

رابطة معتقلي ومفقودي سجن سيدنايا
Association of Detainees & The Missing in Sednaya Prison



BURIED IN SILENCE

Mechanisms of homicide and disappearance at Tishreen Military Hospital 2011-2020.

October 2023

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The Association of Detainees and The Missing in Sednaya Prison (ADMSP) is a coalition of survivors of Sednaya Prison, victims, and their families. ADMSP seeks truth and justice for detainees held because of their political views or activities. It further endeavors to reveal the fates of missing and forcibly disappeared persons in Sednaya Prison. ADMSP provides former detainees and families of missing persons with advice and support to ensure clarifying the fates of their loved ones. In addition to its work in documentation and evidence collection, ADMSP's family center offers rehabilitation services focused on the mental health of survivors of torture, war, violence, or other human right violations.

ADMSP's work promotes recognition of the harm done to detainees, truth seeking, accountability, revealing the fates of forcibly disappeared persons, and reparations for victims and survivors of violations of international human rights law and international humanitarian law.

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**To The Memory of Those Who Lost
Their Lives in That Place ...
Alone, With No Loved Ones
And With No Names...**

ADMSP is very grateful to the survivors of Sednaya Prison for their courage and determination to participate in this research and endure the recollection of painful memories of the events they went through in Syrian regime detention.

ADMSP would further like to thank the doctors who participated in this research for the valuable information they provided, which helped the team have a better understanding of the inner workings of military hospitals in Syria. Thanks, are also due to former workers, nurses, and administrative staff who defected from Tishreen Military Hospital and medical services administration and participated in this research. They offered substantial contributions and critical data and information for this research. ADMSP is grateful for the team at SJAC for the review they conducted of this research and report.

'I solemnly pledge to dedicate my life to the service of humanity; I will give to my teachers the respect and gratitude that is their due; I will practice my profession with conscience and dignity; the health and well-being of my patient will be my first consideration; I will respect the secrets that are confided in me, even after the patient has died; I will foster to the best of my ability the honor and noble traditions of the medical profession; my colleagues will be my sisters and brothers; I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient; I will maintain the utmost respect for human life; I will not use my medical knowledge to violate human rights and civil liberties, even under threat; I make these promises solemnly, freely, and upon my honor.'

The Physician's Pledge, Geneva Declaration



“They were holding me up and beating me against the floor in the jail of Tishreen Military Hospital. After around 15 minutes, they took me for dead, so they put me with the dead. The bodies were put one over the other. I was laid over two other bodies and then two more killed after me were put above me. After around half an hour, I started to wake up. A painful tremble swept through my body gradually from my toes upwards. I wiggled a little so the bodies above me fell away. I started screaming as loud as I could... I don’t even know where that voice came from. I believe the whole hospital heard me that day.

The cell chiefs (Shawish) thugs were scared so they rushed towards me beating me on the head, the abdomen, the kidneys, everywhere, but I would not stop screaming. One of them started crying “Someone shut him up for the love of God!” They kept beating me. I was almost nude with just my underpants. I had involuntarily urinated and defecated. When I emerged alive from detention and relayed what had happened to me and that tremble I experienced to a doctor, he explained that my heart must have stopped and then came back to life and started to pump blood again.” ^[1]

Mahmoud from Hama Countryside. He was arrested in August 2014 when he was 16 years old because of his participation in peaceful protests against the Syrian regime in his city. He was tortured severely in Sednaya Prison. His family paid a large sum of money to have him released and learn about his fate to no avail. After two years of detention in various prisons, he was finally released in August 2016. He left Syria in early 2017 and currently lives in a Europe.

[1] You may review the entire testimony of Mahmoud, filed under the name Abu Anas Al-Hamwi, in addition to other testimonials. see *When Death becomes a Wish: testimonies from Sednaya Prison during the Revolution, Association of Detainees and Missing in Sednaya Prison* (2019) <https://bit.ly/3Ju200d>

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Executive Summary

“Photoshop.” This is what Bashar al-Assad, head of the Syrian regime, said as he held one of the Caesar photos in his interview with journalist Michael Isikoff of Yahoo News Network in 2017. He then added, “In any war, some individual crimes do happen. It happened here and happens anywhere. However, it is not the policy.”^[2] Since that time, thousands of victims have continued to perish in the same manner documented in those photos: detainees die in Syrian detention centers either under various means of torture or by direct execution. Different institutions (including media and medical institutions) continue to falsify the cause and fact of death, using the same approach adopted by Assad in this interview, namely lies and denial of responsibility.

This report explores these practices and shows that they are indeed “the policy” as they take place in the same manner (as will be described in detail in this report) through the collusion of several official institutions including medical ones such as Tishreen Military Hospital. The present report unveils, for the first time, the distribution of roles and responsibilities among the security apparatus and the medical and administrative staff related to torture and killings which have been and continue to take place in that hospital.

This report is based on 154 interviews with 32 respondents (former detainees who were transferred to the Hospital, doctors and nurses who worked there, and former staff members in the military intelligence, military police, political security, and the military judiciary).

The report has six sections:

The first section explains the structure of military hospitals in Syria and the importance of Tishreen Military Hospital, including its uniquely huge administrative and medical structure and massive internal and external security.

The second section explores the details of the work of military police detachments and military intelligence operating in the hospital. It reveals the presence of a ‘jail’ where detainees brought to the hospital as patients and the bodies of those who died in detention centers are first received. Transfers from detention centers to the Hospital are accompanied by brutal assaults, which in many cases lead to loss of life. As a result, those held in detention centers often hid their medical conditions to avoid transfer to Tishreen. Bodies are then taken by detainees, who are forced to place them at the jail’s external door. After some formalities, they put them in vehicles to be transported to mass graves.

[2] Yahoo News (2017) Exclusive: Yahoo News interview with President Bashar Assad of Syria. <https://yhoo.it/3Qt3Q5J>

During the transfer process, those in poor health are executed and detainees do not see a doctor at this stage. This section reveals for the first time the responsibilities and formal procedures observed by the Hospital's forensic medicine department, the military police, the security detachment, and the military police detachment. It further explains the varying procedures used for those who die in the Hospital and those who die outside it in one of the detention centers.

The third section provides information about the relevant departments and divisions involved in dealing with detainees admitted to the Hospital and explains their roles. Detainees who survive the jail are transferred to the emergency department. Since detainees at Tishreen very rarely see a doctor at all, this procedure can be deemed a formality meant only to isolate detainees from other patients in the Hospital. This is confirmed by the fact that the emergency department for detainees is different from the main emergency department located in another building and is guarded to restrict access of doctors except regime loyalists whose entry is accompanied with abuse or torture against the detainees. The forensic medicine division plays the role of mediator between the military police detachment and the security detachment when dealing with bodies. The military police undertake documentation procedures and transfer to the forensic medicine division, while the security detachment undertakes receipt procedures and transfers to mass graves. The mission of the forensic medicine department is restricted to this exchange to legitimize crimes committed by falsifying the facts of death. In addition to hosting the body-transport vehicles, the garage was later used to gather and store bodies, as the morgue was too small.

The fourth section elaborates on the procedures followed in dealing with detainees from the moment they arrive at the Hospital (at the detachment) until they are discharged (mostly dead).

The fifth section addresses the procedures used for the bodies, which were beaten and stomped on by security agents, military police, and medical staff, then documented and photographed by the military police and finally transferred to mass graves, such as those in Najha, Al Qutayfah, and Baghdad Bridge in Damascus by the security detachment. The section also carefully details the process of issuing death certificates with false information to disguise the true cause of death. Additionally, it documents how traditional cemeteries were converted into mass graves and how burials following the revolution lacked any documentation making identification of remains difficult.

The sixth section is dedicated to highlighting the difference in treatment that patients receive at Tishreen Hospital. This discriminatory treatment is such that at Tishreen patients and their families who are close to the regime receive medical care while at the same time patients arriving from detention facilities face the threat of execution.

The report concludes with a set of recommendations as illustrated in figure (1):

The United Nations and the new international institution to clarify the fates and whereabouts of missing persons in Syria

- Collect evidence and investigate the role of the Military Police in Syria
- Prioritize documenting Military Police defectors as a point of departure to unveil the fates of missing persons.

European migration agencies

- Scrutinize the files of Syrian asylum seekers and refugees who were former staff members in military hospitals or with the military police.
- Cooperate with human rights organizations to investigate the involvement of any refugee in those crimes during their service in Syria

Syrian civil society organizations

- Document cases of defectors and former employees in security agencies, the military police, and military hospitals with a focus on the bureaucratic procedures for detention, execution, documentation, and burial with various actors.

International Community

- Impose sanctions on the individuals whose direct involvement in executions and burials is documented in this report.

Figure (1) Recommendations

Introduction

All testimonies documented by ADMSP indicate that between 2011 and 2020 brutal torture was inflicted on detainees in Tishreen Military Hospital. Most of these crimes were carried out by agents of the security detachment guarding the jail of the Hospital. Members of the medical or administrative staff loyal to the regime or criminal inmates often took part, too.

Since its inception, Tishreen Military Hospital was the Syrian authority's pride. It boasted about the Hospital's quality and modern equipment as well as the competence of its medical staff.^[3] The Hospital was not known by Syrian society as part of the landscape of torture and enforced disappearance in the country until the uprising at Sednaya Prison in 2008. The Hospital became for the first time a place for the execution of prisoners involved in the uprising and those who fled there, running from the uprising, only to die at the Hospital.^[4] However, accurate information about the role the Hospital played in crimes, including torture and murder, before the onset of popular protests in Syria in 2011 is not available.

