilator. After a while I had the same symptoms, I was rushed to the hospital and had tests done, of course not all the tests because they are quite expensive."

Om Ahmad also describes how her husband, who helped in the rescue on the night of the crime, has become ischemic and suffers from chest tightness and is literally living on medications. "My husband is living on painkillers. When he skips just one pill, he gets chest cramps and needs to be rushed into intensive care for hours. The doctors said that this is because of the chemical exposure."

Many paramedics also suffer from various health issues. Abu Sakhr, a paramedic, has difficulty breathing. He spoke of his condition, "Since that day, I have shortness of breath, right lung spasms, my right hand stiffens, and I can't tolerate odors."

Effects on the reproductive system

Upon reviewing several scientific articles about the effect of Sarin gas on reproductive health in women and men, we did not find enough studies about this kind of effect on the human race, and of course there are no studies about the different effect on women and men. In fact, most of the studies we have found confirm that Sarin gas has been tested on animals and has no effect on reproductive health. We do not support such studies that use animals instead of following existing human cases that were exposed to these toxins in the 1991 Gulf War and in Syria since 2012.

In the interviews, we noticed repeated mentions of women having miscarriages and babies with unprecedented deformities. Bissan the paramedic mentions high rates of miscarriages among women who survived the chemical weapons and numerous cases of deformities in children: "There have been many miscarriages among women and many deformities later in babies who were conceived to exposed mothers. Deformities included babies being born without arms. For example, one woman gave birth to a baby with a black sack containing its intestines, and the doctor said that he had never seen anything like that. Men and women both developed reproductive issues. People here in Aleppo ask us, "Why do you have reproductive troubles in Ghouta?"

Om Obeida mentions that a number of her women relatives struggled with child deformities and miscarriages that affected their physical health, added to the difficulties of upbringing deformed children: "My niece gave birth to several deformed babies, her fetuses would have no heads or legs because of her exposure. My cousin's daughter had a miscarriage because the baby was deformed, and she herself didn't survive long afterwards due to lack of equipment. Another relative had several miscarriages, and when she finally gave birth, her baby was scary looking, as if she was made of thread or her body did not fully form, despite she was born in her due time. They told her the reason was the chemical exposure. Her daughter lived, but she's not normal."

Hussam says that after the attack, there were many births of deformed children or miscarriages among women in his neighborhood, "I have friends who had deformed children, and I have a friend whose wife got pregnant and miscarried after 5 months, and even their baby was deformed."

Om Alaa recalls seeing deformed children, and the common reason being exposure, she said "There were children born without arms, legs, or fingers because the mother was exposed to chemical gas".

Although we did not find studies that definitively link child deformities to Sarin gas, it is a condition that was frequently mentioned by women survivors, as it affected them psychologically and socially. They stated that this was the main concern of survivors who became pregnant after the chemical attack, and that women -who did not miscarry- spend nine months in fear, anticipation, and bad mental state. Om Ahmad recalls her pregnancy and the birth of her daughter in Ghouta: "I was pregnant at the time of the attack and I was afraid because they said there would be deformities in babies. My daughter was born too skinny, and we still struggle with her weight because she was malnourished without milk or food after she was born."

We also do not know what the long-term impact would look like over the years on the productive system of women and men, and on future generations. Such knowledge requires in-depth and detailed studies that follow up and support cases. Moreover, specialized organizations must provide free medical services and consultancy to women and men who have been exposed to chemical gases, without them being participants in any study.

Effects on the nervous system

Nervous system disorders are a common symptom of Sarin gas exposure, where effects on the nervous system are higher in individuals who were heavily exposed to the gas, and can also occur in individuals with a lower-level exposure.

The most common symptoms include disruption of cognitive functions and feelings of discomfort, stress, and fatigue.⁸⁶ Numerous studies have reported symptoms of nerve gas injury, such as severe and persistent change in behavior and cognitive function, especially impaired learning and memory, fatigue, pain, mood disorders and cognitive impairment⁸⁷ as a result of severe nerve damage in the brain involving neuronal degeneration⁸⁸ and necrosis of various brain regions including the hippocampus associated with altered cognitive function, which is a cause of several neurological disorders that require specialized examination and monitoring. Some of the women and men interviewed spoke of symptoms that persisted even years after the crime. Abo Mohammed, one of the victim family members, spoke about how one of his relatives was so affected by the gas that his nervous system was damaged and his cognitive functions were disrupted until today: "At the time of the strike, my headaches became constant, and I have a nephew who was more affected and became almost insane, and now is receiving

⁸⁶ Behavioral toxicity of nerve agents, Handbook of Toxicology of Chemical Warfare Agents, Chapter 33, ScienceDirect, 2020.

⁸⁷ Acetylcholinesterase inhibitor exposures as an initiating factor in the development of Gulf War Illness, a chronic neuroimmune disorder in deployed veterans, National Library of Medicine, 2020.

⁸⁸ Paul Johns BSc BM MSc FRCPath, Cellular mechanisms of neurological disease, in Clinical Neuroscience, ScienceDirect, 2014.

treatment. He is not violent, but he speaks to himself a lot." Om Alaa also spoke about the persistent headaches and numbness in parts of her body, especially in her hands.

Effects on vision and the visual system

Participants reported experiencing eye and vision issues to date, all of which started after the chemical attack, to varying degrees depending on the severity of Sarin exposure. Karam describes this in his own words, "I have a pain in my eyes that feels like there are grains in them, it all started after the chemical attack". Om Ahmad says that she still suffers from vision issues and eye pain until now.

The eye and accessory visual structures (e.g., conjunctiva, lacrimal system, eyelids) are the most important sensory organ in the body, and the structure of the eye is extremely complex, containing a variety of tissues with distinct functions that critically depend on the structural and cellular environment for proper function. Thus, any injury that interferes with vision can be extremely devastating, permanent or even life-threatening. The degree of exposure of the eye and its complex internal structure makes it extremely sensitive to injury by a wide range of chemical warfare agents.⁸⁹ Immediate symptoms can range from mild conjunctivitis to corneal ulceration and loss of vision. The severity of the reaction is dependent on the dose, agent, and environmental conditions, and happens through specific interactions of each agent with the physiological and biochemical environment of the eye. In some cases, recovery from intoxication may be greatly influenced by the regenerative capacity of individual eye tissues.⁹⁰

Cardiac effects

Notably, cardiac effects on men were mentioned. Our desk review revealed that Sarin has effects on the vascular system or heart, and that overdoses of Atropine, the substance used to treat the injured, also cause disturbances in heart function.⁹¹ In the interviews, three of the men mentioned needing heart surgeries after the Sarin crime; Abu Ahmad says "After the strike, I had a cardiac catheter installed, as my health deteriorated after that night. Now I live on painkillers and tranquilizers; I take 12 pills a day."

⁸⁹ D'Agostino, P. (2005). CHEMICAL WARFARE AGENTS. In Elsevier eBooks (pp. 495–505). doi:10.1016/b0-12-369397-7/00068-6.

⁹⁰ Ibid.

⁹¹ Aronstam, R., & Patil, P. (2009). Muscarinic receptors: autonomic neurons. In Elsevier eBooks (pp. 1141–1149). doi:10.1016/b978-008045046-9.00692-6.

Abu Ahmad still needs heart surgery, but has no financial means to that end. Karam recalls that he needed to have a coronary stent surgery as a result of a heart attack: "I had coronary stents installed two years ago, I had a stroke that stopped my heart and I was revived by electric shocks, but it was nothing compared to the Sarin exposure."

Effects on the immune system

Our immune system does not function in isolation from our life experiences, let alone if the experience is toxic to the point of nerve gas exposure. The immune system is particularly targeted by chemical warfare agents, including Sarin and other gases.⁹² Evidence from past history and contemporary events shows that all types of chemical warfare agents such as nerve, respiratory, and blood agents have varying degrees of immunotoxicity,⁹³ leading to a variety of conditions resulting from acute and chronic exposure. All immune responses are affected by these agents, as evidenced by changes in specific immune markers such as blood cell counts, immunoglobulin levels, macrophage activity, antibody responses, and belated hypersensitivity.

During our interviews, some survivors mentioned suffering from immunological diseases; we as a research team cannot identify them, but they require medical efforts and research under the supervision of specialized personnel to determine the toxicity and impact on the immune system.

Among the cases is that of Abu Bakr's, a young man about 25 years old who developed Crohn's Disease⁹⁴ after the Sarin attack. Abu Bakr faced challenges in getting his condition diagnosed and later treated, he said :

"When I was in Ghouta after the attack, I had pain in my intestines and more pain in my stomach. The pain would gradually increase, and new symptoms would arise, until one day I started bleeding. I kept telling myself it was a normal bleeding until I started losing weight significantly and getting diarrhea, more weight loss, loss of appetite, and my hair started falling. After that, I told myself it was probably the stress, the fear. I didn't go to the doctor for 15 days, I slept a lot, and when I couldn't wake up, they took me to the hospital and gave me blood because my vitals dropped completely. The doctor told me that we they would treat me and I would get better, but I did not respond to medication. They tried everything, IV drips day and night. My veins were no longer visible, my hands turned blue. They said they did not know what my underlining condition was, and that my symptoms were inconsistent with Crohn's disease. They then gave me biological injections and I could no longer stand on my feet, so they sent me to surgery and had part of my intestines removed. The surgery did not improve my condition at

⁹² Gulati, K., & Ray, A. (2015). The immune system as a target for chemical warfare agents. In Elsevier eBooks (pp. 639–655). doi:10.1016/b978-0-12-800159-2.00044-0.

⁹³ Wang, X., Coppi, A., & Lebrech, H. (2018). T-Cell-Dependent Antibody Response assay: Biology, Methods, and application. In Elsevier eBooks (pp. 376–398). doi:10.1016/b978-0-12-801238-3.64235-6.

⁹⁴ Crohn's disease is a chronic inflammation of the mucous membranes of the digestive tract. The disease alternates between symptom-free phases and phases with abdominal pain and diarrhea so severe that daily routines are barely possible. The exact causes of Crohn's disease are unknown. Genetics, environmental influences and autoimmune diseases are hypothesized to play a role.

all, as if it didn't happen; the pain and bleeding persisted, and the doctor said that my body was heavily intoxicated, and that my immune system was attacking my body. The doctor then asked me what had happened. I told him my story, and I told him about the toxic gases, Sarin, gunpowder and Phosphorus." Abu Bakr still does not understand his condition and why it worsens by the day.

Effects on the digestive system

Sarin has effects on autonomic nervous processes, including digestion. Although the short-term effects on the digestive system are visible (diarrhea, vomiting, and stomachache), there are no conclusive studies confirming the long-term effects. However, the effects on the nervous and immune systems continue to demonstrate in apparent symptoms on the digestive system. One study states that the effects of chemical warfare agents on the digestive system may manifest as severe gastrointestinal syndromes, such as vomiting, colic, bloody mucus and feces, and may be associated with liver damage (hepatitis and jaundice). But such conditions are relatively rare nowadays compared long-term poisoning that develops slowly and subtly; thus, liver damage, in particular, can often be malignant as well.⁹⁵ "More than one person I met at the nephrologist, one with cancer, the doctors say had been exposed to toxic gases" – Abu Bakr.

Abu Firas suffers from colon issues that progressed to the point of surgical removal of his colon and part of his intestines, and he is yet to heal or recover. "In 2015, I started having colon issues and my condition worsened in 2017. I became afraid to eat and drink because I felt like I was going to suffocate. The symptoms were chest tightness, so I did a CT scan that revealed I had an abnormally enlarged colon. At the time, the doctor decided to remove a small part of the colon and my situation improved, but after a while, I had an intestinal blockage, and they reopened my abdomen and discovered a colon paralyses, so they ordered a biopsy from the rectum, and it showed that I have nerve cell death starting from the rectum and moving upwards, and the solution was to block my rectum and replace it with a device that enters the intestine from behind the rectum. I had the surgery a year ago and my digestive issues have improved, but I've had more frequent bowel movements and diarrhea, and the diarrhea has caused me fatigue and malabsorption. Now I'm on iron courses, and after 13 surgeries, I'm preparing for another surgery in my abdominal wall."

⁹⁵ Recent research on Gulf War illness and other health problems in veterans of the 1991 Gulf War: Effects of toxicant exposures during deployment - ScienceDirect January 2016.

The treatment and medical support options for survivors

Through the twenty interviews we conducted and a review of interviews with people who survived chemical weapon attacks, we did not find any special medical treatment programs nor studies on the extended health effects that can be characterized as chronic ten years after survivors have suffered from the impact of chemical weapons. Even during treatment, the resulting symptoms and conditions are not directly linked to chemical exposure, nor are patients referred to specialized treatment to cleanse associated toxins. Instead, the treatment was limited to the apparent symptom, and was expensive in both clinical and emergency cases. Moreover, the survivors did not receive any psychological support or rehabilitation programs, despite the complex traumas they experienced before and after the attack, as we observed that they have not yet recovered on both mental and physical health levels.

During and after the interview phase, we found that deteriorating health conditions were common among those who had been exposed to Sarin gas, shelling, siege, and other violations. We had to do something about it, so we designed a medical file including the neediest cases, and in coordination with the response team at Women Now for Development, we were able to cover nine cases with one-time cash assistance, and secure treatment for one case. However, the majority of cases are chronic, so we tried to coordinate with many medical organizations working in Northwestern Syria, but unfortunately we were not able to find any unconditional support, so we hope that this research will be a reference paper to study rehabilitation, health support, supervision, research and diagnosis programs for survivors of chemical attacks not only in Ghouta, but of all attacks across Syria, which amount to 217 attacks according to the Syrian Network for Human Rights.

The ongoing impact on the mental health of survivors

"I feel like I'm drained... I'm just waiting for my day to come. My psychological situation is shattered; I've lost all hope in life. I can't even stand anyone asking how I am!" – Om Obeida.

