ORIGINAL ARTICLE

“A complete meltdown of humanity”: The Aleppo Disaster of 2016

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Abstract
Aim: This paper examines the humanitarian crisis in Aleppo, Syria, during its civil war in 2016.

Methods: Historical methodology was used to analyze primary sources such as records from aid agencies and aid workers and secondary sources on humanitarianism and “new wars.”

Results: Many United Nations and international non-government organizational missions have been involved in Syria. The White Helmets and Médecins Sans Frontières (Doctors Without Borders), in particular, illustrate the frustration and challenges that responders to the “new wars” experience.

Conclusion: As nurses work in politically charged environments such as war, they face new challenges that demand new responses. We call for nurses to engage in the needed dialogue over the use of force that intersects with humanitarian work.

Key words: Aleppo, civil war, disaster, Doctors Without Borders, White Helmets

INTRODUCTION
In a situation described as “a complete meltdown of humanity,” the United Nations evoked images in Aleppo, Syria, of buildings and houses in rubble, children covered in dust from an incessant surge of bombs, and anguished faces reaching for loved ones that were plastered on major news publications across the globe (Gilbert, 2016). The modern-day historical context of the disaster in Aleppo in 2016 began during and after World War I. Until that time, because much of the geographic area was desert and scrubland, most people did not think of themselves as living within fixed and legalized borders. In 1916, French and British authorities began dividing up the region into spheres of influence. They formed artificial borders and “nation states” among people unaccustomed to living together as communities (Marshall, 2015, p. 144). Syria, in particular, consists of many tribal groups with multiple faiths. As they colonized the people, Europeans betrayed promises given to tribal leaders, and while violence existed before this time, it escalated after World War I (Marshall, 2015).

The civil war that broke out in Syria in 2016 must also be considered in the context of the Arab Spring of 2010, when protests for democracy broke out across North Africa and the Middle East. In 2016, rebel forces and other opposition groups such as Al-Qaeda and ISIS (IS) protested against the regime of Syrian president, Bashar Assad. Resistance to the regime reached beyond Aleppo as Iran, Russia, Saudi Arabia, Qatar, and the United States entered the fray and provided military, financial, and political support for both government and opposition forces. Unfortunately, as forces from all sides commenced the bombing, innocent civilians have perished. Since 2012, armed government and opposition troops have controlled areas that are home to more than 250,000 people (Daly & al-Shalchi, 2016). In the 5 months prior to December 2016, bombings hailed down on Aleppo and led to a massive humanitarian crisis. The lack of food provoked perhaps the most concerning issue. As well, the bombs that wreaked havoc on the city annihilated its infrastructure and damaged any ability to access clean and safe drinking water. Nearly 2 million people in the city have lost this resource (Ellyat, 2016). As the media slammed graphic pictures across the globe of anguish and

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Received 28 September 2017; accepted 1 October 2017; J-STAGE advance published 8 February 2018.
despair, this could be any war, but something was different: hospitals, considered a sacred ground of neutrality, were direct targets. This included the nurses, doctors, and other volunteers who were at the front lines to ensure the survival of the most vulnerable.

This manuscript extends the analysis of Hargreaves and Golding (2017) who have studied humanitarian nursing during disasters. They argue, “Humanitarianism is at the heart of nurses’ identity and motivation to practice” (p. 49). Yet, questions remain regarding “the nature of humanitarian work and nurses’ role within this.” Some nurses worried that their care could lead to “harmful consequences” (p. 55). Indeed, as nurses work in politically charged environments such as war, they face new challenges that demand new responses from groups who are barely coping with the escalating challenges (Hoffman & Weiss, 2006). This paper does not purport to dictate answers but rather invites nurses into the needed dialogue over the use of force that intersects with humanitarian work.

The origin of modern humanitarian aid can be traced to the 1860s when the International Council of the Red Cross developed in Geneva to assist persons affected by war and disaster, while at all times remaining neutral. Further support came in the 1949 Geneva Conventions and the 1977 Additional Protocols, which laid out rules for the protection of civilians, prisoners of war, and other non-combatants. Other institutions developed for humanitarian aid, such as the United Nations’-sponsored UN Relief and Rehabilitation Administration (UNRRA) that operated from 1943-1947, the UN International Children’s Emergency Fund (UNICEF) established in 1946, and the UN Commissioner for Refugees (UHCR) that began in 1950. Amnesty International developed in 1961. Private agencies such as OXFAM and Save the Children Fund developed after the 20th-century wars to provide famine relief. Their political neutrality was clear (Chandler, 2001).

Chandler (2001), however, posits that by the 1990s, a “new humanitarian” focus redefined policy to “pursue human rights ends” (p. 678). Hoffman and Weiss (2006) describe wars beginning in the 1990s as “new wars” (p. 2) with “multiple and undisciplined belligerents wielding deadly weaponry, altered political economies of war and aid, and globalized media” (p. 207). When non-combatants and aid workers themselves are the targets of war, the authors assert that principles of neutrality and impartiality become problematic and indeed go into retreat.