The security role of Tishreen Military Hospital started to become publicly known largely with the circulation of extensive news and testimonies about the role of military hospitals in suppressing protests. In 2012, the British Channel 4 published video footage provided by a former employee at Homs Military Hospital showing paramedics torturing patients, including wards full of wounded persons who were blindfolded and restrained to their beds. Some bore visible marks of brutal beating. Torture tools -a rubber whip and an electric cable- were even visibly lying on a table in one of the hospital's wards.^[5] Aljazeera also broadcast a documentary called 'The Search for Assad's Executioners,' which highlighted the participation of doctors in torture in military hospitals in Syria.^[6] A Syrian doctor (Alaa M.) is currently standing trial in Germany on charges of committing acts of torture in Homs Military Hospital and a military intelligence branch in Damascus where he worked as a doctor.^[7]

[3] On the ninth anniversary of the anti-regime popular protests in Syria, the official Syrian television broadcasted a documentary in English about Tishreen Military Hospital talking about its critical role in providing medical care for civilians and military staff during the 'crisis' which the country went through and its resilience against 'terrorist' attacks by Syrian armed opposition. See Syrian Arab Television (2020). Documentary on Tishreen Military Hospital <https://bit.ly/3DlywxY>

[4] Hussam Jazmaty (2019). Hippocrates Department in Tishreen Military Hospital. Archived on Syria TV website. <https://bit.ly/445WwR0>

[5] The former employee said he witnessed horrific violations carried out by civilian and military medical sergeants and other medical staff members at the hospital including male and female nurses. He added that the abuses took place in the emergency department, the prison wards, the X-ray department and even in the intensive care unit. Channel 4 (2012) Exclusive: Syrian doctors 'torturing' patients <https://bit.ly/3q2PqhE>

[6] Aljazeera (2020). Assad's Jailors... Syrian military agents and doctors in Europe "criminals not refugees". Aljazeera Net <https://bit.ly/44oeiP4>

[7] The Syria Justice and Accountability Centre (SJAC) monitors the trial and issues periodic reports about its sessions which can be accessed here: <https://bit.ly/3tdLLis>

Human Rights Watch said in an analytical report about the Caesar photos that most of those photos were taken in Military Hospital 601 in Mezzeh in Damascus, while the others were taken in Tishreen Military Hospital.^[8] In its report on deaths in detention in Syria, the UN Independent International Commission of Inquiry on the Syrian Arab Republic (COI) identified three military hospitals (Mezzeh, Tishreen and Harasta) where reports “misrepresenting the circumstances of these deaths were produced” in a manner which concealed the responsibility of state security agencies for these deaths. The report confirmed that detainees were tortured by medical staff in Tishreen Military Hospital and that many died while others were forced to wrap the dead bodies in plastic.^[9] The Syrian researcher Ansar Shahoud has interviewed many doctors working in military hospitals and found that “after 2012, violence evolved to take on a new form aimed at extermination. Some doctors designed their own torture protocol including depriving detainees food or medication and sometimes deliberately administering inappropriate or even fatal doses of medication. Additionally, they continued to issue false death certificates to conceal the systematic medical killings.”^[10] This is consistent with the conclusions of Human Rights Watch in its said report about cases of starvation and other torture methods.

Together, these reports collectively confirm the commission of systematic torture against political detainees inside military hospitals in Syria. Nonetheless, these places continue to be so carefully protected that there is no access to carry out the more detailed investigations necessary to understand military hospital’s specific role as part of the torture and enforced disappearance machine. Further, most available information relates to the military hospital in Homs and Hospital 601 in Mezzeh. Therefore, this report is the first to probe beyond this security fence into the most secretive of all military hospitals, namely Tishreen Military Hospital, to explore the role of the military police, intelligence, and medical and administrative staff at the hospital and track the pathway of detainees’ bodies to their burial places.

Tishreen Military Hospital is purportedly a hospital equipped to provide adequate health care for the country’s military and political elite. It is also the central military hospital that constitutes the main work base for all military hospitals in Syria. Doctors from various military hospitals receive their training there, and critical and serious cases from other military hospitals in other governorates are referred there. As such, Tishreen oversees the lion share of medical services as well as all military hospitals in Syria.

[8] Human Rights Watch (2015). *If the Dead Could Speak: Mass Deaths and Torture in Syria’s Detention Facilities*
<https://bit.ly/3FgIPFP>

[9] UN Independent International Commission of Inquiry on the Syrian Arab Republic (2016). *Out of Sight Out of Mind: Deaths in Detention in the Syrian Arab Republic*. <https://bit.ly/3rx3H7a>

[10] Ansar Shahhoud: *Medical Genocide: Mass Violence and the Health Sector in the Syrian Conflict (2011-2019)*. UNIVERSITY OF AMSTERDAM
<https://bit.ly/3POPnql>

According to the website of the Syrian Ministry of Defense, Tishreen Military Hospital was opened in 1982. It is located in Barzeh neighborhood in Damascus and comprises ten floors in addition to some auxiliary buildings. Apart from the propaganda about it having the best scientific cadres and state-of-the-art medical equipment, no published information can be found about this place, neither on the website of the ministry with which it is affiliated nor on any other official websites.

Exploring this hospital's role is indispensable for understanding the working mechanism of a state that has killed, tortured, displaced, and disappeared thousands of its citizens and continue to carry out these violations and crimes. It is also important to unveil the reality of an important pillar of the torture and enforced disappearance apparatus in the country.

Methodology and Sample

As part of its truth seeking and accountability work collecting evidence about the Syrian torture and enforced disappearance machine, ADMSP launched a project in early 2021 to reveal the state agencies responsible for torture and enforced disappearances. This project aimed to identify the roles of various state agencies, their internal hierarchies, distribution of responsibilities, and the role of their leadership in these crimes. The project also sought to identify the fates of persons forcibly disappeared by the Syrian regime, identify places of burial for those who have died, and unveil the bureaucracy of death and disappearance.

In 2017, ADMSP worked on another project known as 101,^[11] which showed the role of the military police, the military judiciary, and the medical services administration in providing legitimacy to the crimes of intelligence agencies and supporting them in committing forced disappearances without the creation of clear incriminating evidence.

As work on those two projects progressed, we found a need for a deeper understanding of the network of relations between security agencies and other official institutions and the distribution of responsibilities among them. So, we formed a research team comprising two field researchers with extensive knowledge of military and security issues, which they accumulated during their former work as officers who defected from the regime's military. In addition, they were both former detainees in Sednaya prison. Further, the team comprised two lead researchers and a coordinator. The team started to collect preliminary information through more than thirty interviews

[11] Project 101 aims to identify a number of military agents working in Sednaya prison who are believed to be implicated in torture crimes there. In early 2021, ADMSP expanded the project to involve interviews with former staff and guards in the prison, the military police, and some security branches, through which it was able to outline the prison's administrative structure, chain of command, responsibilities and powers, staff count, role of medical staff, and the military formations which take part in securing the prison and their level of armament. In addition, ADMSP managed to draw a clear image about the prison's relation to security branches and their influence over decision making. See Administrative Structure and Organizational Ties in Saydnaya Prison. ADMSP (2022) <https://bit.ly/3KaigUs>

with four military agents who had defected from the ranks of the military police and who had held sensitive administrative positions there. The interviews showed the central role played by Tishreen Military Hospital which lead us to dedicate this paper to understanding what happens within the Hospital and its administrative and organizational ties.

Accordingly, we looked for individuals who previously worked in Tishreen Military Hospital. Initially, we found three nurses with whom we conducted in-depth interviews.^[12]

As in our previous papers, we use the grounded theory methodology (specifically constant comparison and theoretical sampling), which requires collecting and analyzing data concurrently.^[13] In this method, data gives researchers direction not the other way round as the theoretical categories which emerge in data analysis determine the person(s) who must be interviewed later.

Hence, we then conducted eighty interviews with three former detainees who were transferred from Sednaya Prison to Tishreen Hospital, six doctors (5 civilians and 1 with a military rank) who had worked in different military hospitals including Tishreen Hospital, a former employee in the political security division, a former employee in the military judiciary administration, and sixteen military agents (most of whom worked as nurses in Tishreen Military Hospital).

In total, 154 interviews were conducted with 32 people between August 2022 and July 2023.^[14] Some respondents agreed to share their identity while others preferred to remain anonymous for security reasons. Given the sensitive nature of the collected information and to ensure no harm is done to them, the research team opted to identify all respondents by codenames only.^[15]

[12] The research team is the same that conducted previous studies. This continuity ensures greater competence in field work as it helps facilitate access to respondents and identification of new information which ought to be focused upon in interviews and avoids repetition. At the same time, it enhances analytical capacity because of the precise knowledge of the conclusions and questions which emerged in previous studies and other ongoing projects.

[13] For more information on the grounded theory methodology and its measures and to avoid repetition herein, you are advised to refer to the methodology and sample section in our previous report *The Administrative Structure and Organizational Ties of Sednaya Prison*. In that section, we explained the challenges which faced the team in collecting data, which were similar to what they faced in the course of their work on the present report.

[14] Selection is made based on the theoretical sample principle which is different from other known methodologies for sample formation. The reader might, for example, wonder about the large discrepancy in the number of interviews and the number of respondents. While one interview is usually conducted per respondent, this is not the case in grounded theory methodology. When analysis is undertaken concurrently with data collection, many questions emerge that require either going back to the same respondent or looking for another who is expected to be able to answer some or all of those new questions based on their experience or knowledge (for example because of their work in a specific department or division in Tishreen Military Hospital). Constant comparison, on the other hand, is carried out by comparing collected pieces of data with one another while at the same time comparing and crossmatching them with information from other sources collected in the said previous project (project 2021 and project 101) and with researchers who are experienced in studying security agencies in the country.

[15] Annex 1 includes the interviews which were conducted for the purposes of this paper along with the date, duration and the rank or position of the interviewed witness.

1. Military Hospitals in Syria and the Special Status of Tishreen Military Hospital

Military hospitals and health centers in Syria are affiliated with the Medical Services Administration, which in turn is affiliated with the Supply and Provisions Commission, under the command of the General Staff of the Armed Forces. The Medical Services Administration dates back to the establishment of the army in Syria. [16] Its main task is to provide health care for staff and military agents affiliated with the army and security agencies as well as health care services to all Syrian military units and formations in peace time. In times of war and disasters, the Medical Services Administration establishes field hospitals behind combat lines or in disaster zones to attend to the wounded and provide medical care for the injured. During the revolution, the Medical Services Administration accompanied regime forces in the major military campaigns they launched on areas controlled by the Syrian opposition such as in northern Homs countryside and the siege of Madaya and Zabadani in Damascus countryside, among others.

The hospitals and centers affiliated with the Medical Services Administration are illustrated in figure 2:



Medical Services Administration Headquarters in Barzeh north of Damascus city

[16] Hussam Jazmati (2022). Major General Dr. Ammar Suleiman and the Medical Crime Services Administration. Syria TV website. <https://bit.ly/3NhvOxZ>

Ministry of Defense

General Staff of the Armed Forces

Supply and Provision Commission

Medical Services Administration

Damascus

Tishreen Military Hospital
 Martyr Yusuf al-Azma hospital (aka Al Mezzeh Military Hospital 601)
 Martyr Ahmad Hameesh Hospital (medical rehabilitation hospital for physiotherapy)
 Obstetrics Hospital in Al Mezzeh
 Infirmary of Damascus military site

Damascus Countryside

Martyr Dr. Muhammad Obesi (Harasta military hospital 600)
 Martyr Dr. Khaled Sakka Amini (Qatana military hospital 605)
 Medical Services School in Harasta
 (old) Medical Services School, Reyhan village southern Adra
 Infirmary of Damascus Countryside military site

Homs

Martyr Abdulkader Al-Shakfa (Homs Military Hospital 608)
 Infirmary of Homs military site

Latakia

Martyr Zahi Azrak (Lattakia Military Hospital)
 Military Obstetrics Hospital
 Infirmary of Latakia military site

As-Suwayda

Infirmary of as-Suwayda military site

Daraa

Martyr Ismail Suror al-Saadi Hospital
 Infirmary of Dara military site

Deir Ezzor

Martyr Ahmad Taha Huweidi (Military hospital in Deir Ezzor)
 Infirmary of Deir Ezzor military site