Om Obeida, 56, lived a difficult life in an acceptable economic situation before 2011, then her son was arrested and her husband died. On the night of the chemical attack, her daughter died at the age of 18. Om Obeida lost many of her relatives, and she was injured and still suffers from lung issues, as well as her son and younger daughter. That night, Om Obeida did not pay attention to her injury; she spent the whole night running from an area to another and a medical point to another hoping to treat her daughter and find her son until she completely

collapsed due to her injury, and no one even noticed her for a while. She endured injury, loss, siege and displacement, and then her post-displacement suffering and chronic illnesses began. Now she is most concerned about the future of her youngest daughter and that of her older married daughter, who struggles with an abusive husband and recurrent domestic violence. Om Obeida stands helpless in the face of all these difficulties, as she does not have the money to complete her youngest daughter's education, nor does she have the ability to save her other daughter from her husband. The most mentally tiring part of her day is her social environment, which questions her account of the chemical attack and what happened to her and her family.

This is just one -incomplete- summary of part of what happened to one victim of the chemical crime, and the many other past and ongoing violations that still affect her without any mental, physical, economic, or legal support to alleviate the pressures and give her some hope and strength to continue living.

This extreme psychological distress was evident during the interviews with all the men and women in every detail; their voices, silence, long sighs, crying, difficulty breathing, difficulty talking and recalling. When asked directly to talk about their current state of mind or describe it, some participants were not able to answer easily or directly, and others gave unclear answers. But in all cases, the answers reflected traumatized feelings and internal conflicts that have not recovered or healed. "I mean, when I started talking about the massacre after the chemical attack, I felt stiff. Recalling these moments makes one sad." – **Abu Bakr**.

Through our review of some relevant studies, which we include in the footnotes, we found that there is a unique psychological and physical impact associated with Sarin gas exposure, which can negatively affect the cognitive daily functioning of survivors. Recent studies show that chronic exposure to Sarin can impact focus and attention, memory, thinking and decision-making in the short and long term. In addition, individuals who have been exposed to sarin may notice a deterioration in daily living functions such as daily activities and motor processes.⁹⁶

There are also many reports and studies linking post-traumatic stress disorder (PTSD) to exposure to chemical warfare agents and Sarin gas in particular, causing a constant sense of fear and reliving painful memories. Survivors experience a notable increase in anxiety and depression, as well as difficulty concentrating and paying attention, significant changes in memory, and sleep disturbance. In addition, the effects of Sarin also lead to the deterioration of social relationships, as it is difficult for survivors to adjust to an optimistic outlook on the future. "I don't have a goal to live for, I don't know how to go on. I just don't... [silence]" – **Om Alaa**.

⁹⁶ Sarin: Potential Long-term Neurological Effects, National Toxicology Program.

A 2019 Study by the US National Toxicology Program and the National Institute of Environmental Health Sciences, labelled Systematic Review of Long-Term Neurological Effects Following Acute Exposure to Sarin,⁹⁷ affirms certain neuropsychiatric effects of Sarin exposure and links it to PTSD.

Psychoneuroimmunology⁹⁸ is a new field of medicine that studies links of mind-body interactions and examines the ways in which the psyche, the mind and emotions, interacts with the nervous system and how both form an essential link with our immune defenses. A look through the lens of this field and its connection to the physical and mental effects of Sarin reveals a frightening picture of the mental effects of Sarin and the many years of fatigue, repression, mental pressure and painful memories have on survivors, the worst of which being the memory of the chemical massacre.

"Every time we remember the chemical attack, it hurts. We like to think that we forgot, but it still scars us. We've lost loved ones, and people on social media called it a hoax. However, there are people now who stand in solidarity with our cause. I remember how entire families were annihilated. Until this day, every time I run into my cousin, I see her smile, but I look after her because all of her family died that night. We never forget this." – **Yusra**.

"What do you feel when you remember something overwhelming that happened to you? Sometimes we remember things and cry; we've lost many loved ones. Sometimes we laugh and joke; we don't forget, but we pretend that we have" – **Abu Mohammed**.

Here, we see the overlapping relationship between the physical and mental impact of going through this tragedy, being exposed to Sarin and having to go through the aftermath. The impact of the disaster and exposure causes physical and mental complications, and it's not easy to determine which leads to the other; whether the physical impact of Sarin on the body and chronic diseases led to a deteriorating mental state, or the difficult mental state as a result of the trauma and the individual and collective human catastrophe led to these chronic diseases, or is the relationship more complex than all that we mention here? In his book "When the Body Says No",⁹⁹ Dr. Gabor Maté defines stress as a complex series of physical and biochemical responses to physiologically intense emotional stimuli. Emotions themselves are electrical, chemical and hormonal discharges of the nervous system. Emotions influence and are influenced by the activity of our major organs, the integrity of our immune defenses, and the effect of many circulating biological substances that help regulate our physical state. The suppression of emotions disrupts the body's defenses against disease and confuses our physiological defenses, disorienting them so that in some people they become destructive rather than protective of health, which is seen in diseases such as ulcerative colitis,

⁹⁷ Monograph: Systematic Review of Long-Term Neurological Effects Following Acute Exposure to Sarin, June 2019, NIH. GOV.

⁹⁸ Neuropsychoneuroimmunology, Gnoun Khamisa, Ben Samaine Rahima, Algerian Scientific Journal Platform, October 2014.

⁹⁹ Maté, G. (2019b). When the body says no: Exploring the Stress-Disease Connection. Vermilion.

Crohn's disease, chronic fatigue syndrome, autoimmune disorders, migraine, skin disorders, endometriosis, and many other conditions with links to emotional repression. Among the physical health effects we observed were people Crohn's disease and others who have suffered and continue to suffer from digestive and health issues that might also be developed by psychological factors.

The feelings of guilt and self-blame

Most survivors of major crises and life-threatening dangers carry a heavy and complex load of emotions that oscillate between self-blame, anxiety, depression, and guilt for surviving and losing relatives, friends, or even strangers from the community. This is called Survivor's Guilt Disorder,¹⁰⁰ a unique type of guilt that develops and appears in individuals who have been exposed to a major threat to their lives, such as natural disasters and others. Survivor's guilt appeared as less common among the women we interviewed than the men. Some women expressed that they always think about what more they could have done, "I gave birth to my children before the revolution and I still remember how we were somehow able to save them during the chemical attack, but I don't know how to break free from the guilt of what we should have done" – **Rawan**.

However, this feeling seems to be amplified for the men, especially those involved in rescue operations. The magnitude of death they saw, children and women in sheer numbers, the trauma, as well as the Sarin injury. All of these compound experiences produced difficult and complex feelings of self-blame or guilt. Abu Firas said, "Until this day, I don't forget the impact it had on me; I can never forget the things I saw. I keep finding myself on the verge of crying, despite I'm trained to anchor myself, but it was impossible. Some youth I trained would collapse as well."

Most of Abu Firas' recollection of the night of the crime involved self-blame, and how he always thinks that he could have saved more people and even questions why he lost his energy after several rescue missions during that night, even though he knows that he lost his energy due to inhaling Sarin gas. Today, due to his deteriorating health condition as a result of all the violations he was subjected to, he is unable to fully carry out his rescue career with the Civil Defense,¹⁰¹ which exacerbates his psychological burden, making him lose all motivation to live:

"It's difficult for me and anyone who saw the horrors of that night to carry on. I no longer have any desire in my life, it has lost all meaning. In my current situation, I don't want to do anything, nor do I want to go anywhere, even life at home has become dull. Nothing is the same anymore."

¹⁰⁰ Survivor's Guilt – Post-Disaster Disorder. Mobaderoon, February 18, 2023

¹⁰¹ Syrian Civil Defense – The White Helmets. Homepage.

Hussam, one of the rescuers, tried to ignore a question that has haunted him for years since the night of the chemical attack: "How did they feel before they died?" He describes the moment he broke down after his rescue missions on the night of the crime:

"I went to take a shower, and it came back flashing before my eyes like a nightmare... My legs could no longer carry me from the images in my memory of children and women after the strike."

Abu Ahmed, one of the rescuers who was injured later that night, lives with a heavy psychological burden after losing his father, brother, and a number of his relatives to the chemical massacre. However, he feels most guilty about burying his father, having learned later that victims should not have been buried during the first 24 hours: "I had to stay awake so I could help people, and so I could bury my brother and my father, this is a very difficult and painful memory. I would drive an injured person for 16 kilometers and arrive to find no space for them. I keep thinking 'Did I fall short of helping more people?' It was particularly difficult when we learned that we shouldn't have buried people in the first 24 hours, it was a big shock. Was my father still alive? Because his body was warm when we buried him... [Silence]"

Abu Faris describes his condition:

"Before the strike, I used to see death as something to be feared. But after that, death became normal for me. I mean, my father died two years ago, and it did not affect me after all the traumas I've seen. I think about that night every day; I had seen my share of torn bodies, but that strike was like nothing I had ever seen, seeing a deceased infant is just too difficult. I have tried recently to forget the images, the people struggling to survive in their final moments, but I can't."

The importance of psychological support and treatment for survivors

At the Feminist Research Department at Women Now, and as an ethical and humanitarian standard, our approach entails providing psychological support and care to research participants in general and to participants in research tackling violations, loss, trauma or any experience with deep emotional impact in particular. Due to the sensitivity of the contexts in which the Feminist Research Unit works, we designed and developed a preliminary stage preceding interviews that require recounting or recalling painful events, so that participants can recall memories in a less harmful way.

At this stage, **Dr. Aziza Al-Banna** conducted three group sessions with participating women. The results showed that the women were, to an acceptable extent, able to open up and express their feelings and emotions. On the other hand,

Dr. Mutaa Barakat conducted two sessions with men, which included talking about fear, mechanisms for dealing with fears, and ways for self-monitoring. The sessions also addressed the symptoms of trauma and ways to deal with these, in addition to ways to deal with pressure, and the ability to regulate one's emotions and understanding oneself and its signals when speaking up or narrating, and the steps one can take to protect themselves during interviews. Individual and group support sessions were made available for women and men before, in conjunction with, and after the interviews.

The research team, with support by the Protection and Psychological Support Department at Women Now, was in constant contact with the participating women and men to check on their psychological state and to learn their impressions of the psychological support provided. In general, we can say that the psychological support provided during the research had a positive impact and helped us avoid leaving the psychological wounds caused by remembering or disclosing unattended and unhealed.

"I'm very comfortable with the sessions, thank God. I'm being able to let things out I'm otherwise afraid to, because we've seen many crises after crises; the displacement, living in the basements without water or anything. I don't feel rested anymore, I developed a phobia. I gave birth to my children before the revolution and I still remember how we were somehow able to save them during the chemical attack, but I don't know how to break free from the guilt of what we should have done. I keep thinking, 'Thank God we survived, and God saved us!' Even during the earthquake, I said, 'God, how many times do we have to escape death?' Once, my son and I were on the road when a missile hit, so I held my son and hid in a corner to protect him. After all that, I've lost my phone; it feels like fate is trying to erase our memories, all the pictures are gone, but memories are our right, the most basic right" – **Rawan**.

Om Rami also has a past of painful memories; the loss, her children's injuries in the chemical attack, and the responsibility of providing for the family after his husbands passing all persisted as she had to move in an orphanage. She mentions that she endures only for the sake of her daughters and their future, despite the many challenges she faces:

"Psychologically, if I don't try to be patient and look at the bright side for my daughters' sake, my mental and physical health would be terrible. I tell myself that I must help my daughters finish their education, it's my only concern. No one knows what's going to happen to us here and I don't know how I'll be able to put my daughter through college. I think about going back to Syria, but what would become of my daughters? I have been having sessions with Dr. Aziza and I'm very comfortable with her."

The psychotherapy provided by Women Now achieved notable positive impact on the psychological state of some men and women, and helped building trust with survivors; "The doctor is a comfortable, kind and realistic person. What's even more reassuring is that someone with such knowledge and growth is a son of our country and environment, and this is something we take pride in" – **Hussam**. It is worth noting that at the beginning of the work, both doctors had serious concerns about the ability of men and women to disclose, discharge and accept psychological care.

There was a notable turnout among women to receive group and individual psychological care, and they showed more flexibility than men in participating in group sessions in particular. **Dr. Aziza Al-Banna** said:

"At first, I expected that we would encounter resistance to the idea of psychological support despite the deep and dire need for it, as recounting these painful experiences and reliving the traumas was a very sensitive matter for women. They also suffer from an internal suspension of life, a deep sense of grief and violation of rights and value, and the resulting issues, whether psychological or familial, including financial, health, and relationship issues within the family."

Men on the other hand demonstrated an acceptable willingness to receive psychological care, but the idea of seeking such care was not easy for them. All the men interviewed by Dr. Barakat had difficulty asking for psychological help or even requesting an appointment for a session, and the research team had to repeatedly ask in a non-pressuring manner about the men's need for such sessions and coordinate them with the specialist. The reason may be that men are not used to opening up or asking for help due to societal norms that require them to hide their grief and remain strong no matter what.

This is in addition to the difficulties they face in communicating with their environment, as they have all been displaced to a new environment, and their relationship with it being generally negative. Host communities receive any news or information about the survivors' suffering with skepticism and accusations of exaggeration, or with unfair comparisons that compare tragedies and turn struggling into a competition. Therefore, many men prefer to remain discreet and avoid discussions involving any of their past struggles.

The recovery process requires special programs designed for chemical warfare survivors to analyze the traumas they lived through and the resulting life-long impact. Chemical warfare agents, especially Sarin, have clear effects on the psychological state of survivors, which our research team observed through interviews, studies, reviews, and the survivors' own words. We wonder why chemical victims are forgotten in this way and why no specialized international or local bodies have been formed to provide them with continuous and sustainable care. We asked all participants if they were receiving any psychological care, and the answer was no, except for a few who were provided with temporary support services.