**POLITICAL TENSIONS AND GLOBAL RESPONSE**

The disaster of Aleppo in 2016 cannot be reduced to one event in particular but rather is the climax of a flare-up of Syria’s 5-year civil war. Graphic media photos show people being bombed, roadblocks established by soldiers that blocked medicines and other supplies, and disease situations among Aleppo survivors. The Syrian government sees the rebels and other opposition groups as attempting to take over a legitimate, sovereign country, and it fights to re-establish control. To them, the rebel forces are prolonging the war and causing more suffering. In contrast, rebel and other opposition forces and many in the Western media view the violence as an intentional violation of international humanitarian law, placing innocent civilians in irreconcilable conditions. Attempts at ceasefires were unsuccessful, and the humanitarian crisis elicited cries from news agencies across the globe as the bombing of hospitals led to deaths of both patients and personnel. Another consequence was the lack of electricity in buildings that were already unstable, understaffed, and unprepared to handle the types and sheer volumes of injuries that required medical attention. A drastic shortage of basic medicine hindered the chances of survival of those rescued from the rubble.

Many United Nations and international non-government organizational missions have been involved in Syria. This paper focuses on two groups, the White Helmets and Médecins Sans Frontières (Doctors Without Borders), to illustrate the frustration and challenges that responders to the “new wars” experience.

**THE WHITE HELMETS**

One group that is taking a political rather than a neutral stance is working from within Syria itself to help civilians, the White Helmets (Malsin, 2017). Formed in 2013, the White Helmets, also known as the Syrian Civil Defense, is comprised of 2,900 civilians working in centers around the country (von Einsidel, 2016). The White Helmets have been able to unify over 3,000 volunteers, and they serve as a primary source of emergency relief throughout the crisis. Volunteers range from nurses, blacksmiths, and construction workers to tailors whose careers have been put on hold in the face of the crisis. The individuals all have made a deeply rooted commitment to rescue families and neighbors from beneath the rubble of fallen apartments, businesses, and schools.

In a televised documentary, one of the crusading White Helmets reflected on the horrors of the war: “The hardest
thing is seeing the dead bodies. They really affect you” (von Einsidel, 2016). As the White Helmet volunteers usually have no prior search and rescue experience, being effective excavators and knowing what signs to look for can be a difficult task. Due to the inexperience of a large portion of volunteers and the increasingly sophisticated war tactics of many warring factions, volunteers go to a month-long training program in Turkey, funded by the United States, the United Kingdom, and Japan (von Einsidel, 2016).

As air raids increased to 200 a day in a single city, the sheer volume of bombings and need for rescue presented the most difficult challenges for the White Helmets, who also were attacked. “In Aleppo city alone we’ve lost thirty White Helmets,” one person observed. “Two barrel bombs were dropped in Al-Ansari. The first bomb left a number of people wounded but the second bomb killed a lot of people. We went into the area…and all of the buildings had been leveled to the ground.” Indeed, since 2013, more than 130 members of the White Helmets have been killed along with their families. One volunteer summarized the commitment of the White Helmets: “It is my humanitarian duty. I will not quit until I die” (von Einsidel, 2016). This notion, that their work is something greater than preserving their own lives, sustains these workers during difficult times. Nevertheless, media attention did not help them: after the documentary aired, airstrikes hit three of their facilities in eastern Aleppo (Malsin, 2017).

MÉDECINS SANS FRONTIÈRES (DOCTORS WITHOUT BORDERS)

In addition to internal responders are the formally trained medical and nursing teams from the international relief organization, Médecins Sans Frontières, or Doctors Without Borders (Cone, 2017). This organization formed in 1971 after the Nigerian Civil War when the Nigerian government fought the Ibos of eastern Nigeria who had seceded and renamed their land Biafra. The federalals fought the war to reunite the country. Yet, by April 1968, one million people had flooded into Biafra in an enclave cut off from all food, medicines, and other means of survival. Seeing what they considered the systematic slaughter of the Ibos, personnel formed Doctors Without Borders without any pretense of neutrality (Chandler, 2001; Hoffman & Weiss, 2006; Korieh & Nwokeji, 2005, Wall, 2015). In the end, as Biafrans finally capitulated, the Nigerian government accused the aid agencies of feeding the enemy.

As in Biafra, food and water have become weapons of war in Syria. A specific claim of Doctors Without Borders is to be neutral and impartial “in the name of universal medical ethics and the right to humanitarian assistance” (Doctors Without Borders, 2016). To do their work, they want to be unhindered. In Aleppo, the agency supported eight hospitals, but one was put out of service due to being bombed (Lauvin, 2016). As of October 2016, for more than a year, personnel from the organization could not travel to Aleppo to visit the hospitals. Yet, they still worked at the global level to bring attention to Syria. This involved remaining in contact with Syrian workers, coordinated from Turkey by Carlos Francisco, Doctors Without Borders head of mission in Syria. “Before the siege began,” he noted, “we were sending in supplies every 3 months but it still didn’t cover their massive needs, not even with the help of the other partners supporting them.” The situation seemed “unbearable…. The few remaining doctors with capability to save lives are also confronting death.” He particularly lamented the death of one of the health centers’ managers and his whole family (Carlos, 2016). In addition to safety threats to patients and healthcare personnel amidst unpredictable and frequent air raids, another hurdle to clear was the drastic need for resources, specifically medications, water, food, and bandages for wounds.