Hama

Military ward in the National Hospital
 Infirmary of Hama military site

Tartous

Martyr Mahmoud Shehada Khalil (Tartous Military Hospital)
 Infirmary of Tartous military site

Aleppo

(604 Aleppo Military Hospital) Martyr Abdulwahab Agha
 Infirmary of Aleppo military site

Idlib

Infirmary of Idlib military site

Qunaitra

Infirmary of Qunaitra military site

Raqqqa

Infirmary of Raqqqa military site

Al-Hasakah

Infirmary of Al-Hasakah military site

Figure 2. Distribution of Military Hospitals and Medical Centers in Syria

1.1. Military Hospital's Structure

In any major military hospital, there is a 'chief doctor' who is the hospital's manager and an administrative officer who holds the rank of staff officer (enlisted) (Table 1). These hospitals comprise several divisions headed by a doctor officer. Doctors are appointed by the Medical Services Administration.^[17] Civilian doctors and staff are hired through the 'employee affairs directorate' at the Ministry of Defense.^[18] Each division comprises various departments each headed by a doctor (an officer or contracted civilian) who is appointed based on seniority. In addition, one of the officer doctors acts as a security officer and submits weekly and monthly reports about security affairs to both Branch 293 (officer affairs branch) and the Military Intelligence Branch, with which the hospital is affiliated in various governorates (in the case of Tishreen Military Hospital it is affiliated with branch 227 – al-Mantiqa Branch). Hence, no one goes unmonitored, including specialized doctors.^[19] Unlike other military hospitals headed by an officer with the rank of brigadier general, Tishreen Military Hospital is managed by a doctor officer with the rank of major general. This reflects the significance of this hospital, which is also reflected in its huge size, large administrative and medical staff, and heavy security, including the reinforcements that were added after 2011.

In each of these hospitals, there is a discipline warrant officer responsible for the guards and the services (medical warehouses, food warehouses, accounting, building maintenance... etc.) In addition, there are medical and transport vehicles^[20] for which a warrant officer or first warrant officer is responsible. There are also conscripts commissioned with discipline and cleaning. There is also the admissions office where patients' admission and discharge papers are processed. There is a facility for cleaning medical equipment and supplies, a restaurant, and a kitchen. Usually all those are run by an enlisted first warrant officer. In addition, each hospital has affiliated infirmaries for the treatment of military staff families and an infirmary known as 'site infirmary' in every governorate.

[17] In Syria, enrolling in the faculty of medicine is based on a grade-based admission system administered by the ministry of higher education for civilian doctors or the grade-based admission system run by the ministry of defense which has a lower grade threshold. Students continue studying in the same faculty until they graduate as doctor officers with the rank of first lieutenant. In terms of specialization, doctors have three pathways: either through the ministry of higher education or the ministry of health and its affiliated hospitals or the ministry of defense and its military hospitals. In addition to officer doctors, there are non-doctor officers who work in administrative affairs in the military hospitals.

[18] Employee affairs directorate at the general administration of the ministry of defense is the body concerned with civilian employee affairs of different specializations and levels in the ministry and its affiliated bodies. Ministry of defense <https://bit.ly/3Q3plnS>

[19] ADMSP has documented the case of Dr. Louai Abdulmajid al-Khattab from Hama – Taibat al-Imam, born 1983. He was arrested in Tishreen Military Hospital in Damascus on 4 March 2012. He was a specialized ENT doctor there. He was arrested by the military intelligence branch no 291 in Damascus (Administrative Branch). During interrogation, he was taken to several branches including Palestine Branch and then Sednaya Prison. His fate remains unknown to date. See facebook page: <https://bit.ly/3NQG DY0>

[20] Military Medical Vehicles: Military patient transport vehicles that are not equipped with the same medical supplies as ambulances, often containing side seats and sometimes a foldable bed."

Position	Rank	Nomination and approval by (procedures)	Appointed (by)	Tasks
Hospital manager (Chief Doctor)	Brigadier general	Nominated by the manager of the Medical Services Administration, then the Officers' Affairs Department, acquiring the security clearance from Branch 293 (Officers' Affairs Branch)	Officers' Affairs Department then the Medical Services Administration	Managing the hospital
Hospital deputy manager for technical and medical affairs	Brigadier general or colonel	Nominated by the hospital manager through the Medical Services Administration, then the Officers' Affairs Department, acquiring the security clearance from Branch 293 (Officers' Affairs Branch)	Officers' Affairs Department then the Medical Services Administration	Fulfills the role of hospital manager in case of their absence. His tasks are more restricted. He is also responsible for medical affairs and the technical status of medical equipment in the hospital
Hospital deputy manager for administrative affairs	Brigadier general or colonel	Nominated by the hospital manager through the Medical Services Administration, then the Officers' Affairs Department, acquiring the security clearance from Branch 293 (Officers' Affairs Branch)	Officers' Affairs Department then the Medical Services Administration	Responsible for administrative affairs (vehicles, food, uniform, maintenance, medical warehouses, etc.) He also supervises human resources in the hospital (leaves, penalties, etc.)
Hospital deputy manager - security officer	From major to colonel	A number of officers (3-5) are nominated by the Medical Services Administration	Branch 293	Responsible for security affairs (regular security reports, emergency security reports on certain incidents, etc.) submitted to relevant security agencies
Heads of Medical Divisions	Brigadier general or colonel	Nominated by the hospital manager through the Medical Services Administration, then the Officers' Affairs Department	Officers' Affairs Department then the Medical Services Administration	Direct responsibility over their respective divisions
Heads of Departments	From lieutenant colonel to colonel	Nominated by the hospital manager through the Medical Services Administration, then the Officers' Affairs Department, or they can be contracted if they are civilians	They are being appointed by the Medical Services Administration and the hospital manager	Directly responsible for the work of the department under the supervision of heads of divisions
Specialized doctors	From captain to colonel	Nominated by the hospital manager through the Medical Services Administration, then the Officers' Affairs Department, or they can be contracted if they are civilians	They are being appointed by the Medical Services Administration and the hospital manager	They work under the supervision of the heads of departments
Resident doctors	From first lieutenant to captain – or civilians	The approval of residence is given by the Medical Services Administration then the military hospital	They are being appointed by the Medical Services Administration and the hospital manager	They work under the supervision of specialized doctors
Nurses/ enlisted non-commissioned officers	From recruit soldiers to first corporal	Nominated by the hospital manager through the Medical Services Administration, then the Organization and Administration Department, or they can be contracted if they are civilians	They are being appointed by the Medical Services Administration and the hospital manager	Undertake the tasks assigned to them by doctors or nurse supervisors
Workers/ contracted or enlisted	From recruit soldiers to first corporal	Nominated by the hospital manager through the Medical Services Administration, then the Organization and Administration Department, or they can be contracted if they are civilians	They are being appointed by the Medical Services Administration and the hospital manager	Drivers, janitors, cleaners, etc.

Table 1. Administrative Structure of Military Hospitals in Syria

1.2. Tishreen Military Hospital: Medical and administrative staff, Security

1.2.1. Medical and Administrative Staff

The hospital's total area is approximately 147 thousand square meters^[21] and it includes around 36 medical divisions of various specializations with several departments distributed on its ten floors and some auxiliary buildings.^[22] The Hospital accommodates up to approximately 1200 beds with an estimated headcount of 1600 people including doctors, nurses, administrative staff, and guards distributed as follows (Table 2).^[23]

Medical Staff	Administrative Staff
Head of division: doctor officer of the rank of brigadier general	Administrative officers of various ranks
38	15-10
Head of departments: specialized doctor	Secretaries
220	45
Resident doctors	Accountants and administrative employees
370	100
Chief nurses	Guard squadron comprising conscripts and military agents
45	120
Male and female nurses: civilian and military	
650	

Table 2: Distribution of medical and administrative staff in Tishreen Military Hospital

At the western side lies the main entrance and doctors' and nurses' residences in addition to the central military pharmacy and a building affiliated with the Medical Services Administration, whose headquarters lies next to Tishreen Military Hospital.

On the eastern side of the hospital, there is a helipad next to which there is a new jail, where detainees referred from Sednaya Prison or other security branches are temporarily jailed until they see a doctor. To the north of the jail lies the tuberculosis and lung disease department next to the neurology department. Figure 3 illustrates the distribution of buildings and departments in Tishreen Military Hospital.

[21] Area was calculated using Google Maps

[22] Annex 2 includes Tishreen Hospital's divisions and departments according to testimonies of former staff members who have been interviewed in the course of this research.

[23] These estimates date back to early 2020 and do not include doctors under training.



- | | |
|---|--|
| 1 – Main door | 15 – Helipad |
| 2 – Stalls | 16 – Administrative Affairs Offices + dormitories + water pump |
| 3 – Central pharmacy | 17 – Transportation garage |
| 4 – Residence of resident doctors and nursing students | 18 – Logistics warehouses |
| 5 – Residence entry | 19 – Dormitories |
| 6 – Hospital entries | 20 – TB and pulmonary diseases (part of this building was formerly the old military police detachment) |
| 7 – Tishreen Military Hospital Building | 21 – Psychiatry and Neurology Division |
| 8 – The new emergency department | 22 – vehicles garage |
| 9 – Medical staff entry | 23 – Administrative Affairs Building/ Parking |
| 10 – Blood bank | 24 – Workers' residence at the hospital |
| 11 – Forensic medicine and the Morgue Division | 25 – Medical Services Department |
| 12 – Room of the Military Police members | 26 – a Building for the Ministry of Defense/ Human force department |
| 13 – Hospital jail / the new military police detachment | 27 – Military constructions |
| 14 – Military police dormitories | 28 – Detachment affiliated with (211) Communications Security Branch– military intelligence Division |

Figure 3. Distribution of buildings within Tishreen Hospital

1.2.2. Hospital Security

When the revolution started, the Hospital was reinforced with arms and hardware in fear of the approach of opposition forces. Various light and heavy weapons including armored vehicles, tanks, and medium machine guns (14.5 mm) were made available in addition to a sniper company comprising 12-15 military intelligence agents (Branch 227). In early 2011, there were two tanks and two BMP troop transport vehicles in the vicinity of the Hospital. In 2014, as the battles drew closer to the Hospital, auxiliary companies from the 4th Division were introduced: a tank company, an artillery company, and a BMP company,^[24] which were deployed within and around the hospital and over a large area in its vicinity. Thus, the Hospital became more of a military barracks with 7-10 tanks based on the level of alert, 4-8 BMP vehicles, 2 medium 14.5mm machine guns on the hospital's roof, and a Kord 12.7mm machine gun.

Tanks and BMP vehicles are distributed at the eastern side of the Hospital. There are also two tanks and two 130 mm M-46 cannons and (5-7) 122 mm M-30 (Howitzer) cannons at the southern side which overlooks Barzeh neighborhood. These tanks and cannons were used against targets in Qaboun and Tishreen quarters and even Harasta in Damascus countryside where Syrian opposition forces were based. Indeed, all homes and buildings surrounding the Hospital were bombed and demolished by regime forces due to artillery or tank shelling. All trees around the Hospital in all directions were cut off to keep it clear and prevent any infiltration. A detachment affiliated with Branch 211 Communications Security Branch— military intelligence Division was stationed on a high hill near the Hospital. Its task was to monitor wired and wireless communication in the vicinity of the Hospital and in armed opposition strongholds in Harasta and Douma (Figure 4).