The psychological effects we are talking about are medically recognized worldwide; there have been studies on the topic since the World War I. A study titled "Psychological effects of chemical weapons: a follow-up study of First World War veterans" examines the long-term psychological effects of chemical warfare on them. The study explores the mental health of veterans exposed to chemical agents, with a particular focus on issues such as anxiety, depression, and PTSD.¹⁰² It affirms that "chemical weapons often have a lasting and powerful psychological impact. This was recognized during World War I when stress symptoms were found to be consistent with those of mild gas exposure."

Another study on victims of the March 1995 Tokyo Sarin gas attack reports unexplained physical and psychological effects that vary depending on the level of exposure to Sarin toxins; "During provision of care for Sarin gas victims in the Tokyo subway following the March 1995 attack, the authors observed several unexplained physical as well as psychological symptoms. It appears that most of the physical symptoms in these victims were not related to Sarin poisoning, but rather to the subsequent psychological effects"¹⁰³⁻¹⁰⁴.

A United Nations study on the long-term psychological on survivors of the August 21, 2013 attack drew from comparisons with survivors of chemical attacks carried out by Iraqi forces in the Iran-Iraq war in 1987 and 1988. The study indicates that "even with treatment, there are serious long-term effects on survivors of a nerve gas attack. These symptoms include trauma, anxiety, and PTSD"¹⁰⁵

However, these studies lack a gender perspective and do not examine the different impact on women. Only one in-depth study by GPPI explored the long-term psychological effects on women who survived the chemical crime and the intersections of these effects with the conventional roles of women and their new roles that emerge during conflicts. It emphasizes that in addition to the physical effects, women bear significant psychological burdens as a result of their roles in families and societies. Historical studies, such as the ones on Iranian families after the Iran-Iraq War, reveal long-term psychological effects, including secondary PTSD in women caring for their affected family members. Women often internalize the suffering of their loved ones, leading to the development of PTSD symptoms, as well as the stress and anxiety of balancing their own health with the demanding catering for the physical needs of family members.¹⁰⁶

¹⁰² Jones, E., Everitt, B., Ironside, S., Palmer, I., & Wessely, S. (2008). Psychological effects of chemical weapons: a follow-up study of First World War veterans. *Psychological Medicine*, 38(10), 1419–1426. doi:10.1017/S003329170800278X.

¹⁰³ Kawana, N., Ishimatsu, S., Matsui, Y., Tamaki, S., & Kanda, K. (2005). Chronic posttraumatic stress symptoms in victims of Tokyo Subway Sarin gas attack. *Traumatology*, 11(2), 87–102. doi:10.1177/153476560501100204.

¹⁰⁴ Sugiyama, A., Matsuoka, T., Sakamune, K., Akita, T., Makita, R., Kimura, S., Kuroiwa, Y., Nagao, M., & Tanaka, J. (2020). The Tokyo subway sarin attack has long-term effects on survivors: A 10-year study started 5 years after the terrorist incident. *PloS One*, 15(6), e0234967. doi:10.1371/journal.pone.0234967.

¹⁰⁵ Uribe, C. (2013, September 4). Syrians now face the longterm effects of exposure to chemical warfare - UN Dispatch. UN Dispatch.

¹⁰⁶ Global Public Policy Institute (GPPI). (n.d.). The last straw.

In her article “A Gendered Look at the Chemical Massacres in Syria,” Farah Youssef of the Arab Reform Initiative emphasizes the importance of a gendered and intersectional view of the psychological effects of chemical weapons crimes: “These testimonies illustrate that a comprehensive understanding of the massacre requires an examination of the intersecting factors behind the events, from the economic and social situation to the physical and psychological conditions that affected women in particular. If we are to achieve justice and accountability, we must look at these dimensions and challenges from a gendered perspective and take steps towards documenting the evidence and achieving justice for all victims.”¹⁰⁷

The mental impact on the research and psychological support teams

Despite our long experience as researchers in working with those who lived through many violations, including detention, displacement, loss, and escape, however, we have not seen such a psychological burden as that carried by the survivors of the criminal chemical attack.

During our work in this research, we faced many psychological and emotional challenges. Listening to the survivors' painful stories and details of the horrific crime and its devastating effects on them and their communities to this day, it was hard not to be affected by Secondary Trauma.¹⁰⁸ We felt a great deal of emotional pressure, especially during the interviews as we repeatedly listened to these stories, putting us in a constant confrontation with feelings of helplessness and deep sadness.

Although we felt strong empathy for the victims, we were keen to maintain our feminist research ethics and standards and not to make promises and hopes that may be unattainable. To deal with the psychological challenges, we received psychological support from Women Now, which was instrumental in helping us process the emotions triggered by the stories we witnessed. Emotional unloading dialogues with each other were also an important source of support, as they helped us exchange experiences and feelings openly, mitigating the emotional impact of the work.

We realized the importance of taking regular breaks and trying to find work-life balance. Despite the support we received, it was sometimes difficult to achieve this balance, and there were some effects on our mental health, such as anxiety or depression. We recognize that working in such conditions can have long-

¹⁰⁷ [“A Gendered Look at the Chemical Massacres in Syria” by Farah Youssef, Arab Reform Initiative, August 28, 2023.](#)

¹⁰⁸ Secondary trauma is a psychological condition that arises when someone experiences trauma symptoms as a result of being indirectly exposed to traumatic experiences, often through their work with traumatized victims. The condition can affect people working in professions such as healthcare, social work, humanitarian relief, and journalism, where workers are regularly exposed to traumatizing stories and experiences. Read more: [Figley, C. R. \(1995\). Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatized. Brunner/Mazel.](#)

term effects on our mental health. Therefore, we consider it essential to seek professional support if needed, and to maintain an awareness of the importance of self-care while pursuing this important work.

This mental impact even extended to the psychological care team, **Dr. Aziza Al-Banna** and **Dr. Mutaa Barakat**, who provided psychological support and care to the women and men from the beginning of the work. They did this through preliminary group sessions divided by gender, then, during the research and to this day, through individual sessions as requested and needed, and through group psychological support sessions.

Dr. Banna says, "Some of the cases I encountered caused me psychological pain and empathy that was overwhelming at the time, and that was a motivation for me to seek assistance from a psychological support group that I continue to attend once a month to gain more therapy experience as a therapist, and to receive psychological support and assistance as a person with women survivors of all kinds violence."

Dr. Barakat provides a similar description of his experience, "For me, there were cases that I tried not to identify with out of empathy or internalization."

Both specialists mentioned the importance of conducting psychological research and studies on the continuous and transgenerational impact, and indicated their desire to work on such studies. They also emphasized the importance of providing sustainable psychological support and psychoanalysis programs for survivors and referring cases to clinical specialists as needed.

The importance of sustainable social and economic support for survivors

The majority of those who have been displaced live in an extremely deteriorated socio-economic situation, as they were subjected to many violations before, during and after their displacement. Unfortunately, most of those we met were also victims of the earthquake that hit southern Turkey and northern Syria on February 6, 2023. The earthquake worsened an already bad situation on all levels and undid part of the small temporary victories that survivors were able to achieve after suffering, such as a job that provides some income or a rented apartment that protects against a new relocation or displacement, and children who are finally in a school. Of course, the effects of these violations and misfortunes differ between women and men. Women's prior positionality in society and the marginalization and stigmatization they had suffered as a result of societal, economic and legal discrimination based on sex and gender before all the conflict violations worsen the weight of these violations on them. Moreover, new responsibilities of providing and caring for the family, searching for work, and trying to manage property in their original localities lay on women's shoulders.

The research paper “My Property is My Right” published by Women Now on the property rights of women displaced to Northwestern Syria shows the cruel psychological and societal impact of displacement, loss of property and attempts to claim it on women and every detail of their daily lives and their relationships with their children, families and social environment.¹⁰⁹ Describing her psychological state as a result of the pressures of displacement, the loss of her husband, and witnessing the earthquake with her children, **Om Saied** said:

“When we came here, we started getting sick; when your body finally rests, symptoms start to appear. This appeared in my mental state, my heartrate, and blood pressure. But my mental state especially worsened after the earthquake; I wished my husband was with me, but this a heartbreak I have to live with.”

Om Saied's story is that of many women trying to provide for an entire family in which children suffer from the psychological effects of violence and losing their father. “One of my daughters is a high school senior, she's always scared, and she doesn't eat well, especially when she hears any noise. These feelings increased after my children saw their father dead, my daughter wouldn't even step onto the balcony where he was injured. My son was very attached to his father, whenever he talks to me about him, I would say, 'It's okay, he beat us to heaven! My son does not express his feelings, he sometimes gives me a hard time, but I know what the problem is, he misses his father. He would sit and cry on his own. One day we went into the tent and he started crying non-stop, and I asked him why he was upset but he wouldn't say. The next day he told me that he remembered his father and missed him.”

Social isolation and the questioning of survivors' narratives by some

Some survivors are unable to communicate even with their families who remained in Ghouta, because the survivors were displaced from the area, and particularly because they are witnesses to the crime, which puts their families at risk of security accountability that could lead to arrest by the Syrian regime forces and security apparatuses.¹¹⁰ **Om Obeida** said:

“I don't have anyone here, nor can we sell our property in Ghouta because our relatives won't talk to us as long as we're in the north.” In addition, some relatives have taken advantage of this situation, seizing the property of those who have been displaced; “Our family doesn't talk to us, nor do my cousins because they're afraid. They do know my situation and that I have property there, but my uncle rented out my house and didn't send me a penny, but God sees everything, thank God.” – **Karam**.

¹⁰⁹ My Property is My Right: A research paper on the violation of property rights in the context of war and displacement and its impact on Syrian women in northwestern Syria. Bayan al-Maleh, Feminist Research Unit, Women Now, 2023.

¹¹⁰ Terrorizing Witnesses to Chemical Crimes. Orwa Khalifa, Aljazeera, March 21, 2019.

Many of the surviving men mentioned the difficult living situation and having to work more than one job in professions bad for their health condition in order to provide for their families. This deteriorating financial situation has affected their health, as they are unable to continue treatment for their chronic respiratory, cardiovascular, and intestinal diseases, especially in the absence of free medical support by organizations. All of this amplifies the pressure on men, increases their social isolation, and limits their ability to communicate and build relationships with their environment. "I used to be a very social person, but honestly the financial situation is bad, we barely have anything. We try not to let it affect our spirit" – **Abu Mohammed**.

These contexts are even more difficult for survivors of the 2013 chemical attack, as the crime brought additional burdens upon their daily, social, and economic life. Women and men face exclusion by their new environments and even by their families who remained in Ghouta. This exclusion begins with the skepticism of some people in the new displacement environment, questioning the survivors' account of the night of the crime. Some people in the survivors' new environment and even some of their relatives in other places don't seem to believe what happened, accusing those who speak up of exaggerating or imagining the events. Survivors find themselves in a harsh loneliness upon finding that the last channel for disclosure, sharing, and empathy was closed for them.

"I'm not afraid of everything that happened to me in Ghouta, but the threats in Northern Syria scared me, so I'm afraid to mention it," says Abu Bakr. Abu Ahmad also said, "Our relatives in Damascus would ask if we were actually hit with chemical weapons! Many did not believe us; if our relatives don't believe that we were hit by chemical weapons, then there is no hope that anyone else would". "Some people think that we are exaggerating or fishing for their empathy. Some Turks for example don't believe us, they think we're lying." – **Abu Fares**.

Moreover, some survivors were directly threatened by the Syrian regime's security forces for being witnesses to the crime. Some were reluctant to elaborate on these threats and only confirmed that they and their relatives were threatened, and some talked about them and on the condition that we do not include what they said in writing. This made everyone afraid to even talk about what happened, and the participants said that it was only because they already trust Women Now that they agreed to be interviewed.

Even those who participated as witnesses in the processes related to accountability for this crime, or who wanted to participate, discovered the lack of any witness protection programs by the international bodies hosting these processes. Rawan came forward as a witness to the chemical massacre in a session with the Security Council¹¹¹ (we will not mention details to protect Rawan). She said that she did not receive threats, but she feared for those around her, especially when those responsible for her participation stated that they were not responsible for protecting her as a witness.

¹¹¹ Rawan participated in providing video testimony at a Security Council session. She was contacted by a political and human rights activist and then told that there was no protection for her or her family, and no financial compensation. Rawan agreed to testify without fully realizing the potential risks, and was not informed of those risks beforehand.

Abu Bakr affirmed this when he spoke about a committee that came to Northern Syria asking about witnesses to the chemical massacre in Zamalka and Douma: "A British woman came to us with a committee that came to northern Syria to ask about the chemical massacre in Zamalka and Douma as well, and she advised us not to tell too much about it, and to avoid escalating the situation. She also said that they can help us if we want to testify at the International Criminal Court, but everyone was too afraid to come forward. I remember her name was probably Miranda."

All of this increases the psychological pressure and social isolation of survivors of the chemical crime and leaves them alone in the face of all this suffering in silence, despair and sorrow, especially in the absence of social and economic support for them and their families.¹¹²



¹¹² Abu Bakr stated that after his injury and exit from Eastern Ghouta, while receiving treatment in northwestern Syria, a committee from the Turkish Red Crescent visited with a group of British people (three men and an elderly woman named Miranda). This group interviewed the wounded and Miranda personally and individually informed them of the possibility of bringing them to the ICC, but without offering any guarantees or protection for them or their families, all the wounded expressed their fears of this offer, especially since they were in the first weeks of their displacement from Ghouta.

Chapter V



The International Response and Justice Seeking Mechanisms

The international response to the crime

"Can the perpetrators of such a crime, using internationally prohibited weapons on a besieged residential area in full view of the whole world, go unpunished?"