PRIMARY ISSUES AND FRUSTRATIONS

Confronting all aid agencies in Syria are the needs of children. When faced with images of children trapped under siege and field hospitals without enough beds to support them, nurses, physicians, and other health workers find it hard to be neutral. This problem is the crux of the conflict in Aleppo. Celebrities are also getting involved. As American actor and activist Robin Wright (2016) reported, out of the entire population of Syria, more than 8 million children, one-third of the population, depend on humanitarian assistance to survive the day.

Another issue facing the responders to disaster is the call for military support to protect non-combatants. As the death toll in Aleppo rose and hospitals remained under attack, 15 Syrian physicians wrote to President Barack Obama to ask him for protection and to take action to protect the hospitals:

Unless a permanent lifeline to Aleppo is opened, it will only be a matter of time until…hunger takes hold, and hospitals’ supplies run completely dry. Death has seemed increasingly inescapable. We do not need to tell you that the systematic targeting of hospitals…is a war crime…. We do not need tears or sympathy or
even prayers, we need your action (McKenzie, 2016).

The physicians also noted, “Whether we live or die seems dependent on the ebbs and flows of the battlefield” (McKenzie, 2016). Indeed, war and aid continued to bump up against each other, with severe consequences for each.

The frustration from aid organizations and the experiences of the overwhelmed and overworked healthcare providers in Aleppo are palpable. Although not having necessary supplies limited the ability of doctors and nurses to help the injured, they found themselves most distressed over the triage process they had to adopt and the drastic decisions they had to make all too frequently concerning who they could treat and who they could not. They faced the crushing reality of their inability to treat people due to new challenges. As healthcare workers and other aid groups faced limitations in their scope of action, they called for new tactics. In a United Nations conference, one person pleaded, “For the sake of humanity, we call on, we plead, with the parties, and those with influence, to do everything in their power to protect civilians and enable access to the besieged part of eastern Aleppo before it becomes one giant graveyard” (United Nations Security Council, 2016). A draft resolution was crafted to allow humanitarian aid into the country.

GOING FORWARD

Significantly, it has recently been made known that quietly, over the past year, Israeli forces have established clinics on the Israeli side of the border with Syria to treat hundreds of sick Syrian children. As well, Israel has sent truckloads of fuel, baby formula, medicines, shoes, and construction materials into Syrian villages through a strict security zone constructed by Israel at the border. Israelis have treated more than 4,000 war wounded or sick Syrians. Called “Operation Good Neighbor,” the aid project began in June 2016. According to The New York Times, this is an “extraordinary level of cooperation between old foes on both sides of the decades-old armistice lines separating the Syrians and Israelis” (Kershner, 2017, p. A1). For decades, Syria and Israel have had no official diplomatic relations. Thus, there is new hope in stabilizing the area, while at the same time, creating “a positive awareness of Israel on the Syrian side” (p. A8). In addition to humanitarian significance, geopolitical relationships are affected. As one source said, along the Israeli/Syrian cease-fire line, things have been quiet; “It is an intelligent policy. It is not only altruistic” (p. A8).

CONCLUSION

Aleppo’s crisis makes reflection and analysis of the event even more relevant to prevent future humanitarian disasters that result from war. Preventive measures before conflicts strike such as evacuation systems development, disaster relief training as a standard measure of employment, standardization development, investment in generators, more effective ways to deliver aid when cease-fires fail, and tangible international laws that are binding might have helped Aleppo avoid the crisis that it finds itself in now. At the same time, aid groups that enter these fray have to do so with the knowledge that their work has deep emotional and physical dangers (Hargreaves and Golding, 2017). In addition, the civil war is forcing all aid personnel to question their unyielding stance of neutrality and impartiality. As past rules of aid, wartime, and neutrality cease to work, many aid workers, including physicians and nurses, are, even today, siding with different civilians (International Committee of the Red Cross, 2016).

In these circumstances, how can nurses maintain their nursing identity and humanitarian work? What compromises do they have to make in order to stay in dangerous areas? What are the long-term effects of their work? In contrast, what happens when selective political ends either complement or supplant traditional justification for humanitarian aid? As Hoffman and Weiss (2006) assert, new challenges call for more dialogue and cooperation among funders of aid agencies, governments, academic communities, and the military. “While the new wars can hinder humanitarian action, they cannot halt humanitarian impulses” (p. 212). In addition to being active responders, nurses also should be part of this conversation.

This is historical research that relied only on public data; therefore, no IRB was required.

REFERENCES


URL: https://www.hrw.org/news/2016/12/02/interview-whats-happening-aleppo

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