In addition, there are two detachments at the hospital's main entrance. The first is affiliated with Branch 227 of the military intelligence aka al-Mantiqa branch (which was not there before 2011). It was mainly based on the hospital's eighth floor with the main task of protecting the Hospital and monitoring the medical staff (especially nurses). After 2012, it played a role in securing detainee bodies transferred from the Hospital to mass graves. The second detachment was for the military police.

The information of any person entering Tishreen Military Hospital is registered with one of the detachments based on their status. Their role goes beyond the main entrance as they play a critical role in making this place unique: a hospital for regime army personnel, security agents, and their families while at the same time being a place of detention, torture, and death for its opponents. Below we explain the role of those two detachments and the relation they have with other hospital departments.

[24] In this year, Syrian armed opposition forces drew very close to the hospital and in 2015, they managed to target it and incurred damages. See Islam Army targeting Tishreen Military Hospital with locally made 107 Katyusha missiles. Syrian Archive <https://bit.ly/3qRzrDi>. See also: Haya Kheito (2015) Opposition Targets regime sites in Damascus in response to Ghouta massacre. The New Arab <https://bit.ly/3w2AMX7>

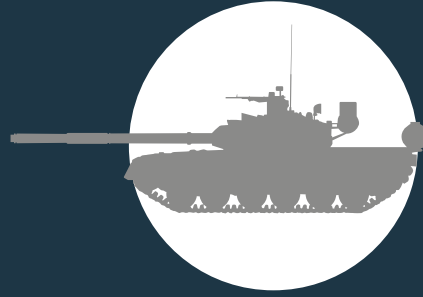


- 10-7 Tanks as per preparedness
 - 15-12 Sniper group
 - 8-4 BMP vehicles
 - (7-5) 122 mm M-30 (Howitzer) cannons (2) 130 mm M-46 cannons
- BTR Troops carrier with 12.7mm machine gun
 - 2 mid-range machine guns 14.5 mm on hospital roof
 - 12.7mm KORD machine gun

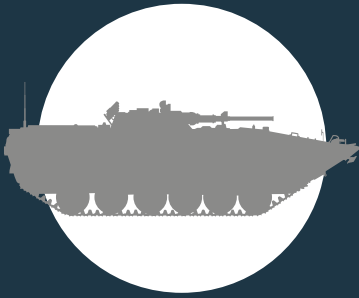
Figure 4. Securing Tishreen Hospital



BTR Troops carrier vehicle



Tank Company



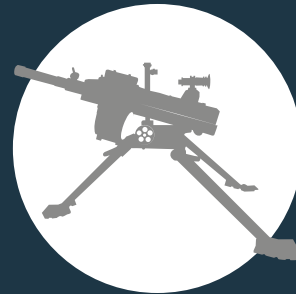
BMP Vehicles Company



Sniper Company



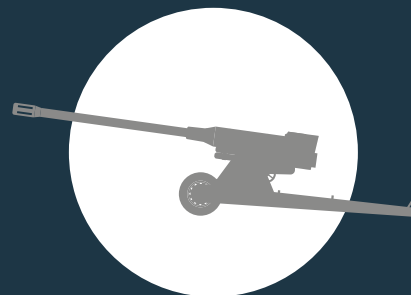
KORD 12.7 mm machine gun



Mid-range KPV 14.5 mm machine gun



122 mm M-30 (Howitzer) canon



130 mm M-46 canon

2. Military Police and Military Intelligence and their Tasks in Tishreen Military Hospital

2.1. Military Police Detachment: Receiving and Holding Detainees and Human Remains

The military police in Damascus has several detachments deployed in military hospitals and some in civilian hospitals as follows:

1. Tishreen Military Hospital detachment
2. Al Mezzeh Military Hospital 601 detachment
3. Harasta Military Hospital 600 detachment
4. Al-Muwasat Hospital detachment

The military police detachment in Tishreen Military Hospital is approximately 150m² and it comprises four rooms: one for the chief of the detachment, a room for the agents, and the jail, which comprises two rooms to jail detainees with each room measuring approximately 15m² (around 4*4) (Figure 5). It includes around 20 agents: 12 from the military police and 8 from military investigations. The new building hosting the military police detachment was built in 2010 upon the hospital's request because the old detachment was based in the infectious diseases department. Hence, the new building is located within the hospital's perimeter near the forensic medicine department to the east of the main hospital building (recognizing this placement is key to the understanding of reporting lines and tracking how the bodies are transported, their pathway, and destination). Agents of the military police detachment are selected by the military police branch in Damascus. Before the revolution, agents in the detachment used to come from different denominations, but after the conflict began they were selected exclusively from the Alawite sect, according to the testimony of many people who used to work in the Hospital whom we met over the course of this research.

When detainees arrived from Sednaya Prison, they were held in the jail, in the same room where bodies of detainees were collected for transport to mass graves. Upon arrival, there would be at least one or two bodies of detainees who died during transport or were killed upon arrival.^[25] The bodies were stacked at the external door of the jail and detainees were forced to carry the bodies of their cellmates and put them in vehicles to transport them to graveyards. Sometimes, among the bodies, there would be a person who was lingering between life and death, so the warrant officer of the jail would kill them.^[26] Members of the pro-regime National Defense Forces who were detained on criminal charges were also brought in to assault the detainees or execute them, without ever seeing a doctor.

[25] They either die on the way from Saydnaya Prison or are killed upon arrival to the hospital.

[26] Many survivor testimonies, documented by the organization at various intervals since 2017, had confirmed these practices.

There are two sections in the military police concerned with investigations. The investigation and forensic evidence department takes photos of incidents, making a preliminary record. The interrogation and prisons department prepares investigation files to refer them to the military judiciary. This section is also in charge of managing the detachment. Issues related to army deserters are followed up by the investigation section of the military police detachment. The detachment, on the other hand, welcomes security detainees and defected military agents with physical assaults and insults after they arrive from Sednaya Prison and security branches. They are never medically examined in this detachment, whose role is only to have them seen in the emergency department (which will be discussed elaborately below). Agents of the detachment guard and monitor the emergency department. In the rare cases where detainees saw a doctor and were admitted to the Hospital, they were restrained with a chain tying their hand to the bed and guards continued to monitor them in shifts around the clock. If the detainee died, their body is dealt with according to the body transport procedure, in cooperation with the military intelligence detachment.

2.2. Military Intelligence Detachment: Monitoring staff and supervising the handling of detainees' remains.

The military intelligence had no visible presence in Tishreen Military Hospital before 2011, except for its role during the Sednaya Prison mutiny in 2008, when it accompanied the wounded detainees who were evacuated from the prison. Some prisoners were killed on the way to the hospital or in the hospital's jail. At that time, the role of the military intelligence was restricted to monitoring hospital staff and ensuring confidentiality for senior army and security agencies officers when they visited for treatment purposes.

The situation changed after 2011 as the Military Intelligence Division- Branch 227- started to have a permanent presence in Tishreen Military Hospital. In early 2012, permanent offices for the detachment were established on the hospital's eighth floor. The detachment comprises around 18 agents all of whom are enlisted including around three officers. They are commissioned to carefully monitor the medical and administrative staff and ensure that no news or information is leaked about what happens inside the Hospital, specifically in relation to dealing with detainees and those wounded in peaceful protests who were taken there at the beginning of the revolution. In addition, they are expected to prevent any defections amongst the ranks of military and medical staff in the Hospital.

Testimonies of former hospital staff whom we met agreed that agents of the military intelligence detachment tortured detainees in the alternative emergency department. The detachment's main role, however, was to oversee the handling of dead detainees' bodies and to transport them from Tishreen Military Hospital to the mass graves in Najha, Al Qutayfah, and Baghdad Bridge in Damascus outskirts, as shall be explained below.

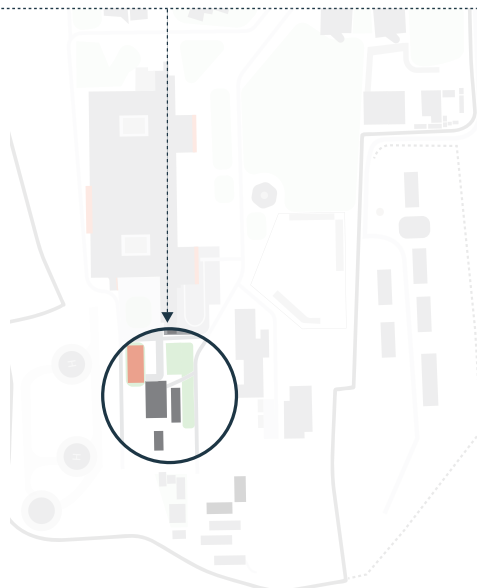
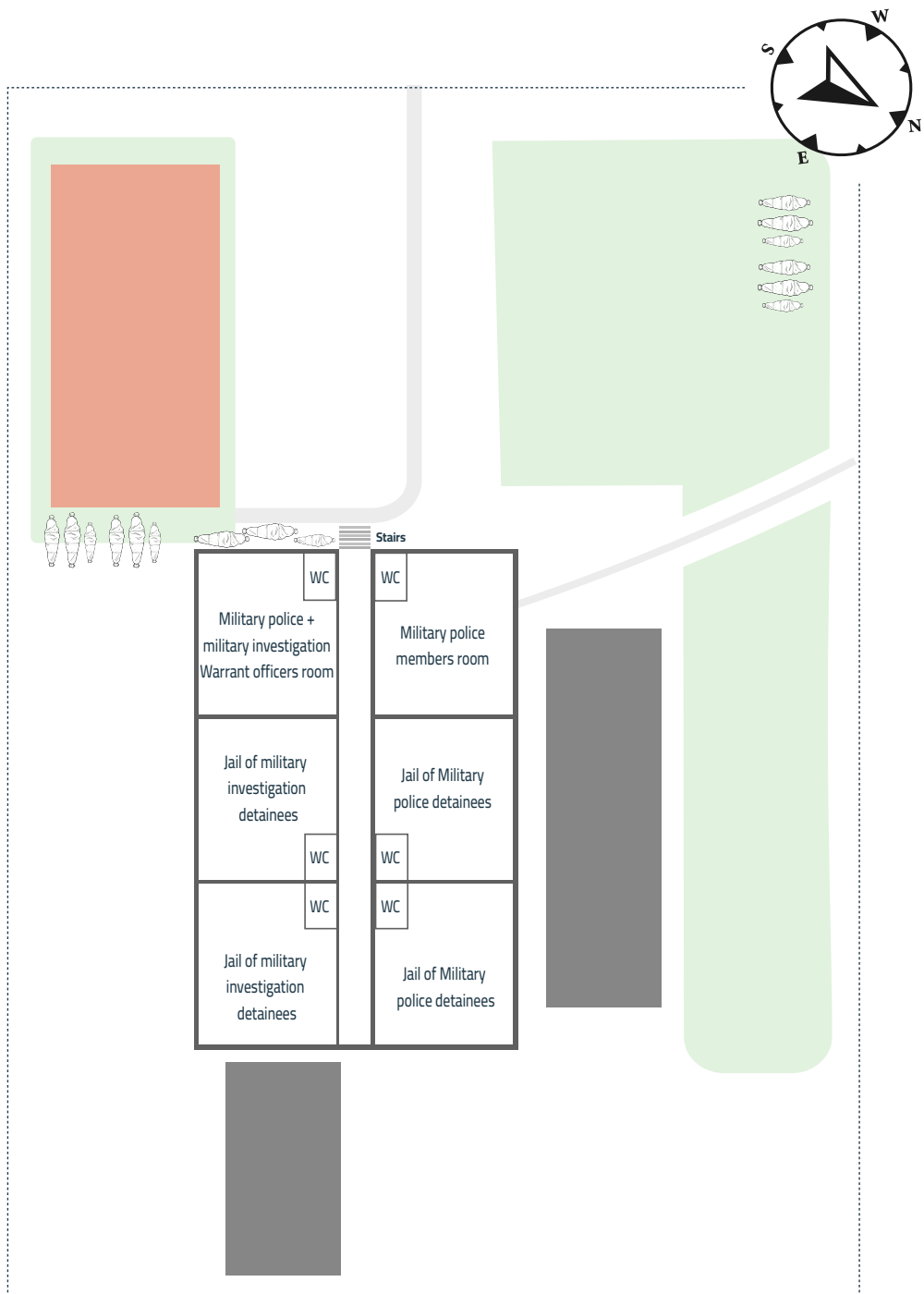