This may be the first question to come to mind for anyone who learned of the crime or is reading this report for the first time. This is especially because an international inquiry mission had arrived in Damascus two or three days prior to the crime to investigate the use of chemical weapons by the Syrian regime and its forces. At the time, U.S. President Barack Obama had drawn a red line for the Syrian regime not to use chemical and biological weapons in the region, and this red line meant the use of military action against the Syrian regime. During a press conference at the White House in Washington on August 12, 2012, after receiving reports of the Syrian regime's use of chemical weapons on a small scale, President Obama said:

"I have, at this point, not ordered military engagement in the situation. But the point that you made about chemical and biological weapons is critical. That's an issue that doesn't just concern Syria; it concerns our close allies in the region, including Israel. It concerns us. We cannot have a situation where chemical or biological weapons are falling into the hands of the wrong people. We have been very clear to the Assad regime, but also to other players on the ground, that a red line for us is we start seeing a whole bunch of chemical weapons moving around or being utilized. That would change my calculus. That would change my equation."¹¹³

Derek Chollet is an advisor at the German Marshall Fund of the United States and has served under the Obama administration in the White House, State Department, and Pentagon. In his article "Obama's Red Line, Revisited" adapted from the book "The Long Game: How Obama Defied Washington and Redefined America's Role in the World", he wrote that in 2013, after Syria crossed President Obama's "red line" by using chemical weapons against civilians, Obama decided to seek congressional approval for military action rather than strike immediately. This unexpected decision led to a diplomatic solution brokered by Russia, resulting in Syria agreeing to dismantle its chemical weapons arsenal. While this was seen as a success in removing a major threat without military intervention, it was criticized for what some saw as indecision and damage to US credibility, highlighting the flaws in Obama's approach to foreign policy despite achieving its goals.¹¹⁴

¹¹³ Remarks by the President to the White House Press Corps, James S. Brady Press Briefing Room, The White House, Office of the Press Secretary, August 2012.

¹¹⁴ Derek Chollet, 'Obama's Red Line, Revisited: The offhand remark spurred a massive success in Syria. Why does the foreign policy establishment consider it a failure?', Politico, July 2016.

That way, instead of punishing the culprits, Russia proposed a diplomatic plan that would result in the handover of the Syrian regime's chemical weapons arsenal. The Syrian regime and the international community agreed to this, and the handover took place in installments ending in November 2013. Syria later joined the Organization for the Prohibition of Chemical Weapons (OPCW), and the OPCW was rewarded with the Nobel Peace Prize in December 2013.¹¹⁵

What about the thousands who were killed? What about the war crime that took place? What about the thousands of wounded and the long-term symptoms of their exposure to Sarin gas? What about the principles of non-impunity and non-recurrence?

It is not a red line, but rather a green light for the Assad regime, its allies, and any government or even de facto forces on the ground that internationally prohibited weapons can be used against people with impunity as long as the interests of major countries such as the United States, Russia and others are not affected, and as long as the criminal party has a strong ally militarily and internationally such as Russia.

Indeed, the Syrian regime continued to use chemical gases, including Sarin and, more broadly, Chlorine gas across Syria¹¹⁶ until 2021, despite successive Security Council resolutions (2118, 2209, 2235)¹¹⁷ and despite the withdrawal of the Syrian regime's chemical weapons arsenal. Dr. Mohammad Kattoub writes: "The transgressions were not long delayed. A few weeks later, in November of the same year, the Damascus neighborhood of Jobar was hit with a chemical strike. Consequent strikes came, some of which inflicting new symptoms on the injured such as the one on Harasta in March 2014, as if the regime was experimenting with different methods or techniques. However, Chlorine clearly became the most commonly used gas in these attacks, and 2015 saw the largest number of such strikes, up to 69 during that year alone. In practice, Resolution 2118 only encouraged further use of chemical weapons in Syria, with over 77% of the strikes occurring after the resolution."¹¹⁸

More on all the events related to chemical weapons and their use in Syria, the reactions of the international community, and the efforts of the investigation committees from 2012 through 2021 can be found in [Annex C](#); a timeline of all events related to the chemical weapons file and all the relevant resolutions.

What stands out in the chronological order of events related to this topic is that the Syrian regime carried out many attacks even after it joined the OPCW in September 2013, and even after the OPCW investigation committees proved the Syrian army's involvement in more than one occurrence. Among these proven

¹¹⁵ For its extensive efforts to eliminate chemical weapons. OPCW, January, 2013

¹¹⁶ According to most recent documentations of chemical weapons use.

¹¹⁷ These are the resolutions related only to chemical weapons, but there are many other resolutions that address the topic in other contexts, such as UN Security Council and UN General Assembly resolutions that relate to the accountability of all individuals, entities, and governments for the use of chemical weapons, notably Security Council resolutions 2118, 2209, 2235, 2314, 2319, and General Assembly resolutions 68/182 (2013), 70/41 (2015), 71/69 (2016), 72/43 (2017), 182/73 (2018), 40/74 (2019), 169/74 (2019), and 228/76 (2021).

¹¹⁸ Chemical Weapons in Syria without Red Lines, Mohammed Kattoub, Aljumphuriya, April 12, 2021

occurrences is the possession and use of Sarin gas several times after 2013; On May 8, 2015, Reuters reported that "OPCW confirmed the detection of Sarin and VX traces at an undisclosed military facility in Syria. Samples were collected in December and January." On April 4, 2017, "chemical weapons were used in an attack that killed dozens in Khan Sheikhoun, northern Idlib governorate, Syria. Initial reports indicate that the attack used Sarin gas, a nerve agent. The Syrian regime is believed to have carried out the attack given the type of aircrafts present in the area's skies at the time. OPCW has announced that it is investigating the reports.¹¹⁹ The Syrian regime denied responsibility for the attack." On June 29, 2017, "The OPCW Fact-Finding Mission confirmed the use of Sarin in a chemical weapons attack in Khan Sheikhoun on April 4, 2017."

What is striking is not the Syrian regime's repeated use of chemical weapons, as this is expected where there is impunity, but rather is the ability to use them despite all the warnings, so is the weakness of the international community and its inability to protect people from massacres, genocide, and war crimes despite the availability of full evidence.

This is the outcome of the "great" countries agreeing that protecting the targeted people from criminal governments is not a priority, and of Russia using its veto power several times to block UNSC resolutions regarding this issue and others, and what is happening today in the Gaza Strip in Palestine is another unfortunate example. We question here the validity of this international system in general, and the principle of veto, and ask who do these mechanisms really serve; peoples? Or regimes? ¹²⁰

Here, we do not take a position that favors an international military intervention at the time against the perpetrator of the crime, as we do not know what the impact of such an intervention would be on Syrians, especially since we do not trust that the political intentions were in the interest of the people. Rather, we point out the double standards, the lack of credibility and transparency of international laws and the parties that enforce them, and the failure to deal seriously and with governments that use chemical weapons against their own people. On April 14, 2018, the United States, France, and Britain launched a military attack on sites in Syria in Damascus and Homs containing chemical weapons in response to the chemical attack carried out by the Syrian regime forces on Douma in Eastern Ghouta on April 7, 2018.¹²¹ This was in the name of a "humanitarian intervention" to stop the use of chemical weapons by the Assad regime against civilians.¹²² That means that seven days after the April 7 strike, a decision was made to react and

¹¹⁹ Syria and the OPCW.

¹²⁰ For more, read: *The Chemical Political Track*, Sadeq Abdulrahman, Aljumuhiya, August 21, 2018.

¹²¹ Syria: US, UK and France launch strikes in response to chemical attack, Julian Borger in Washington and Peter Beaumont, *The Guardian*, 14 April 2018.

¹²² However, as former State Department legal advisor Harold Koh noted, "[i]f the right of humanitarian intervention in response to the use of chemical weapons now exists under customary international law, such humanitarian intervention would not violate Article 2(4) of the UN Charter because that provision only prohibits the use of force that is 'against the territorial integrity or political independence of any State' and 'contrary to the purposes of the United Nations.' On the contrary, the humanitarian intervention is consistent with the purposes and principles of the Charter, which include 'maintaining international peace and security' and 'the promotion and encouragement of respect for international law,' Security, 'promoting and encouraging respect for human rights,' and 'saving succeeding generations from the scourge of war.' A humanitarian intervention in response to the use of chemical weapons is not intended to threaten the integrity of a state or bring about political change, but only to save lives and enforce the global ban on chemical weapons. Michael P. Scharf, *Responding to Chemical Weapons Use in Syria*, 51 Case W. Res. J. Int'l L. 189 (2019) Available at: <https://scholarlycommons.law.case.edu/jil/vol51/iss1/1>

accuse the Syrian regime, while not a single report was issued that held the Syrian regime responsible for the massacre of August 21, 2013.¹²³

Most importantly, these political systems and international laws have failed to protect a people annihilated with all kinds of internationally prohibited weapons for years, and to stop the criminal party and its allies from carrying out their military plans. It was enough for the latter to use the pretext of anti-terrorism to prevent any judicial, political or military intervention by the international community that could put an end to this humanitarian catastrophe. In fact, the lack of decisive action against the Syrian regime and its allies encouraged terrorist groups, on top of which ISIS, to use chemical gases such as Mustard gas as a weapon in Syria.¹²⁴

As for the investigation committees, which began their work since the crime on August 21, 2013, the UN Mission to Investigate Allegations of the Use of Chemical Weapons was present before the crime in Damascus,¹²⁵ as mentioned earlier, based on earlier reports of the use of chemical weapons. However, their efforts have been disappointing, according to survivors. Despite the residents' full cooperation in documentation, providing live evidence, and collecting samples of the victims' remains, the mission's report affirmed the use of chemical weapons without indicting the perpetrator, as it does not have indictment jurisdiction.¹²⁶

Other commissions have investigated the use of chemical weapons in Syria, such as the Independent International Commission of Inquiry,¹²⁷ which in early 2018 released an infographic identifying the Syrian regime as responsible for 22 attacks. The Fact-Finding Mission (FFM) was formed by OPCW in 2014 to investigate multiple incidents and has so far issued 24 reports. The FFM does not have indictment jurisdiction, and its role is limited to verifying the attacks and determining the type of gas used.

These are in addition to the Joint Investigative Mechanism formed under UNSCR 2235 in August 2015, which issued seven reports in two years, and accused Syrian government forces in several incidents, including the Khan Sheikhoun massacre, and one incident against ISIS. However, in October 2017, Russia vetoed the renewal of this mechanism.¹²⁸

¹²³ The report of the Independent International Commission of Inquiry on the Syrian Arab Republic, which was specially established by the UN Secretary-General in 2013 to investigate chemical incidents.

¹²⁴ Syria - OPCW report on the use of chemical weapons in the city of Marea. France Diplomacy, 2024

¹²⁵ Identical letters dated 13 December 2013 from the Secretary-General addressed to the President of the General Assembly and the President of the Security Council.

¹²⁶ The report of the Independent International Commission of Inquiry on the Syrian Arab Republic, which was specially established by the UN Secretary-General in 2013 to investigate chemical incidents.

¹²⁷ The Independent International Commission of Inquiry on the Syrian Arab Republic was established by the Human Rights Council on August 22, 2011 by resolution S-17/1. The mandate of the Commission is to investigate all alleged violations of international human rights law committed in the Syrian Arab Republic since March 2011. The Human Rights Council also mandated the Commission to establish the facts and circumstances that may amount to such violations and the crimes that have been committed and, where possible, to identify those responsible, with a view to ensuring that perpetrators of such violations, including those that may constitute crimes against humanity, are held accountable. The Human Rights Council has repeatedly extended the Commission's mandate since then, most recently on April 4, 2024 by resolution 55/22. The independent international commission of inquiry on the Syrian Arab Republic was established by the Human Rights Council on August 22, 2011 by resolution S-17/1. The mandate of the Commission is to investigate all alleged violations of international human rights law committed in the Syrian Arab Republic since March 2011. The Human Rights Council also mandated the Commission to establish the facts and circumstances that may amount to such violations and the crimes that have been committed and, where possible, to identify those responsible, with a view to ensuring that perpetrators of such violations, including those that may constitute crimes against humanity, are held accountable. The Human Rights Council has repeatedly extended the Commission's mandate since then, most recently on April 4, 2024 by resolution 55/22. In addition to its general mandate, the commission has also been given special powers to look into specific incidents in the Syrian Arab Republic. In 2012, the Human Rights Council requested the Commission to urgently conduct a special investigation into the events in Houla (S/19-1), in 2016 into the events in Aleppo (resolution S-25/1), in 2018 into the events in Eastern Ghouta (37/1), and in 2020 into the events in and around Idlib (resolution of June 22, 2020) and also requested it in 2020 to prepare a special report on arbitrary arrest and detention (resolution 44/21 of July 17, 2020).

¹²⁸ Chemical Weapons in Syria without Red Lines, Mohammed Kattoub, Aljazeera, April 12, 2021

Then, the Investigation and Identification Team was formed by OCPW in June 2018, with the jurisdiction to indict. The team issued its [first report](#) in April 2020, holding the Syrian regime responsible for three chemical attacks on Latamna in the northern Hama countryside on March 24, 25, and 30, 2017. The [second report](#) in April 2021 held the Syrian regime responsible for the use of chemical weapons in an airstrike that hit the city of Saraqib on the evening of February 4, 2018. The [third report](#) in January 2023 concludes that the Syrian air force committed the chemical weapons attack on April 7, 2018 in Douma.

Is justice only sought through official international processes?

In light of this great disappointment that survivors of chemical weapons crimes in Syria have and continue to experience, the efforts of victims and activists have not stopped at official processes, despite their importance, of course. Associations led by victims, their families, and survivors were formed to demand their right to accountability and justice, to document their stories, to cooperate as much as possible with ongoing documentation and investigation efforts by international and local bodies, and of course to memorialize the victims and not to forget what happened. These include [the Association of Victims of Chemical Weapons \(AVCW\)](#), the [Zamalka Displaced Association](#), and [the Association Against Denial of Massacres Using Chemical Weapons](#).

Many Syrian civil society organizations have dedicated campaigns and events to remind of these grave crimes, demand victims' rights, hold the perpetrators accountable and achieve justice as defined by survivors with oral and visual documentation. These organizations and initiatives include [Don't Suffocate Truth](#), the Syrian Archive, which created a database of chemical attacks against civilians in Syria, [the Syrian Network for Human Rights](#), which documented the attacks and the number of victims and published human rights reports on chemical weapons, and [the Chemical Violations Documentation Center of Syria \(CVDC\)](#).

In terms of legal documentation, many Syrian organizations collectively and sometimes in cooperation with supporting international organizations have sought to file criminal complaints, such as those filed by the Syrian Centre for Media and Freedom of Expression, the Syrian Archive, and the Justice Initiative in 2020 on behalf of victims of chemical attacks with Sarin gas, particularly the crimes of August 21, 2013 in Eastern Ghouta in Damascus and April 4, 2017 in Khan Sheikhoun in the countryside of Idlib governorate.¹²⁹

Syrian human rights organizations and activists continue to search for new solutions and doors other than those that have been blocked, such as the Security

¹²⁹ Press release: Syrian Center for Media and Freedom of Expression, Justice Initiative and Syrian Archive file first criminal complaint on behalf of victims of sarin gas chemical attacks, 2020.

Council and the International Court of Justice, which are governed by vetoes. In cooperation with international bodies, these organizations and individuals submitted criminal complaints to the Crimes Against Humanity Unit of the Paris Judicial Court in 2021, which culminated in the issuance of four arrest warrants in November 2023 against President Bashar al-Assad for complicity in committing crimes against humanity in the deadly chemical attacks in August 2013 (August 5 and August 21). The National Counter-Terrorism Prosecutor's Office requested that the arrest warrants be withdrawn due to the personal immunity of presidents while in power, but the request was rejected by the Paris Court of Appeal on June 26, 2024. Consequently, the court upheld the arrest warrant against Bashar al-Assad¹³⁰⁻¹³¹.

The efforts towards justice did not stop there. On November 30, 2023, a group of Syrian human rights and civil society organizations, associations and groups of victims, victim families, and survivors of chemical attacks in Syria published a statement calling for the establishment of an exceptional chemical weapons court¹³² for the international prosecution of chemical attack perpetrators in cases where there is no recourse to existing international judicial criminal forums, as is the case in Syria.¹³³

Despite all the pain, fatigue, and grief that burdens survivors and victim family members, and despite the chronic illnesses tiring their bodies, the open psychological wounds, and all the humanitarian disappointments at all levels, they continue to resist daily to move on with life, and resist politically to achieve justice.

We do not claim here that these associations represent all victims or all their demands for justice, especially women. Through this research, we found that the concept of justice and demands is still generalized and does not take into account the different impact of crimes on women nor their own perspectives on justice. This issue is not exclusive to victim associations; even the international judicial processes still lack a gender perspective in their analysis of evidence and the impact women, and this is what we tried to highlight in this research. Therefore, we call on all parties working on this file to take this into consideration as a key factor to achieving comprehensive justice.

When we asked the survivors about the meaning of the justice they demand, we found a difference between the perspectives of men and women. Of course, almost everyone demanded accountability for the Syrian regime, its forces, and the head of the regime in particular. However, some women survivors linked justice to a

¹³⁰ [French court upholds warrant for Syria's Assad over chemical weapons, Reuters, June 26, 2024](#)

¹³¹ [French judiciary approves arrest warrant for Bashar al-Assad over chemical attacks in Syria, France 24, June 26, 2024](#)

¹³² The call for a tribunal stems from the global base supported by strong treaties and resolutions in the United Nations Security Council and General Assembly as well as the OPCW. The tribunal would be established by a multilateral treaty signed by several countries from around the world. This geographic diversity will further strengthen the court's legitimacy. These countries will come together to collectively prosecute crimes, which they can prosecute individually if they wish. They would do so by "delegating" their existing right, under various treaties as well as universal jurisdiction, to prosecute chemical weapons crimes. They can do this regardless of their actual practice of prosecuting those crimes domestically because they are delegating their sovereign right to prosecute those crimes, a right that exists for all states, rather than how they choose to do so domestically. This explanation is excerpted from a page titled "Frequently Asked Questions about the Exceptional Chemical Weapons Tribunal," [Baytna](#)

¹³³ [Text of the statement of demand for an Exceptional Chemical Weapons Tribunal, November 30, 2023.](#)

safe and dignified return, the release of detainees, healthcare for survivors, and a sense of safety, and one of them asked for revenge. Most men on the other hand demanded accountability for the regime for the sake of the victims, their families, survivors, and future generations.

Some women and men expressed that justice has no place after all these years of impunity and the continued crimes of the regime and its allies. Women and men jointly referred to the dire situation of internally and externally displaced Syrians in on all levels, and to the fear, fatigue, and insecurity in the absence of a political solution and fair trials.

"It's when the regime and all its accomplices are removed. It's when we return to Syria with our heads high and Syria becomes the best country. There are no people like Syrians, they excel wherever they may be" – **Om Rami**.

"That person [Bashar al-Assad] must be executed. I wouldn't have it if they tell me there would be a transition government on the condition that he leaves the country and hides in Russia. I don't want to see him leave the country, because then there would be no justice for victims. It's true that no one close to me was killed in the attack, but everyone who died is my family. Some people have lost their entire family and remained alone; how could they carry on? How do they feel after all this?!" – **Abu Firas**.

"The ones responsible for the crime must be held accountable. The cases, treatment, and needs of those who survived must be followed-up on and catered for." – **Om Alaa**.

"It's when we see the criminals, on top of whom Assad and everyone who supported him, in international courts, like what happened with Czechoslovakia. All the legal evidence shows that he directly ordered all the chemical attacks, except for a few carried out in al-Bab city by ISIS, a sub-branch of Syrian Intelligence. Our demand is that justice be achieved. The case will stay open and our voices will be ever heard, we are working under the law and demanding the rule of law above politics" – **Abu Fares**.

"Some people say I'm at fault for not staying at my in-laws' in Ghouta, but I don't want to stay in that place. We want accountability. We left for the liberated North to be free, but we're not; our freedom is very restricted. Justice entails the release of detainees, our worst pain. I lived this pain when my brother was detained for 60 days. I was happy on my wedding day, I was happy when I gave birth, but nothing would come near my happiness when my brother was released. The release of detainees can heal the pain of mothers who lost their children to the chemical attack." – **Yusra**.

"The Syrian regime must be tried at the ICJ and the ICC for the chemical massacre. Bashar al-Assad must be held accountable because he was responsible of all the crimes and killing in Syria. Military and security officials and the countries who assisted the regime in these crimes must be held accountable too. There is a lot of oppression around the world, but nothing resembles what has happened to Syrians. We were in besieged areas, and the regime hit us with chemical weapons with no accountability."

"There is no justice. Had there been any, he would've been tried. It wasn't just the chemical massacre; a lot of massacres happened. We will accept nothing short of him being held accountable. I pray for God to show us that day." – **Om Ahmad**.

"It's when the regime is tried. When we see these bloodthirsty criminals, these thugs are at court. There are no such criminals in any other Arab country; no one bears so much grudge, no president has the audacity to kill his people and try and distort the facts, let alone say that the terrorists did it. There is no solution with such regime, no living under it, we're better off displaced. Inshallah justice will be achieved." – **Farouq**.

"The only true justice is that everyone involved in this massacre that killed women and suffocated children must be punished; not discussed in courts, not indicted, but personally punished." – **Bissan**.

"We can't bring back the ones who died, but I hope that God takes Bashar al-Assad and rid us of him, his tyranny, and all the traitors. We want for the concealed truth to come out, and for everything to be seen for what it really is. We want our children to grow up knowing who was good, who was evil, who fought against them, and who defended them." – **Abu Sakher**.

"Nothing can be done to achieve justice. For example, even if Assad is tried, there wouldn't be justice since all countries allow him to act freely. No one has done anything for the past 12 years. They indicted him in the Security Council, but what does that even mean? Indictments don't mean action. So, can no other country remove him? Of course they can, but they don't want to, they have mutual interest. I don't see any justice happening. Many were detained, displaced, and killed, but no one cares about us, we're outcast, second degree humans. We Syrians dream of a little freedom, to be able to do something without having to ask for permissions, to live our life. Those in Turkey are always afraid of deportation to Syria. Even those in Europe and Northern Syria are afraid; all Syrians are, including those in Regime controlled areas." – **Abu Bakr**.

Recommendations

Based on our in-depth analysis of the impact of the chemical attack carried out by Syrian regime forces, this research reveals the wide gaps in the international and national community's response to the suffering of survivors. This attack was not just a passing military assault, but a crime that transcends the boundaries of humanity, leaving deep and long-lasting wounds in the fabric of Syrian society.

These recommendations aim to address the shortcomings of the current response, emphasizing the need for justice and accountability for the responsible party, the Syrian regime. The regime's continued impunity not only exacerbates the suffering of victims, but also fosters the continued recurrence of these crimes.

In light of the research findings, the gender disparity in the effects of the chemical attack is clearly evident, with women suffering a double burden of health, psychological, and social challenges that require an integrated and nuanced response that takes into account gender dimensions. The difference in the effects of the attack between women and men highlights the urgent need to adopt a feminist and intersectional approach to documentation and treatment. This requires a comprehensive and carefully tailored response to each individual case, taking into account gender differences and the needs of each group of victims.

The following recommendations call for a feminist approach to addressing the physical and mental effects of the chemical attack, with a focus on providing integrated and sustainable support to survivors. The physical and mental health response should encompass all gender dimensions and provide specialized care that takes into account the individual differences between victims. Moreover, promoting justice and equality at all stages of dealing with these crises is a vital step towards ensuring victims' rights and achieving effective and sustainable justice.

Promoting justice and accountability

Until today, the head of the Syrian regime, Bashar al-Assad, is still able to commit crimes using chemical weapons without deterrence, as evidenced by the continuation of these crimes even after joining the OPCW in October 2013 and after the withdrawal of the regime's chemical weapons arsenal. The removal of chemical weapons, alongside criminal accountability, is a global responsibility. Therefore, we recommend pursuing local and international legal efforts to hold criminals from the Syrian regime, and all those who helped plan and carry out these crimes, accountable. This accountability has been delayed for eleven years, and this delay in itself is a crime to the meaning of humanity, an increase in the impact of the crime on those who survived, and a fear for all humanity that such crimes can occur, and the criminal party will not be held accountable, but will go unpunished, and justice will not be achieved for the victims.

Apply inclusive and intersectional justice through the involvement and qualitative representation of survivors in all stages of the relevant cases to ensure the comprehensive inclusion of their different definitions of justice, focusing on the gender dimensions of the crime in documentation and analysis, and providing continuous psychological care for all those who participate in litigation or any other relevant processes.

Do not leave the burden of this file on survivors solely, and increase advocacy efforts to engage interested and effective international actors and governments that have the will to hold the criminal party accountable, achieve justice for survivors and victims, and ensure non-recurrence of such a crime against any people. This can be done through effective and continuous support for the demand for criminal accountability led by Syrian men and women as an alternative path to the stagnant International Criminal Court to investigate war crimes and crimes against humanity committed by the Syrian regime and terrorist groups in Syria, which is repeatedly blocked by the vetoes of Russia and China.

Sustainable healthcare for survivors and victim family members

We recommend immediate and prompt medical care for the women and men who participated in this research. We have all the medical information, obtained after consent. We tried many times to communicate with several organizations inside Syria, Turkey and Europe, but the response was either non-existent, inefficient, or slow. The health conditions they are suffering from are chronic and need urgent, sustainable and free care, in addition to referral to specialized centers with financial and logistic support to cover all expenses, even for cases that require relocation to another country.

We recommend immediate consideration to carry out free preventive and treatment medical programs for all survivors of chemical weapons crimes in Syria and all strikes by the Syrian regime or any other party. The Medical bodies should examine survivors' health, diagnose and treat diseases, and provide the necessary information and medication to prevent any expected diseases for the injured persons, their children, and even future generations.

Provide free medical treatment and prevention programs for women survivors of the chemical weapons crime, working in every way possible to reduce existing diseases, and paying special attention to the effects on reproductive health, as well as all the risks associated with pregnancy and childbirth.

Immediate and sustainable mental healthcare for survivors and victim family members

The psychological state of survivors of chemical attacks has a significant impact on every aspect of their lives, including social interaction and physical health. Survivors struggle with deep psychological issues such as chronic anxiety, depression, and PTSD, as well as feelings of hopelessness and ongoing emotional pain. These psychological issues have clear physical effects; they can deteriorate physical health and further exacerbate chronic illnesses, adding to the overall suffering of survivors.

Based on these challenges, we recommend that medical and welfare bodies design integrated psychological support programs that are sensitive and specialized in dealing with major traumatic situations such as chemical attacks. These programs should include individual and group psychotherapy sessions and specialized psychological consultations that take into account gender dimensions and individual differences and analyze them using an intersectional and inclusive approach. They should also provide support to affected families and children, since the impact of trauma extends to all family members.

The implementation of such programs requires high flexibility to meet the needs of all survivors, including those in remote or hard-to-reach areas. It is also essential to train the specialists to ensure that they are able to effectively deal with complex trauma cases and understand the unique experiences of individuals.