Figure 5. The Jail

3. Departments and divisions responsible for dealing with detainees and their role

In Tishreen Military Hospital, there are 36 medical divisions covering various specializations. Detainees, however, rarely saw a doctor in those divisions. Their experience in the Hospital was restricted to the jail of the military police and examination at the emergency department. In rare cases after 2018, this department reportedly referred some detainees to specialized divisions for examination. Detainees were often not provided the same treatment or medical care as other patients in those divisions, according to survivor testimonies documented by ADMSP. Therefore, we focus here on the departments concerned with dealing with detainees and detainee remains, namely:

1. Emergency division – alternative emergency department after 2010
2. Forensic medicine division
3. Garage

3.1. Alternative Emergency Department: Abuse of detainees who survive the jail

After detainees were held in the hospital's jail, where some died and others were killed, the survivors were referred to the alternative emergency department. As with the main emergency department, the alternative emergency department was established according to some respondents in 2008 with the eruption of Sednaya Prison mutiny and was reactivated at the beginning of the revolution. It used to be an old warehouse comprising one underground floor adjacent to the main emergency department. Its windows have been covered so what happens inside cannot be seen from upper floors or pedestrian sidewalks. It measures around 100m² and includes 30 beds. It is dedicated exclusively to detainees. It has around 30-40 medical staff including doctors and nurses. The establishment of this department was enough to prevent detainees from seeing any specialized doctor in the emergency department. Prior to 2011, detainees had access to specialized doctors in the main emergency department, but after 2011 the situation changed according to several survivor testimonies. When detainees arrived at the Hospital, the military police detachment took them to the alternative emergency department merely as a routine measure, where they may have been given a pain killer at best without referral to specialized departments.

Survivor (D021) ^[27] recounted his experience in this department:

"I was admitted to the emergency department at Tishreen Military Hospital. They carried all their weapons but without their holsters. There were two of them: a warrant officer and a regular soldier. They had me see a doctor who was nothing like a doctor. I later learned he was a brigadier general or a colonel. He came in shouting angrily "Why have you brought him to me? What would I do with him?" The warrant officer said "Well, doctor, this is what we got!" The doctor said, "Have you brought him so we sign him a death certificate?" The warrant officer answered "Oh, sir! He is not quite dead yet!" The doctor said "I have nothing to do with this inmate. You manage your own stuff. My shift is over and I'm going home anyway!" and he left the room. The soldier looked at the warrant officer and asked, "What do we do now sir?" The warrant officer answered, "Take him back to jail, he might as well die and save us the trouble!"

We believe one of the reasons for establishing this separate emergency department was to isolate detainees completely from the general patient population and deny them any chance to communicate with the outside world or meet anyone by any means. This gave the medical staff in the alternative emergency department and the agents of the military police detachment freedom in carrying out torture and abusing detainees.

All the witnesses we met agreed that the medical staff who were allowed to access this place were carefully chosen from regime-loyalists and could be said to be mostly Alawite. Nurses were selected by the chief of nurses in coordination with the security officer and the hospital manager and they are not held to account regarding their treatment of detainees. They exercised all forms of maltreatment including physical beating in front of officers and officials.

3.2. Forensic Medicine Division: Legitimizing crimes

The Forensic Medicine division is located across from the emergency department on the eastern side of the Hospital. It comprises a morgue, mortuary fridge room, doctors' offices, forensic medicine registry office, a room for security agents and soldiers, and an archive room. Several agents (soldiers) work there in addition to 2-3 doctors with ranks ranging from captain to lieutenant and 3-4 nurses. A special guard detachment was introduced specifically to protect those working in the forensic medicine section. Staff of this section are appointed by the medical services administration.

In addition to the forensic medicine staff in the hospital, the military police send a forensic doctor officer from its own staff. His work is mainly to prepare a death statement (citing cause of death,

[27] Codenamed to protect his identity. He was arrested in June 2019 after the regime, backed by Russia, took control over his city. He was imprisoned in Sednaya Prison where he was tortured severely. After around three years of detention, he was released in 2021. He was interviewed on 11/5/2023.

diagnosis, and symptoms, and describing the deceased person) in consultation with and reference to the report and diagnosis of the forensic doctor in Tishreen Military Hospital. The military police then contact the military judiciary and reports the incident of death to the summary martial judge. The forensic doctor affiliated with the military police then meets with an investigator from the military police and the summary martial judge in Tishreen Military Hospital to draft their separate statements and prepare the detainee's death file,^[28] as will be explained below.

The forensic medicine division may be said to play a mediator's role between the military police detachment and the military intelligence detachment in dealing with bodies of dead detainees: the military police documents names of detainees brought to the hospital and in cases where a detainee dies, it informs the forensic medicine division where the bodies are transferred. The military intelligence detachment then receives the bodies and sends them mostly to mass graves. This intermediary stage is necessary to legitimize the execution of detainees and the disappearance of their bodies.

The task of the forensic medicine division is supposed to be drafting reports about the causes and manner of the death of detainees in Tishreen Military Hospital.^[29] In actuality, however, doctors do not examine bodies of dead detainees or conduct an autopsy. This is clear in the causes written on death certificates, which are almost always related to cardiological problems, and in the names of witnesses cited, which are agents from the departments themselves (sometimes without their knowledge) or even pseudonyms.^[30] This is a routine practice that serves to legitimize the crimes of the Syrian state's oppressive agencies. Reports about detainees who died outside the Hospital and are transferred there are drafted by the doctor in the place where they died. For example, if a detainee dies in Sednaya Prison or in a security branch, the doctor in the prison or security branch issues a preliminary report after examining the case. The causes identified in their diagnosis are mostly cardiac arrest and respiratory failure. The doctor refers the body to Tishreen Hospital where the abovementioned procedures are followed.

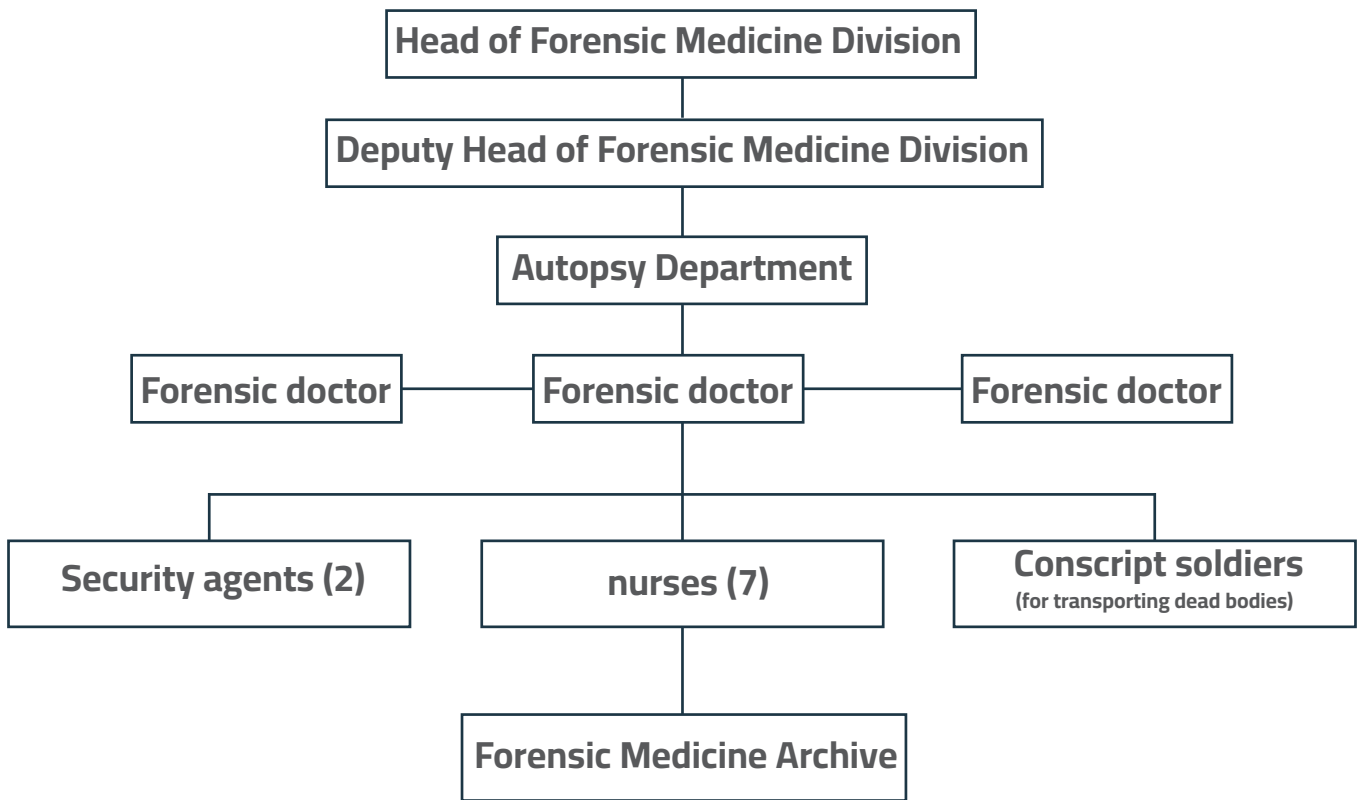
The death certificate is signed by the head of forensic medicine department and the administrative officer (an officer who graduated from the military academy, not a doctor). If the administrative officer is not available, any officer from other departments can sign. After the officer signs the death certificate, it gets stamped by the registry. This report is then submitted to the military police, which in turn drafts a report submitted to the court responsible for the detainee's case. The report is then sent to the branch which made the arrest and the secretariat of the civil record.