These programs should seek to achieve psychological stability and promote the ability to heal and rebuild lives by providing a supportive and understanding environment for the psychosocial needs of survivors. By adopting a holistic and sustainable approach, it is possible to contribute to improving the survivors' quality of life and to some extent help them return to their communities effectively. Providing the necessary resources and funding to ensure the long-term sustainability and effectiveness of these programs is a critical step in supporting recovery and strengthening resilience to overcome the psychological impact of chemical attacks.

Researching and documenting the long-term physical, mental, and social impact of chemical gases exposure

We recommend that medical research bodies conduct in-depth, highly sensitive studies on survivors and follow their physical and pathological condition. This will contribute to providing information documenting the physical impact of exposure to Sarin gas and help in the treatment of infected people in Syria and any other country. These studies should be separated by sex to show the different effects between women and men and how they develop, treated, and mitigated, as the effects and diseases differ according to sex. We also recommend that these studies take into account the age group and its intersection with the status of diseases and effects.

We recommend that medical and psychological care authorities conduct studies on the long-term impact of exposure to chemical weapons crimes on the psychological state and its impact on the details of daily life and social relations, and that these studies be divided by sex. We are ready to help and communicate as much as possible.

We recommend research bodies and individuals in the field of sociology and economics to study the long-term effects on survivors of these crimes in a participatory manner and from a feminist perspective to help document the event and its consequences, give space and voice to victims, help understand social and livelihood issues, and find possible and appropriate solutions as much as possible.

Economic and social support for survivors and victim family members

Economic and social support is an essential element to strengthen the ability of survivors of chemical attacks to recover and rebuild their lives with dignity. The need is not limited to medical and psychological support, but extends to other aspects of life related to economic and social stability. Designing integrated, dignity-sensitive economic and social support programs is vital to the full recovery of these groups.

Design productivity-enhancing economic support programs: We recommend the development of economic support programs aimed at enhancing the ability of survivors to regain financial and productive independence. These programs should include opportunities for vocational training, professional rehabilitation, microenterprise support, and assistance in finding sustainable jobs. They should also provide soft loans or grants to support small businesses run by survivors, thereby improving the ability to generate a sustainable and adequate income. It is essential that these programs are tailored to individual needs and support the most vulnerable groups, including women and girls who may face additional challenges due to the gendered dimensions of the crime and society. Programs should focus on enhancing skills, providing start-up resources, and offering technical and managerial support to ensure the success of projects.

Support education and rehabilitation for children: Education is the cornerstone of building a sustainable future for children affected by chemical attacks. We recommend designing special education support programs that include the rehabilitation of affected children and the provision of scholarships and educational assistance. These programs should focus on ensuring that children have access to safe and stable learning environments, and provide individual and group educational support to help them recover from trauma and achieve

academic success. Integrated support programs should be allocated to enhance the situation of affected children by providing health and psychological services, as well as recreational programs and educational seminars that help them adapt and integrate better into society.

Focus on the needs of families: Catering for the socio-economic needs of families who have lost members or have been severely affected by chemical attacks is an integral part of the support process. Support programs should include direct financial assistance to families to cover their basic needs, such as food, shelter, and healthcare. In addition, they should include social support programs that provide counseling services to families, including psychological counseling and social support to help them cope with daily stresses and challenges.

Witness protection programs

Providing effective protection for witnesses to chemical attacks requires a comprehensive, gender-sensitive and intersectional approach to ensure the safety of all affected individuals. Based on information from the interviews, it is clear that witnesses face multiple risks to their safety and personal security, so designing comprehensive protection programs is essential.

Ensure effective protection with a focus on gender and intersectionality: Security protection calls for a rapid and comprehensive response that is gender-sensitive and meets the needs of each individual based on their socio-economic background. Protection measures should encompass all dimensions, from protecting identity and ensuring physical safety to providing alternative accommodation if needed. Responsible bodies should take into account the additional challenges that women, as well as individuals from diverse social or cultural backgrounds, may face and provide specific support to ensure that they are not exposed to additional risks.

Provide a supportive and inclusive environment: Witness protection programs should include comprehensive support that goes beyond security protection to include psychosocial care. This includes counseling and psychological support that addresses gender and intersectional dimensions, such as individual and group psychological counseling, and the provision of social resources to support affected families and children. Support should be tailored to meet the needs of each individual based on their own experience and the social pressures they may be facing.

Transparency about risks and possible solutions: It is essential to provide full transparency about the risks that witnesses may face, especially in areas of conflict or under regime control. Responsible bodies must clearly explain the potential risks, and provide strategies and mechanisms to address these risks, taking into account gender and intersectionality in providing solutions. This includes

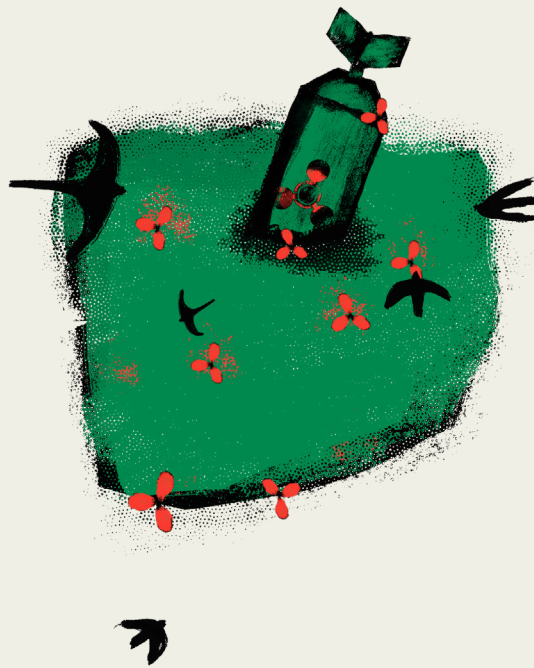
providing information on protection, mobility and temporary shelter options, with resources allocated to meet the needs of women and individuals from diverse backgrounds.

Promote international and local cooperation while recognizing diversity: Witness protection requires close coordination between local and international actors, recognizing the diversity and intersectionality. Humanitarian organizations, government bodies, security agencies, and lawyers and advocates must work together to ensure effective and comprehensive protection. This includes sharing information and coordinating efforts to meet the needs of all individuals, with a focus on recognizing gender and social differences in these processes.

Evaluate the effectiveness of protection programs from a feminist and intersectional lens: It is essential to regularly assess the effectiveness of protection programs, with a focus on gender and intersectional dimensions. This includes reviewing and updating protection strategies based on feedback from witnesses, and ensuring that the needs of women and individuals from diverse backgrounds are met. Evaluation should focus on improving the responsiveness of programs to changing challenges, contributing to enhancing the safety of all affected individuals.



Annexes



Annex A

Survivors and victims' families interview questions

For interviewer(s): First, reiterate the verbal consent to record and participate in the interview. Written consent had already been obtained.

After checking-in with the participant and ensuring they're comfortable, inform them that the interview may be lengthy and we may divide it into sessions.

Preface and context

How do you identify yourself? From which region? Your age? Your occupation? Where are you staying now? Your current situation?

Who were you before 2011?

Let's think back to 2012 when you were in Ghouta, describe what you were doing, what happened to your family, what your fears were.

What was the situation in your area? Describe the bombing and the daily routine, describe the siege, how did you cope with all these conditions?

Was there talk about the possibility of the regime using chemical weapons before the 2013 chemical attack?

The night of the chemical attack

"I know it is one of the most difficult and painful memories... So, take a break or stop the interview when you feel stress, tension or fatigue."

Where exactly were you? What time was it? What happened to you and your family in detail?

How were you or your loved ones rescued? Did they arrive quickly?

Was there a difference in the way women were rescued or treated?

If you were injured, how and where were you treated, what were the symptoms and how did they affect you?

How do you describe what happened that night? What did you see? What happened to the people who died? Where are they buried?

Were the names of the martyrs in your area recorded or documented?

Days after the crime

What did you do? Did you stay in the same place?

What happened to the people and what were their feelings, psychological and physical conditions?

How did you all cope with this disaster?

What happened to the people after the disaster?

When did you leave your neighborhood, what happened to you?

How do you describe your health condition?

How do you describe your living situation?

How did the chemical attack affect your life and the lives of people around you? What are its implications today? Tomorrow?

Were you contacted by anyone to record your testimony? What happened with your testimony? Were you informed of any future details on how this testimony was going to be used?

How did testifying more than once affect you? And what do you think of the entities who contacted you?

Did you receive any threats? By who? What was the content of these threats?

What are your thoughts on the media coverage of the chemical attack?

Present day

Where are you staying now? How do you describe your physical, psychological, economic, and social condition?

What are your demands? Are you a member of any group working towards accountability or a chemical victims group?

How can justice be achieved for you and the people who were affected and lost their lives?

Do you have anything to add?

Is there anything else you would like to add? Or is there anything I didn't mention?

Are there any pictures or materials you would like to share with us?

Annex B

The informed consent sheet

Consent sheet

In this document, we at Women Now want to reiterate the purpose and steps of this research work and your rights as a participant and key contributor. Please read this document carefully before deciding to agree to its content. We are aware you have already agreed to participate in this research, but we have an ethical and professional obligation to present this document and clarify everything related to the research objectives and steps.

The main objective of this research and documentation work is to shed light on one of the biggest and most horrific crimes Syrians have been subjected to in recent years (the chemical weapons attack on areas in Damascus' Eastern Ghouta in August 2013). As we discussed in our preliminary sessions, there is an international and local desire to bury the traces of this crime, and that international and local Syrian human rights endeavors are still taking modest steps that may have significant impact in the future or may be impeded.

As for us in the Women Now team, we are confident that no one can convey the horror of this crime and its long-term future impact except those who were exposed to it, witnessed it, or lost their loved ones, friends and relatives to it.

We will also analyze the context in Eastern Ghouta and the lives of residents at the political, social, physical and psychological level at the time, especially since the targeted areas were under siege and bombardment. Then, through interviews, we will analyze and account what happened during the attack from people in different positionalities, witnesses, paramedics, and rescuers. We will follow up with each person to explore the individual impact on their physical, psychological, social, and economic condition and family life, as well as the collective impact on place, relationships, and even future generations.

The main themes of the paper will be presented to all participants for feedback and suggestions. After the writing process, we will share the final draft with everyone before proofreading and publishing it for your comments and modifications.

Confidentiality of information

Due to the sensitivity of the issue at hand, we advise participants to use aliases for their protection against any consequences that may jeopardize their personal security.

The information provided will not be shared with any third party other than the researcher and the interview transcriber. There is also a confidentiality agreement with the person who will transcribe the interview and we are very careful to ensure that they are reliable.

Interviews will be conducted via an application that is as secure as possible, especially since they will be online. The recording of the interview will be saved until the transcription is completed and then it will be destroyed permanently.

Nothing will be published until you have agreed to the information you have shared with us.

Your rights

During the interview, you have the right to ask or request to stop or take a break when you feel unable or unwilling to complete the interview. We can conduct the interview in segments if it is more convenient for you.

You have the right not to provide any information you are not comfortable sharing.

You have the right to use any name you find appropriate if you feel unsafe sharing your real name.

You have the right to choose the time and date convenient for you to conduct the interview, so that you are mentally and physically comfortable.

You have the right to inform the research team (not necessarily the researcher who conducted the interview) if you are not comfortable with any detail related to how the researcher conducted the interview.

Important tips

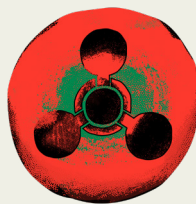
Please choose a place where you feel fairly safe for the interview.

Please inform us of any issues with the internet and electricity for the interview so that we can help find appropriate solutions if possible.

It is best to be alone during the interview so that you have enough space to express your thoughts and feelings.

We recommend following up with the accompanying psychological specialist before and after the interview, as this has a positive impact on releasing emotions, especially after recounting painful memories.

With love from the research team at Women Now for Development.



Annex C

Key events related to the file of chemical weapons in Syria between 2012 to 2021. This timeline of events was obtained from the [Arms Control Association](#)



Key events related to Syria's chemical weapons (2012)



23. 7. 2012

Syrian Foreign Ministry spokesman Jihad Makdissi confirmed for the first time that Syria has chemical weapons, stating that these weapons would never be used against the Syrian people, but only against "external aggression."



20. 08. 2012

President Barack Obama articulated his red-line regarding the use of chemical weapons in Syria. Obama said his calculations on a military response would change significantly if the United States sees "a whole bunch of chemical weapons moving around or being utilized."



23. 12. 2012

The first allegation of chemical weapons use was reported. Seven people were allegedly killed in Homs by a "poisonous gas" used by the Assad regime. The coverage included the report of side effects such as nausea, relaxed muscles, blurred vision, and breathing difficulties.



Key events related to Syria's chemical weapons (2013)



15. 01. 2013

A secret State Department cable from the U.S. consul general in Istanbul said there was compelling evidence that the Syrian military had used a chemical weapon known as Agent 15 in Homs on December 23, 2012.



16. 01. 2013

Tommy Vietor, a spokesman for the National Security Council, said that the alleged incident of chemical weapons use in December was not consistent with information that the White House has about Syria's chemical weapons program.



19. 03. 2013

Alleged chemical weapons attacks were reported in Syria's two main cities, the Khan al-Assel neighborhood of Aleppo and the Damascus suburb of al-Atebeh. About 25 people reportedly were killed and dozens more injured. The Assad regime claimed that Syrian opposition forces used chemical weapons in the fighting there.



20. 03. 2013

The Syrian government requested the United Nations conduct an investigation of the March 19 attack on Aleppo, claiming that opposition forces used chemical weapons and killed 25 people.



21. 03. 2013

UN Secretary-General Ban Ki-moon announced the United Nations will conduct an investigation on the possible use of chemical weapons in Syria, in conjunction with the World Health Organization (WHO) and the Organisation for the Prohibition of Chemical Weapons (OPCW). Prior to the announcement, France and the United Kingdom sent letters to the Secretary-General, calling for investigations into three alleged incidents of the use of chemical weapons in Syria.



24. 03. 2013

Syrian opposition activists reported that Syrian forces used chemical weapons from multiple rocket launchers at the town of Adra, northeast of Damascus, alleging two deaths and 23 injuries. Doctors described that the weapons used were phosphorus bombs that harm the nervous system and induce imbalance and loss of consciousness.

13. 04. 2013

Syrian Observatory for Human Rights (SOHR) said that the Syrian army dropped two gas bombs on rebel-controlled Aleppo, killing two people and wounding 12. Opponents of the Syrian government accused the army of using chemical weapons.

17. 04. 2013

UN Secretary-General Ban Ki-moon stated that Syria has impeded the UN investigation by failing to agree to the scope of the UN inquiry on chemical weapons use.

25. 04. 2013

A letter sent to Senators Carl Levin (Democrat-Michigan) and John McCain (Republican-Arizona) from the U.S intelligence community said that the Assad regime may have used the nerve agent sarin "on a small scale" in Syria, but that the United States needs more evidence to provide "some degree of certainty" for any decision-making on further action. The letter also said that the Assad regime maintains custody of the chemical weapons in Syria.

4. 06. 2013

French Foreign Minister Laurent Fabius asserted that there was "no doubt" that the Syrian regime used sarin in multiple cases. Fabius said that the French government confirmed the use of sarin by testing specimen taken from Syria. A UN report also said that there are "reasonable grounds" to have confidence in Syria's use of chemical weapons four times in March and April, although the report cannot specify the chemical agents or verify who used them.



13. 06. 2013

The White House said that the U.S. intelligence community has “high confidence” that the Assad regime attacked opposition forces by using chemical weapons multiple times over the past year. In the statement, Ben Rhodes, deputy national security adviser for strategic communications, said that physiological samples from multiple sources show exposure to chemical weapons. The evidence of use is recognized as “credible” in the statement.

14. 08. 2013

Assad agreed to allow the UN inspection team into Syria to investigate three possible uses of chemical weapons. The team’s mandate only allows it to establish whether or not chemical weapons were used, not who used them.

21. 08. 2013

Syrian opposition activists claimed that a large-scale chemical weapons attack occurred at the suburbs of the Ghouta region, where Syrian forces had been attempting to expel rebel force. Reports said that thousands of victims of the attack have been counted in the Damascus suburbs, whose symptoms were typically body convulsion, foaming from mouths, blurry vision and suffocation. Although the number of victims has not been clarified yet, it is estimated to exceed 1,000 people, many of whom were non-combatants.

The United Nations Security Council also held an emergency meeting regarding the attack. The meeting produced a statement demanding further clarity of the incident.

23. 08. 2013

UN Secretary-General Ban Ki-moon’s spokesperson expressed the intention of the UN to conduct “a thorough, impartial and prompt investigation” on the alleged chemical weapons attack in Syria on August 21.

The OPCW Director General, Ambassador Ahmet Üzümcü, expressed grave concerns about the latest attack in Syria, and said that the OPCW experts were already in Syria with the UN investigation team.



25. 08. 2013

The Syrian regime announced that it will let the UN inspection team investigating past incidents of chemical weapons use visit the Damascus sites in the following days.



26. 08. 2013

The U.S. Secretary of State John Kerry said in his press briefing that all information the U.S. has, including reports of the number of victims, their symptoms, and the firsthand accounts from humanitarian organizations, strongly indicate that chemical weapons were used in Syria. He also said that Syria attempted to cover-up the incident in the days following the attack.

Syrian President Bashar Assad announced that his army did not use chemical weapons in the August 21 attack in Damascus. Assad recognized the allegation of his use of chemical weapons as "politically motivated," in his meeting with Russia's Izvestia daily. A convoy transporting the UN investigation team of chemical weapons was attacked by snipers in Syria. No UN personnel were injured, but they were unable to visit all of the sites affected by the attack



28. 08. 2013

The United States has concluded that the Assad regime conducted chemical weapons attacks against civilians, President Obama said in "PBS NewsHour." Obama said he had not yet made a decision whether to take a military action in Syria.

A second UN Security Council meeting was held.



29. 08. 2013

The British Parliament voted against supporting military action in Syria. Before the vote, a report from the Joint Intelligence Committee released a report which stated that chemical weapons were used in the August 21 attack, and that it was "highly likely" that the Assad regime was responsible.



30. 08. 2013

The White House released the U.S. Government Assessment on the use of chemical weapons in Syria on August 21. The report says that the intelligence community has "high confidence" that the Syrian government used chemical weapons against the opposition elements in Damascus. Secretary Kerry, in an address, also said that the regime used chemical weapons "multiple times" over the past year. Kerry said discussions on military action are underway. The U.S. Government Assessment included this map of Damascus and the areas impacted by the alleged August 21 chemical weapons attack.

31. 08. 2013

President Obama made a statement saying that he would seek an authorization for the use of force from Congress for a limited military strike in Syria. Given the evidence of chemical weapons use by the Assad regime in the August 21 attack, Obama said he supported limited action in order to deter further chemical weapons use and uphold international norms.

02. 09. 2013

France released its declassified intelligence assessment, which concluded that the Assad regime used Sarin gas in the August 21 attack, and in two earlier attacks in April. The report also said France assessed that the use of chemical weapons by the Assad regime violated the 1925 Geneva Protocol.

09. 09. 2013

Russian Foreign Minister Sergey Lavrov announced a Russian proposition whereby Syria would agree to place its chemical weapons under international control and dismantle them and the United States would agree not to conduct a military strike on the country. Prior to the Russian announcement, Secretary of State Kerry, speaking in the United Kingdom, suggested that if the Assad regime turned over all of its chemical weapons to the international community "without delay", a military strike could be averted. Speaking to media outlets after Secretary Kerry, President Barack Obama said that the United States would consider the plan.



10. 09. 2013

Syrian Foreign Minister Walid al-Moallem said that the Assad regime welcomed discussion on Russia's plan to give up Syria's chemical weapons and join the Chemical Weapons Convention. President Barack Obama, French President Francois Hollande, and British Prime Minister David Cameron discussed how to implement the plan through the UN Security Council, with France beginning to draft a resolution based on the Russian proposal, but with stipulations that force be authorized if Assad fails to implement the provisions of the resolution.

President Obama, in an address to the nation, also requested that Congress postpone a vote on the use of force while the diplomatic path proposed by the Russians is pursued in the UN Security Council. However, he also reiterated his commitment to pursue military action if a deal on securing Syria's chemical weapons is not reached.



12. 09. 2013

The Assad regime sent a letter to the United Nations Secretary General which said that Assad signed a legislative decree providing the accession of Syria to the Chemical Weapons Convention. In the letter, Assad said Syria would observe its CWC obligations immediately, as opposed to 30 days from the date of accession, as stipulated in the treaty.

In Geneva, Secretary of State John Kerry met with his Russian counterpart, Foreign Minister Sergey Lavrov, to begin discussions of the Russian proposal for securing the Assad regime's chemical weapons.



14. 09. 2013

U.S. Secretary of State John Kerry and Russian Foreign Minister Sergey Lavrov reached an agreement on a detailed plan for the accounting, inspection, control, and elimination of Syria's chemical weapons. The plan requires Syria to provide a full declaration of its stockpile "within a week" and provide the OPCW and the UN access to all chemical weapons sites in Syria. The plan calls for the OPCW inspectors to complete their initial inspections by November and calls for the destruction of the stockpile of chemical weapons and chemical agents by the first half of 2014. The United States and Russia secured approval of the plan by the OPCW executive council and then a UN Security Council resolution. The agreement outlined

states that "in the event of non-compliance, including unauthorized transfer, or any use of chemical weapons by anyone in Syria, the UN Security Council should impose measures under Chapter VII of the UN Charter.



16. 09. 2013

UN Secretary General Ban Ki Moon delivered a report on the UN investigation into the use of chemical weapons in Syria. The report concluded that chemical weapons were used against on August 21 on a "relatively large scale", and that the victims included civilians. The report cited evidence of the nerve agent sarin both in the environment and present in victims of the attack. It was outside of the report's mandate to assign blame for who used the chemical weapons.

20. 09. 2013

In accordance with the terms of the agreement negotiated by the United States and Russia, Syria submitted a declaration of its stockpiles of chemical weapons to the OPCW.

27. 09. 2013

The Executive Council of the OPCW adopted a timeline for destroying Syria's chemical weapons. Hours later, the United Nations Security Council unanimously voted to adopt a resolution that endorses the OPCW timeline for destroying Syria's chemical weapons arsenal. The Security Council Resolution says that the body will impose measures under Chapter VII of its charter if Syria does not comply with the resolution, or uses or authorizes the transfer of any chemical agents.



01. 10. 2013

A joint team of OPCW and UN officials arrived in Syria to begin destruction of the country's declared chemical weapons stockpiles and facilities.



06. 10. 2013

Officials from the OPCW and UN team said that destruction of Syria's stockpiles of chemical weapons began. The officials confirmed that the Syrians will actually complete the destruction work, while the UN and OPCW team will monitor and verify the activities.



31. 10. 2013

The OPCW confirmed that Syria destroyed, or rendered inoperable, all of its declared facilities for mixing and producing chemical weapons. The OPCW was able to inspect 21 of the 23 sites where these facilities were housed. The remaining two sites could not be visited due to security concerns, but inspectors said that the equipment was moved out of these sites and destroyed.



15. 11. 2013

The OPCW Executive Council approved a plan for the elimination of Syria's stockpile of chemical weapons. The plan call for transporting the weapons outside of Syria and destruction of the chemical agents in a country that has yet to be identified. The "most critical" chemicals are to be transported out of Syria by December 31, 2013 and the remainder by February 5, 2014. The plan calls for the destruction no later than June 30, 2014, and the destruction of certain priority chemicals by March 15, 2014.

The Executive Council also announced that the OPCW was able to verify that 60 percent of Syrian declared, unfilled, munitions for chemical weapons delivery had been destroyed. Syria committed to destroying all of its unfilled munitions by January 31, 2014.



30. 11. 2013

The OPCW announced that Syria's chemical weapons will be destroyed on a U.S. ship using hydrolysis. Hydrolysis is a process that breaks down chemical agents using hot water and other compounds to neutralize the agents



12. 12. 2013

The UN team led by Ake Sellstrom investigating incidents of chemical weapons use in Syria issued its final report to UN Secretary-General Ban Ki Moon. The report found that chemical weapons were likely used in five of the seven attacks investigated. The nerve agent sarin was likely used in four of the attacks, one of which was the large scale attack on a Damascus suburb in August.



Key events related to Syria's chemical weapons (2014)



07. 01. 2014

Syria delivered the first load of chemical weapons to its port city Latakia. The chemical weapons were then loaded on a Danish ship that sailed out into international waters. China and Russia are providing protection for the ship, which will eventually transfer the cargo to the US ship, the MV Cape Ray, to be neutralized using hydrolysis.



27. 01. 2014

A second shipment of Syrian chemical weapons was loaded onto Danish and Norwegian ships at the Syrian port of Lattakia. The U.S. ship that will receive the chemical weapons and then neutralize them using hydrolysis, the Cape Ray, left port. The chemicals will be transferred to the Cape Ray at the Italian port Gioia Tauro.



10. 02. 2014

A third shipment of Syrian chemical weapons was loaded on a Norwegian cargo ship. In total, 11 percent of Syria's chemical weapons were shipped out of Syria.



25. 02. 2014

The Assad regime delivered a shipment of mustard gas to the Syrian port of Latakia to be loaded onto ships.



04. 03. 2014

The Assad regime submitted a revised proposal to remove its chemical weapons from Syria by the end of April 2014. Two additional shipments of chemical weapons also reached the port of Latakia and were loaded onto ships. In total, more than 35% of the country's chemical weapons have been removed.



04. 04. 2014

The 12th shipment of Syrian chemical weapons reached the port of Latakia, according to the OPCW.



11. 04. 2014

Reports emerged of an attack using chlorine-gas bombs in Kafr Zita, a village controlled by opposition forces in northwestern Syria.



14. 04. 2014

The Syrian government delivered its 13th consignment of chemicals



24. 04. 2014

An additional shipment to Latakia brings the total to 92 percent.



29. 04. 2014

The OPCW announced that it would send a team to investigate the April 11 attacks that the Assad regime used chlorine gas.



17. 06. 2014 The OPCW's fact finding mission in Syria to investigate the use of chlorine gas concluded that it was used in earlier attacks. The team was unable to visit all of the locations due security issues.



23. 06. 2014

OPCW Director General Uzumcu announced that the last 8 percent of Syria's declared chemical weapons stockpile was shipped out of the country from the port of Latakia on the Danish ship Ark Futura. Uzumcu says the chemicals should be destroyed within four months.



10. 09. 2014

The OPCW confirmed that chlorine gas is being used in Syria. While the OPCW did not assign blame for the attacks, US Secretary of State John Kerry said that the use of helicopters to drops the chlorine gas "strongly points" to the Assad regime as the perpetrator.



Key events related to Syria's chemical weapons (2015)



06. 03. 2015

The UN Security Council adopted a resolution March 6 condemning the use of chlorine as a weapon in Syria's civil war and threatening action under Chapter VII of the UN Charter if chemical arms are used again.



16. 04. 2015

Doctors testified at the UN Security Council about recent chlorine gas attacks in Syria. Human Rights Watch estimated that over 200 were killed by recent chlorine attacks.



08. 05. 2015

Reuters reported that the OPCW confirms traces of sarin and VX gas at a military facility in Syria that were not declared. The samples were taken in December and January.