[28] It must be noted that a death file is different from the death certificate or death statement. The death certificate is one of the papers that must be included in the death file in addition to the death report and the report of the military police investigator who had examined the body and the report of the summary martial judge.

[29] Before the revolution, the procedures were followed duly as an autopsy was made based on legal procedures requiring a forensic report.

[30] Interview with witness (B038) on 16/1/2023 and with witness (B035) on 17/1/2023 and with witness (B050) on 18/1/2023.

Structure of the Forensic Medicine Division



Departments of Forensic Medicine Division at Tishreen Military Hospital

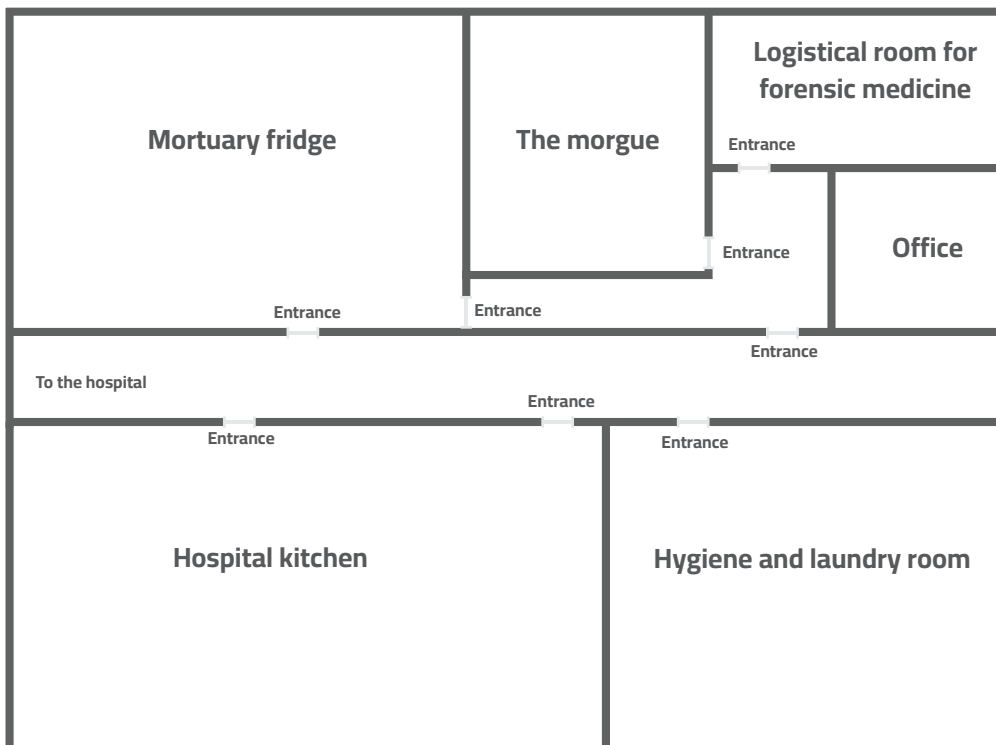


Figure 6. Forensic Medicine Division in Tishreen Military Hospital

3.3. Garage: Morgue substitute and vehicles to transport the bodies to graves

With the rise in the number of battle casualties, the bodies of dead regime troops started to arrive en masse in Tishreen and Harasta military hospitals. While forensic examination procedures were made and cause of death reports issued, bodies were held in the morgue of the forensic medicine division in the basements of both hospitals. In July 2012, the British Channel 4 broadcast a TV report from within Tishreen Military Hospital showing bodies piled in the basement of the forensic medicine division.^[31] Witnesses we met while preparing this report said ^[32]:

“In one of the battles in the city of Douma in the spring of 2013, they brought in more than 800 regime troops who were either killed or injured to Harasta Military Hospital. The mortuary fridges could not accommodate that large a number, so the bodies were put in coffins and piled in the corridors and the morgue.”

This had repercussions for the bodies of detainees. The garage became the primary location where remains were collected and then loaded into transport vehicles to be buried in mass graves.

The garage had six large, refrigerated vehicles to transport bodies (of army and security agents or detainees), which were introduced at the beginning of the revolution. Additionally, there were Mazda vehicles, which had been modified to become makeshift ambulances, traveling within Damascus and its countryside. There were also Chevrolet and Mazda vehicles from the forestry foundation affiliated with the Ministry of Agriculture (which were appropriated by the Ministry of Defense in 2010). These were also modified to become makeshift ambulances affiliated with Transport Regiment 216 (housed in the Ministry of Defense’s Medical Services Administration). Further, some 16 Mazda 14-passenger minibuses were introduced after being modified in the defense factories in Qadam in Damascus countryside. There were also between 15–20 old military medical vehicles and around 20 modern ones (donated by Japan and Korea before the revolution). In addition, there was a car wash space at the corner of the yard to wash the vehicles as they return from the body transfer journey. The car wash spot was introduced after the revolution.

The military intelligence detachment ordered the military police detachment to load the bodies in transport vehicles and supervised the process.^[33] It is this detachment that determined the destination of the vehicle and the route it took. Agents of the military police detachment in the hospital loaded the bodies in vehicles within the garage. However, by early 2013, they started to force the detainees in the jail to load the bodies. Figure (7) illustrates places of gathering dead bodies in the transportation garage near the jail.

[31] The reporter said “Inside the back doors, the stench of decomposing human beings hangs heavy and clings to you in the still hot morning of a Damascus July. The brigadier in charge calmly tells me: “On most days there are about 40 coffins – but today as you see, many more. We have a problem though, because of the situation the band cannot get here to play the music. I’m sorry but I think there will be no funerals today.” Inside I count 53 coffins. Hospital orderlies stapling the Syrian tricolour in rapid perfunctory style – they have done it so many times before.” Alex Thomson. Under fire in Assad’s military hospital. Channel 4 (2012) <https://bit.ly/3q8IHUQ>

[32] Interview with witness B005 on 5/4/2023 and witness B062 on 24/4/2023

[33] Most of the time, 3–4 agents from the military intelligence detachment including warrant officers and sometimes officers attend the process of loading the dead bodies.



Figure 7. places of gathering and photographing dead bodies near the jail and the transportation garage

4. Treatment of Detainees in Tishreen Military Hospital

Accounts of Sednaya detainees during the 2008 mutiny indicate that the involvement of medical staff in torture processes in Tishreen Military Hospital is nothing new.^[34] Detainees formed a committee to negotiate with the regime at the time. The committee demanded to know what happened to a group of detainees who were transferred to Tishreen Hospital for ‘treatment.’ Indeed, the committee managed to reach out to the Hospital and return some of those detainees who recounted what happened to them and others: some detainees were killed in the medical vehicle that transported them from the prison to the Hospital.^[35]

After 2011, the situation deteriorated even further with the rise of violence by hospital staff and military police agents and the increase of the number of detainees at the Hospital. Detainees were forced to carry the bodies of other detainees. Even worse, they were forced to take part in killing their cellmates in the jail as recounted by some survivors that were interviewed. Survivor (D022)^[36] said:

“When we descended from the bus, agents of the detachment said the strongest three among us must come. We did and started carrying the bodies that were brought from Sednaya to the jail’s door. When the other detainees got out of the bus, they were put in the corner of the jail all on top of one another, with us among them. After a short while, they called out my name and the name of my cellmate. A doctor examined us and ordered them to leave us aside and let no one approach us. In the evening, a National Defense inmate started to give detainees numbers saying, “You are one, you are two, you are three.” Then he said, “Number one come forward” so the others step back and two of the four would hold the detainee while the National Defense inmate strangled him with a towel until he died. In the morning, they ordered us and the four thugs to carry the bodies and pile them on top of one another in a small fridge. The warrant officer in charge of the jail then came with a small box with white powder, which he emptied over the bodies and closed the door of the fridge. Executions took place without anybody hearing anything. The warrant officer would open the door and address National Defense inmates saying, “I don’t want to hear a sound. Do your work quietly.”

[34] One of the wounded detainees who were returned from Tishreen Military Hospital to Saydnaya Prison during the mutiny said: some doctors restrained the wounded to the beds and took pleasure in torturing them so much so that some of them urinated on their wounds. Zaman al-Wasl (2013). Regime kills those injured in mutiny and Tishreen Hospital doctors take pleasure torturing Saydnaya detainees <https://bit.ly/44wTlq>.

[35] Ibid.

[36] Codenamed to protect his identity. He was arrested in September 2011 because of his participation in anti-regime peaceful protests in his city. He was imprisoned in Saydnaya Prison where he was severely tortured. After around 11 years in various prisons, he was released in 2022. He was interviewed on 5/12/2022.

The detainees were transferred to the jail. In almost all cases, they never saw a doctor or got transferred to the hospital's departments for examination or diagnosis. They were simply offered some antibiotics and other basic medications. Sednaya detainees used to hide their health problems as much as they could so they wouldn't be transferred to Tishreen Military Hospital, as they knew what happened there and had seen the status of detainees returning from the Hospital. [37]

Survivor (D020)^[38]said:

"One of our cellmates returned alive from Tishreen Hospital but he was unable to stand up because of the severe pain he experienced because of beating. He died three days later."

In the early days of the revolution, in May 2011, 15 children from Daraa arrived at the emergency department, including Hamza al-Khatib (13 years old), who received extensive media attention at the time. They were injured and bled heavily. The head of the emergency department, Doctor Brigadier Mufid Darwish (who currently holds the position of chief doctor in Tishreen Military Hospital) started to beat them and stomp on them with his shoes, along with several doctors, nurses, and guards. The children were between 10 and 15 years old. When Hamza al-Khateeb's body was handed over to his parents, marks of torture were visible on his body.^[39]

5. Dealing with Bodies

5.1. Beating, stomping, documenting, and taking photos

Beating and insults in Tishreen Military Hospital were not only used against detainees, but also against their dead bodies, whether they died inside the Hospital or were transferred to the Hospital after they died in a detention center. Not only were security agents involved in these practices, but also members of the medical staff. This is illustrated in the testimony of a former agent in the military police, whom we interviewed:

"The warrant officer told me that bodies were stomped and kicked by male and female nurses of Tishreen Military Hospital. The bodies would be brought in a large dump truck used by the military construction establishment. The dump truck bed is raised so the bodies roll off like sand. After they are done taking photos and arranging the necessary records, the bodies are sometimes loaded back into the dump truck. If the number was too big, a bulldozer from the Military Construction Establishment is used."^[40]

[37] While we cannot confirm the nature of this substance, it is very likely an antiseptic substance or lime powder which is sprinkled on dead bodies to prevent spread of diseases or infections to security and police agents. See ICRC 2016. Management of Dead Bodies after Disasters: a field manual for first responders. ICRC <https://bit.ly/3NvA512>

[38] Former officer in the regime's army. Codenamed to protect his identity. He was arrested in March 2012 because he refused to open fire on protestors, disobeyed orders and tried to defect the army. He was imprisoned in Saydnaya Prison where he was tortured severely. After seven years in various prisons he was released in 2019. He was interviewed on 04/12/2022.