07. 08. 2015

Security Council Resolution 2235 was adopted, creating an investigative unit to determine the responsible parties for reported chemical weapons attacks in Syria.



06. 11. 2015

A press release from the OPCW fact-finding team claimed with "the utmost confidence" that the Islamic State used sulfur mustard in an attack on August 21, 2015 in Marea, in northern Syria.



Key events related to Syria's chemical weapons (2016)



04. 01. 2016

The OPCW announced in a press release that the last of the declared Syrian chemical weapons material, 75 cylinders of hydrogen fluoride, had been destroyed by Veolia Environmental Services Technical Solutions.



10. 08. 2016

Hospital officials reported a chemical weapons attack using chlorine gas in Aleppo.



24. 08. 2016

The third report of the OPCW-UN Joint Investigative Mechanism was released, finding that the Syrian government was responsible for chemical weapons attacks in Talmenes in April 2014 and in Sarmin in March 2015. The report found that the Islamic State was responsible for an attack using sulfur mustard in Marea in August 2015.



07. 09. 2016

Allegations were made that toxic chemicals, likely chlorine gas, were used in Aleppo.



21. 10. 2016

The OPCW-UN Joint Investigative Mechanism issued a report finding that the Syrian regime was responsible for a third attack using chlorine gas in Idlib province on March 16, 2015.



11. 11. 2016

The OPCW Executive Council adopted a decision that condemns the use of chemical weapons in Syria and calls upon parties responsible for use, as identified in the OPCW-UN Joint Investigate Mechanism reports, to desist from further attacks using chemicals. The decision called for additional investigations at Syria at sites identified by the UN-OPCW reports and inspection of facilities in Syria.



13. 12. 2016

Allegations were made that chemical weapons were used in the Islamic State controlled areas of the Hama Governate, northwest of Palmyra.



Key events related to Syria's chemical weapons (2017)



04. 04. 2017

Chemical weapons were used in an attack that killed dozens of people in Syria's northern Idlib province. Initial reports suggest the attack used sarin gas, a nerve agent. The attack is believed to have been perpetrated by the Syrian government, due to the type of aircraft in the area at the time. The OPCW announced that it is investigating the reports. Syria denied it was responsible.



05. 04. 2017

The UN Security Council called an emergency meeting to discuss the chemical weapons attack in Idlib.



06. 04. 2017

The United States used Tomahawk cruise missiles to target an air base in Syria. The Assad regime is believed to have conducted the April 4 chemical weapons attack from that base.



11. 04. 2017

The United States released a declassified report that confirmed victims were exposed to sarin in the April 4 attack.



12. 04. 2017

Russia vetoed a UN Security Council Resolution that condemned the April 4 chemical attack, called upon Syria to provide full access to investigators, and expressed determination to hold perpetrators accountable. Russia said that blame for the April 4 attack was prematurely attributed to the Assad regime.



19. 04. 2017

The OPCW said there was "incontrovertible" evidence that the April 4 attacks used sarin or a sarin-like substance.



26. 06. 2017

The White House issued a release saying it identified "possible preparations for another chemical weapons attack by the Assad regime." The statement said that Assad will "pay a heavy price" if he conducts an attack using chemical weapons. U.S. Ambassador to the UN Nikki Haley said in a separate statement that by supporting the Assad regime, Russia and Iran would also be accountable for any further use of chemical weapons.



30. 06. 2017

The OPCW fact-finding mechanism confirmed that sarin was used in a chemical weapons attack in Khan Sheikhoun on April 4, 2017.



24. 10. 2017

The UN Security Council failed to adopt a resolution to extend the mandate of the OPCW-UN JIM for another year before it expires on November 17. Eleven members voted in favor of the resolution, China and Kazakhstan abstained and Bolivia and Russia voted against it. The resolution did not pass because of Russia's veto.



26. 10. 2017

The seventh report of the OPCW-UN joint investigative mechanism found the Assad regime guilty of using sarin nerve agent in the April 4 attack in Khan Sheikhoun and the Islamic State responsible for the use of sulfur mustard at Umm Hawsh in September 2016.



06. 11. 2017

The OPCW Fact-Finding Mission reported that sarin was more than likely used as a chemical weapon on March 30, 2017 in the south of Ltamenah.



08. 11. 2017

U.S. Secretary of State Rex Tillerson, U.K. Foreign Secretary Boris Johnson, French Foreign Minister Jean-Yves Le Drian and German Foreign Minister Sigmar Gabriel released a joint statement condemning the use of chemical weapons in Syria as described in the seventh JIM report and calling on the UN Security Council to act to continue the investigations.



16. 11. 2017

The mandate of the OPCW-UN JIM, responsible for determining the culpable actor for chemical weapons attacks in Syria, expired after both resolutions introduced at the UN Security Council to extend it failed. The resolution sponsored by the United States received 11 votes in favor, 2 against and 2 abstentions and failed because Russia vetoed it. The Russian resolution received 4 votes in favor, 7 against and 4 abstentions.



17. 11. 2017

A UN Security Council resolution introduced by Japan to extend the JIM's mandate for 30 days received 12 votes in favor but failed because of a Russian veto.



Key events related to Syria's chemical weapons (2018)



23. 01. 2018

France launched the International Partnership Against Impunity for the Use of Chemical Weapons, a new initiative that seeks to increase information sharing about reported chemical weapons attacks and publically lists individuals and entities sanctioned for their involvement in chemical weapons use. Russia then called a last minute UN Security Council meeting, introducing a new proposal to extend the Joint Investigative Mechanism (JIM). The United States rebuked the proposal on the grounds that it was merely intended as a distraction from the launch of the new partnership.



01. 02. 2018

The third chemical weapon attack in 2018 in Douma, Damascus is reported. The two earlier attacks were reported on January 13 and January 22. Reports assess that chlorine gas was used in all attacks. At a UN Security Council briefing on February 5, UN High Representative for Disarmament Affairs Izumi Nakamitsu stated that reports from the OPCW Fact-Finding Mission on these alleged attacks are pending.



07. 04. 2018

Reports surfaced of a major chemical weapons attack in Douma, a suburb outside of Damascus, Syria, killing at least several dozen civilians. This followed smaller chlorine gas attacks that were reported in Douma on March 7 and 11. Human Rights Watch has documented 85 chemical weapons attacks since 2013 in Syria. The OPCW announced that its Fact Finding Mission is investigating the incident to determine which chemical weapons may have been used.



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13. 04. 2018

The UN Security Council met for the fourth time that week to discuss chemical weapons use in Syria. Russia and Bolivia continued to urge the United States against taking unilateral military action as the United States, France and the United Kingdom seemed to make the case for a strike. "Should the United States and our allies decide to act in Syria, it will be in defense of a principle on which we all agree, U.S. UN Ambassador Nikki Haley said.

France, the United Kingdom and the United States launched precision strikes on three Syrian chemical weapons facilities. In a televised address to the nation, President Trump explained that the purpose of the strike was to "establish a strong deterrent against the production, spread and use of chemical weapons." He continued "To Iran and Russia, I ask: What kind of a nation wants to be associated with mass murder".




14. 04. 2018

The OPCW Fact-Finding Mission was in Syria investigating the April 7 chemical weapons attack to verify that the attack occurred and to identify which chemical agent was used.

France released its national assessment of the April 7 chemical weapons attack, concluding that "(i) beyond possible doubt, a chemical attack was carried out against civilians at Douma on 7 April 2018; and (ii) that there is no plausible scenario other than that of an attack by Syrian armed forces as part of a wider offensive in the Eastern Ghouta enclave."

The UN Security Council met to discuss the situation in Syria. The United Kingdom stated that the legal basis for its joint strike was humanitarian



intervention. Russia and Bolivia condemned the strike, which they asserted was a violation of the UN Charter. Russia also introduced a draft resolution which condemned "aggression against the Syrian Arab Republic by the US and its allies," but it only received three votes and failed to pass. France, the United Kingdom and the United States announced their intention to introduce a draft resolution on political and humanitarian tracks to resolve the conflict.

21. 04. 2018

The OPCW Fact-Finding mission team visited one of the sites in Douma to collect samples for analysis in connection with the April 7 attack.

16. 05. 2018

The OPCW Fact-Finding mission reported that "chlorine, released from cylinders through mechanical impact, was likely used as a chemical weapon on 4 February 2018 in the Al Talil neighborhood of Saraqib."

13. 06. 2018

The OPCW Fact-Finding mission reported that sarin was "very likely used as a chemical weapon" in Ltamenah, Syria on March 24, 2017 and that chlorine was "very likely used as a chemical weapon" at and around Ltamenah Hospital on March 25, 2017.

27. 06. 2018

A special session of the OPCW conference of states-parties voted to grant the OPCW the mandate to investigate and attribute responsibility for chemical weapons attacks in Syria confirmed by the Fact-Finding Mission.



12. 09. 2018

The Independent International Commission of Inquiry on the Syrian Arab Republic, established in 2011 by the UN Human Rights Council reported that the Syrian government used chlorine as a weapon four times from January to July 2018.



Key events related to Syria's chemical weapons (2019)



01. 03. 2019

The OPCW Fact-Finding Mission released a final report concluding that a toxic chemical, likely chlorine, was used as weapon on April 7, 2018 in Douma, Syria. The OPCW had issued an interim report on the incident in July 2018.



19. 05. 2019

The United States alleged that the Syrian government used chlorine in an attack in the Idlib area.



28. 05. 2019

Responding to news of the unauthorized disclosure by a former OPCW official of an internal document related to the organisation's investigation in Douma, the OPCW Director-General launches an independent investigation into possible breaches of confidentiality.



26. 09. 2019

The United States announced the results of its investigation into the May 19, 2019 attack and concluded that the Syrian government used chemical weapons.



Key events related to Syria's chemical weapons (2020)

20. 01. 2020

Russia held an open United Nations Arria-formula meeting on the OPCW Douma report. In his remarks to the press, Russian Permanent Representative Vassily Nebenzia said there is "high probability" that the March 2019 Fact-Finding Mission report on the OPCW investigation in Douma was "fabricated."

06. 02. 2020

The OPCW released the findings of its independent investigation into possible breaches of confidentiality which commenced after a former OPCW official released a document alleging that the March 2019 Fact-Finding Mission report was fabricated. The OPCW concluded that the dissenting official and a colleague, who knew of the document ahead of its release, had "failed to protect confidential information related to the Douma FFM investigation" and the information was "misused to call into question the Organisation's competence and credibility."


OPCW Director-General Fernando Arias reaffirmed the March 2019 Fact-Finding Mission report's conclusion that a chemical weapon was used in Douma in April 2018.

08. 04. 2020

The OPCW releases the first report by its Investigation and Identification Team (IIT), which attributes responsibility for a series of chemical weapons attacks in March 2017 to the Syrian Arab Republic's Air Force.

12. 05. 2020

A closed-setting Informal Interactive Dialogue (IID) is held via teleconference between members of the United Nations Security Council and high-ranking officials from the Organisation for the Prohibition of Chemical Weapons (OPCW) to discuss the use of



chemical weapons in Syria. The dialogue focuses on the OPCW's April 2020 report that blames the Syrian air force for three chemical incidents in the town of Ltamenah, Syria, in March 2017.

Russia and China boycott the IID. Russia's ambassador to the United Nations, Vassily Nebenzia, condemns the meeting's closed setting as contradictory to "the slogans of openness and transparency of the Security Council." China does not comment on the meeting.

09. 07. 2020

At the 94th Session of the Executive Council of the OPCW, the council passed EC-94/DEC.2 "Addressing the Possession and Use of Chemical Weapons by the Syrian Arab Republic." The decision was in response to the 8 April 2020 Investigation and Identification Team (IIT) report. It gave Syria 90 days to declare any chemical weapons and CW facilities - in particular, those related to the March 2017 CW attacks - and resolve all outstanding issues regarding its initial declaration of its chemical weapons stockpile and program.

20. 07. 2020

OPCW Director General Fernando Arias sent a letter to the Deputy Foreign Minister of the Syrian Arab Republic, H.E. Dr. Faisal Mekdad, to outline the obligations of the Syrian Arab Republic under EC-94/DEC.2 and to indicate the readiness of the Secretariat to assist the Syrian Arab Republic in fulfilment of these obligations.

14. 10. 2020

The Director General of the OPCW, H.E. Fernando Arias, released a report stating that Syria had not made progress on any of the measures detailed in EC-94/DEC.2 within the 90 day timeframe.



Key events related to Syria's chemical weapons (2021)

12. 04. 2021

The OPCW releases the second report by its Investigation and Identification Team (IIT). The IIT concluded "there were reasonable grounds to believe that, at approximately 21:22 on February 2018, a military helicopter of the Syrian Arab Air Force under the control of the Tiger Forces hit eastern Saraqib by dropping at least one cylinder. The cylinder ruptured and released chlorine over a large area, affecting 12 named individuals."

16. 04. 2021

Russia held an open United Nations Security Council Arria-formula meeting following the release of the OPCW's IIT report. During the meeting, which was titled "Protection of Developing Nations Against Political Pressure: Upholding the Integrity of International Non-Proliferation Regimes," several speakers questioned the work of the OPCW's Fact Finding Mission and Investigation and Identification Teams.

Russia's ambassador to the United Nations, Vassily Nebenzia, alleged that his Western colleagues were "attempt[ing] to mobilize public opinion against Syria authorities with a sole purpose. And it is not about upholding non-proliferation regime. It is all about regime change."

20. 04. 2021

22. 04. 2021

At the second session of the 25th Conference of the States Parties to the Chemical Weapons Convention, the member states passed a decision that suspended Syria's rights and privileges under the Convention. This means that, until Syria completes the measures laid out in EC-94/DEC.2, Syria is not able to vote or hold any office in the Conference or Executive Council.

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The Ongoing Crime