[39] ADMSP has documented this incident including all the relevant names.

[40] Interview with witness (B010) on 21/11/2022

The bodies were photographed and documented in the presence of a photographer and a forensic doctor with the rank of colonel from the investigation and forensic evidence section in the military police in addition to a military agent guard of the military police detachment. A piece of paper was used on which they wrote 'investigation', number XXX and another number XXX below. The former is the number given by the forensic doctor to the body upon examination and the second is the number of the security branch that arrested the detainee. Sometimes, a third number was written on the paper indicating the institution where they were jailed^[41] or their file number at the military judiciary. The letter (C) before the number indicated that the deceased was detained with the Air Force Intelligence.^[42] Another piece of paper with a third number was used to indicate the detainee's number in the branch which had made the arrest. The police agent wrote these numbers after writing them on the dead body itself. The photographer then took five photos of each body at various angles as follows (Figure 8):

1. Front full-body photo
2. Front full-face photo
3. Photos of any distinct marks on the body
4. Photo of any distinct facial features or personal effects with the body

After taking the photos, the warrant officer gave the detainees a large transparent bag and sometimes a black bag with a zipper (mostly white transparent bags with a white thread have been used recently). The detainees placed the body in this bag, which was then carried to the jail's external door, where bodies were placed in a corner to the left that is not visible from the upper floors—additionally, the Garage.^[43] These procedures changed dramatically after 2015 for detainees who die in security branches as the bodies were no longer brought to Tishreen Military Hospital and were rather buried in mass grave directly by the branch where they died. Only a list of the names of those who die in security branches was sent to the military police detachment in Tishreen Hospital to prepare a death report based on the security branch report. This report was then sent to the hospital's forensic medicine division to issue a death certificate to be attached to the detainee's file. Many of the witnesses we interviewed believed this is very likely because of the publication of Caesar photos and the wide, international attention they received.

In cases where death occurred in the Hospital, the military police detachment wrote up a case statement that it sent to the military police branch's investigation and forensic evidence department. Then the military police detachment photographed the bodies and transferred them to

[41] The air force intelligence used to jail some detainees in prisons of the army's 4th division. The military intelligence division used to jail some of its detainees in the intelligence school in Maysaloon area in Damascus countryside.

[42] These testimonies about the numbering methodology confirm the findings of Human Rights Watch in its analytical report about Caesar photos. Human Rights Watch (2015). *If the Dead Could Speak: Mass Deaths and Torture in Syria's Detention Facilities*
<https://bit.ly/3FglPFP>

[43] See Figure No [7]

the forensic medicine division in the Hospital. When the investigations department received the statement, an investigator and a summary martial judge (a witness to record the incident in a judicial statement) and a forensic doctor were sent from the military police to inspect the case after consultation with the hospital's forensic doctor.^[44] The military police doctor in turn wrote up a report that was adopted by the military police and submitted to the military judiciary. In the meantime, photographs of the bodies were taken (as explained earlier) and they were documented by the military police detachment (investigation and forensic evidence department). The body was then handed over from the forensic medicine division to the security detachment where a statement of the case was arranged and the incident of death was reported to branch 227. If the dead detainee was from another branch, the branch would be informed in writing of the incident of death. The bodies were then transported to mass graves.

Illustrative visuals emulative photographic styles, and the numbering methodology followed.



Figure 8. types of photography and numbering methodology

[44]With the rise in the number of deaths after 2012, the situation changed: the bodies would pile and then the doctor would come to inspect them all at once. Also, the judge no longer had to visit the hospital but only go to the military police to nominally fulfil his task. An investigator has been assigned full-time to the hospital with a photographer from the investigations and forensic evidence department.

5.2. Transport to mass graves

As soon as the forensic medicine division procedures were finished, a final case statement was written by the forensic doctor of the military police and the photographs were taken. The hospital's security detachment then carried out the procedures related to dealing with bodies to bury them in the designated mass graves in a clandestine fashion.

The hospital's security detachment coordinated with security branches in the event that detainees died due to torture, starvation or poor medical care in the detention center or security branch or after having arrived at the Hospital. Burial took place under the supervision of the security detachment and the branch from which the detainee was brought was informed of the fact of death. In cases where an execution sentence was carried out in Sednaya Prison, agents of the military police of the company deployed in the prison loaded the bodies in a military police vehicle. The vehicle is an olive-green Honda with a closed shed that could accommodate around 50 bodies. The bodies were loaded under the supervision of the prison's manager, the security officer, and a representative of branch 227.

They were then transported to mass graves without going to the military hospital, medical services, or any other entity because the military judiciary administration had issued an execution sentence against them. The bodies were transported to the mass grave in Najha, which has been called cemetery no.1 (the term used by regime forces is 'cemetery of the bastards'). A vehicle from branch 227 accompanied the bodies too. In cases where there were more than fifty bodies, the remaining bodies were loaded into a tanker truck and were transported together in the vehicle and the tanker.

In Tishreen Military Hospital the bodies piled over one another at the jail's door and in the garage were loaded into vehicles which arrive from the medical services administration under the supervision of the military intelligence division. Among the bodies there were sometimes some patients who had not died yet, so the warrant officer would kill them. The bodies stay for two or three days, sometimes waiting for other bodies to arrive so there were enough to transport to Najha graveyard, and sometimes to Al Qutayfah graveyard, Harasta Hospital 600, or Mezzeh Hospital 601, where more detainees' bodies were loaded. Armed agents from the military police detachment rode in the vehicle, which was also accompanied by two security cars from branch 227.

The choice of the route and whether it passed by other hospitals or not depended on the type of vehicle. The small medical vehicles cannot accommodate more than 15 bodies piled over one another. The delay may also have been caused by the unrest and disruption of some roads by opposition forces. The bodies were covered with blankets and guarded by agents.^[45]

After 2015, burials were transferred to a mass graveyard that was opened in Baghdad bridge area in Damascus countryside, near Adra Workers City, which was under opposition control.^[46] The reason, according to several participants in this research, is that it is close to Damascus city as well as Tishreen and Harasta military hospitals and well-protected. Military formations affiliated with the special forces and the army's vehicles administration are based around it. Satellite images indicate the expansion of burial processes in Baghdad Bridge graveyard in 2015 and 2016 with a slight decline in the following years 2017-2022.

08 - 2014



Satellite image (courtesy of Google Earth Pro)

Satellite images of the mass grave in Baghdad Bridge in Damascus Countrysideg

[45] For more information on the mass grave in Al Qutayfah , see Administrative Structure and Organizational Ties in Saydnaya Prison. ADMSP (2022) <https://www.admsp.org/> See also: New York Times (2022) Mass Graves Identified in Syria Could Hold Evidence of War Crimes <https://nyti.ms/3O7FmfC>

[46] It was established in the third quarter of 2014 concurrently with the operation which the army launched at the time to regain control over Adra Workers City which had been controlled by Islam Army since 2013. Aljazeera Net 2014. Regime Takes Control of Adra Workers City and Bombs Douma. <https://bit.ly/3NolYdB>

01 - 2015



Satellite image (courtesy of Google Earth Pro)

01 - 2016



Satellite image (courtesy of Google Earth Pro)

Satellite images of the mass grave in Baghdad Bridge in Damascus Countryside

05 - 2017



Satellite image (courtesy of Google Earth Pro)

11 - 2018



Satellite image (courtesy of Google Earth Pro)

Satellite images of the mass grave in Baghdad Bridge in Damascus Countryside

05 - 2019



Satellite image (courtesy of Google Earth Pro)

03 - 2020



Satellite image (courtesy of Google Earth Pro)

Satellite images of the mass grave in Baghdad Bridge in Damascus Countryside

10 - 2021



Satellite image (courtesy of Google Earth Pro)

09 - 2022

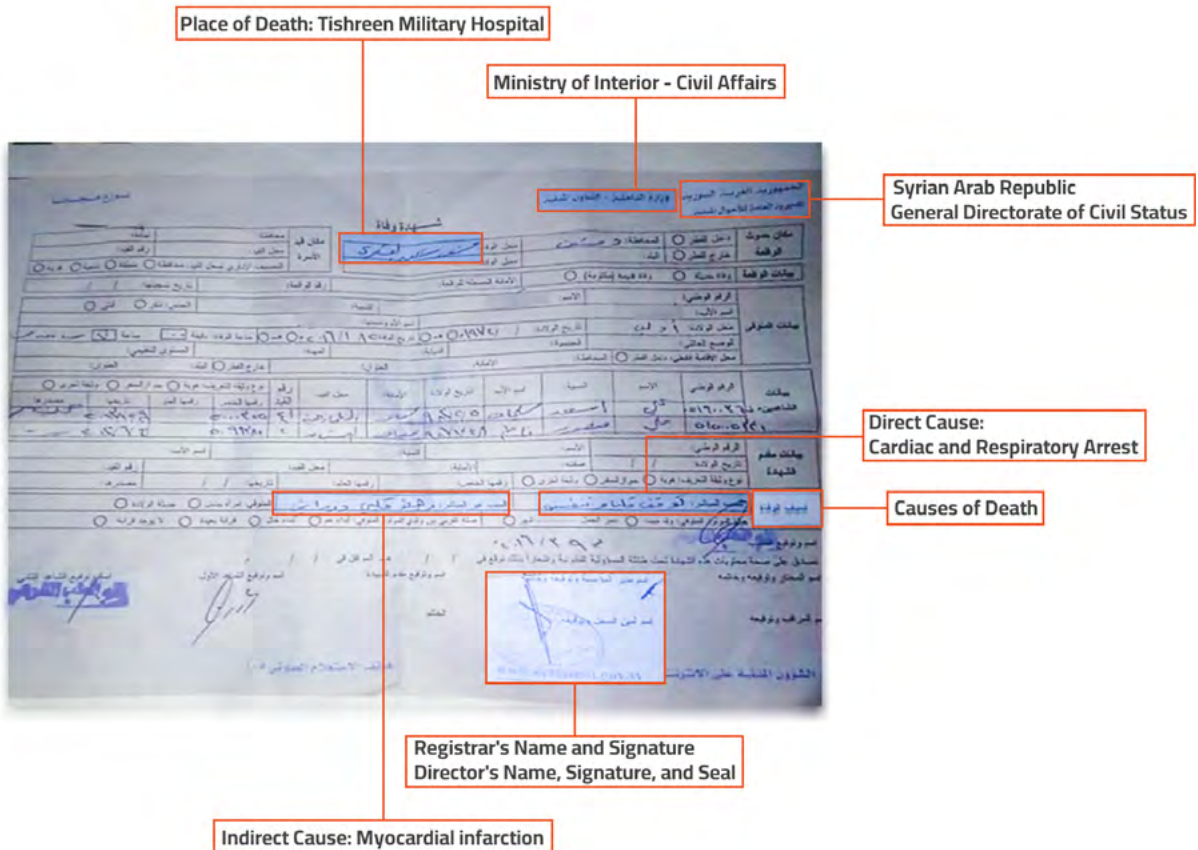


Satellite image (courtesy of Google Earth Pro)

Satellite images of the mass grave in Baghdad Bridge in Damascus Countryside

5.3. Preparation of Death File

As explained above, in cases of death (in the military hospital or the branch), an investigator, a judge, and a forensic doctor from the military police would come to inspect the case separately and write their independent reports. When they returned to their work place in the military police, the investigator prepared the entire file, arranged and stamped it, attaching the report prepared by the forensic doctor of the military police, the photos that were taken by the photographer, the death report and death certificate issued by the forensic medicine division in Tishreen Military Hospital, and all the other pieces of evidence. Thus, the file would be completed in the investigations department of the military police and be ready to be sent to the military judiciary. The investigator attaches a summary which read, for example "Inmate charged with was in hospital and died of ... " The file was then sent with the attached summary to the same military judge who attended the body inspection to add the report he had written. Thus, the death file would be completed and sent to the prisons department in the military police, which sent copies to various entities: the chief command, the intelligence agency with which the branch which had made the arrest is affiliated, and the civil record administration. Figure 9 illustrates the steps followed for preparing the death file. This figure was drawn based on testimonies of former workers we interviewed during the preparation of this research, and it was compared to some government documents that ADMSP has.



Photocopy of a Death Certificate
Document Source: ADMSP Database

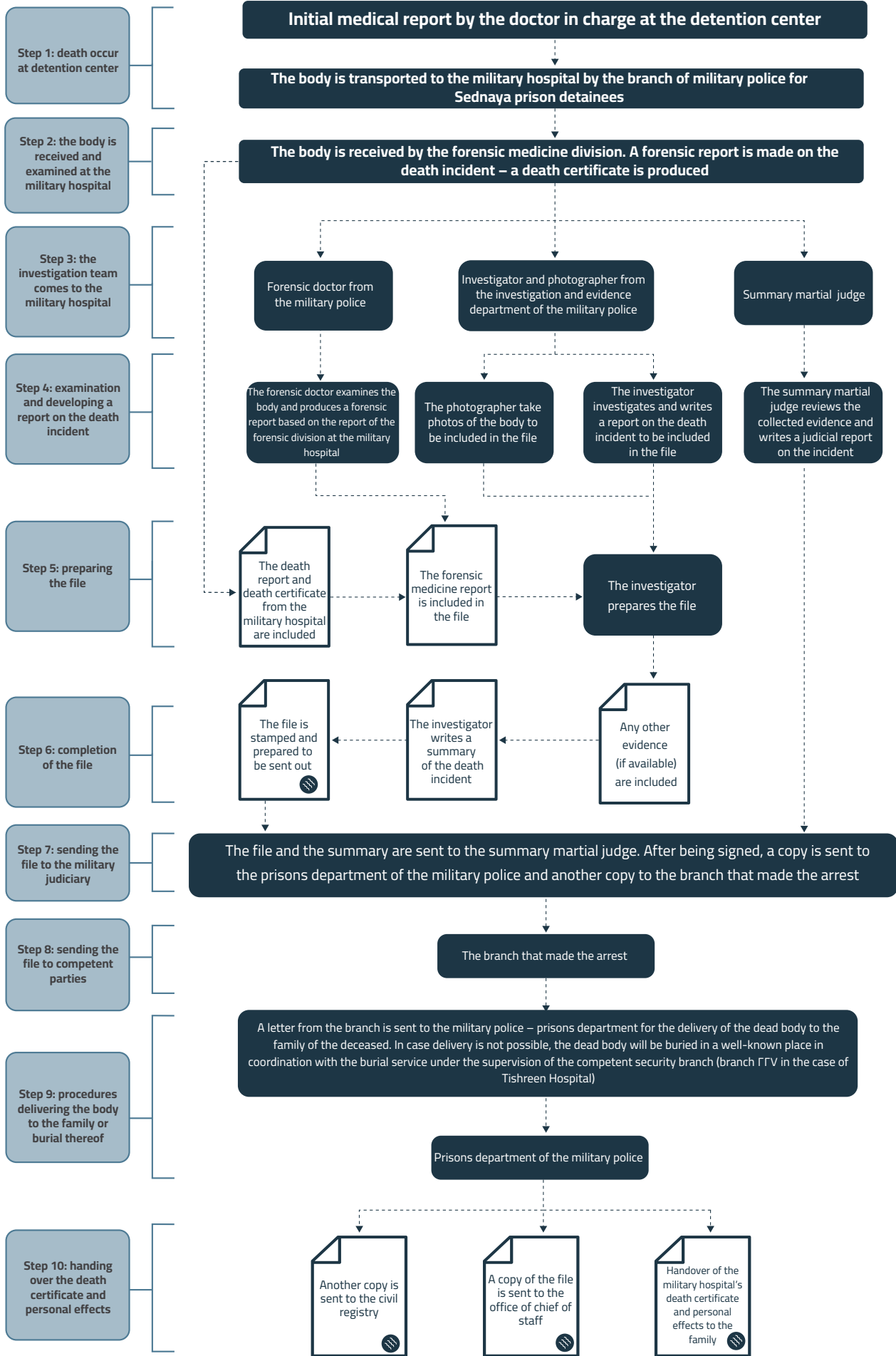


Figure 9

Nonetheless, families of detainees find it impossible to get hold of the bodies of their loved ones or the death certificate. Often, they must pay large sums of money to acquire the death certificate.^[47] Many families only managed to acquire the death certificate months or even years after the fact.^[48]

According to witnesses, before the revolution the burial of unidentified bodies in Najha cemetery involved documentation, tracking and numbering system so the remains could be found if necessary or if the body was identified. However, after the revolution, the grave documentation and numbering system was suspended and bodies were buried randomly over one another.

A former worker in the vehicles office in Damascus governorate said:

In the past, graves were prepared all the time so when bodies of civilians or unidentified persons arrived, there would be two-meter deep graves ready for them. The cemetery workers would prepare the graves, level the ground, and leave a 1 to 1.5 meter distance between graves. It was different this time, however. The person in charge (a security agent) instructed me to dig a 10 to 15 meter long and more than 3 meter deep trench. I finished the digging quickly, hoping to leave the site early, but he asked me to stay outside the cemetery until I was called upon. At sunset, a security Mercedes 180 vehicle arrived with three fridge tankers (refrigerated food transport trucks) that were 10 meters long. They reeked of the smell of decomposed bodies. They were followed by a military vehicle carrying guards. The refrigerated tanker trucks headed directly to the trench I had dug in the morning. The military agents opened the doors and asked the employees of the burial office to throw the bodies into the trench. The bodies were piled over one another in three rows at the truck's full length. Around 70 bodies had been collected at the truck's door so the officer asked me to drop them with the bulldozer into the trench. The bodies on the ground were blocking my way and I tried to go around them in order not to crush them under the bulldozer but he waved to me and instructed me to move forward. So, he forced me to crush them under a bulldozer that weighed around 40 tons. I started carrying the bodies with the bulldozer's blade and dumping them into the middle and end of the trench I had dug. I believe the trucks were carrying more than 450 bodies that day.^[49]

[47] See: Syrians for Truth (2021). Deprivation of Life and Truth. <https://stj-sy.org/en/syria-arbitrary-deprivation-of-truth-and-life/>

[48] Euronews (2018). Syrian Government Issues Death Certificate for Detainees as Assad draws closer to Resolving the War. . <https://bit.ly/45YvOXI>

[49] The text is part of an interview which SJAC has produced a podcast of with the former worker in the vehicles officer in Damascus governorate who was dubbed by the media as 'the bulldozer driver'. SJAC (2022) Bulldozer Driver, Adaleti Podcast <http://bit.ly/44qqzU5>

6. Caring for those close to authority, their families, and loyal armed forces

In terms of medical care, unlike what happens with detainees entering Tishreen Military Hospital, a patient from the armed forces or their families receive outstanding care. The Hospital is equipped with the best medical equipment and is an attraction for competent medical professionals in Syria. Although it is primarily dedicated to members of the regime's army and armed forces, it also receives cases of civilians based on their perceived affinity to the regime.

It is noteworthy that the level of care and respect one receives depends on their level of allegiance. In a strange incident which we verified from several interviewees, the minister of defense, General Ali Habeen, was admitted to Tishreen Military Hospital for a health problem in July 2011. He had reportedly refused to deploy the army to the streets so he was insulted and beaten with shoes by some female nurses. The nurses accused him of being too lenient while they could potentially be raped by the Sunnis (a reference to opposition forces). Meanwhile, the hospital's security officer intervened reluctantly while reports circulated that Ammar Suleiman, the manager of the medical services administration, had encouraged the nurses' abuse. The nurses later boasted of beating the minister, who was dismissed a month later.

The medical care accorded to those affiliated with the regime indicate that the treatment detainees suffered in Tishreen Military Hospital was a systematic state policy to violently suppress detainees and opponents and promote the culture of impunity.

Bodies of killed army members were received and examined to identify the cause of death and conduct an autopsy if necessary. They were then put into mortuary fridges and then coffins and handed over to the families using the funeral norms observed by the Syrian army. They were then buried as 'martyrs.' The families of dead army members received death certificates through regular, official channels, while the families of detainees suffer bitterly in their attempts to receive them. Names of real witnesses were included on the fact of death statement, while in the case of detainees the names used are mostly fake names and at best the names of security agents. And of course, information related to cause of death was accurate in the case of army troops, while it was mostly falsely attributed to cardiological conditions in the case of detainees.

In the case of members of the army and armed forces, the personal effects of the deceased were sent to the unit in which they had served, which in turn handed them over to their families. If the unit was positioned in a remote area or outside Damascus, the personal effects were sent to the military police, which sent them to the deceased's unit. In the case of civilians, personal effects were sent to the military police, which in turn handed them over to the family of the deceased. In the case of detainees, on the other hand, neither personal effects nor even information were delivered to their families.

Conclusion and Recommendations

This report has revealed the secret details of Tishreen Military Hospital and the role of the military intelligence, the military police, and the medical and administrative staff play in the execution, burial, and documentation of death of detainees. While the report focuses on Damascus and Damascus countryside, testimonies documented by ADMSP from other governorates indicate similar practices in Homs Military Hospital, for example. Thus, the report has offered the evidence to support the following conclusions:

- The treatment of detainees in military hospitals, specifically Tishreen Military Hospital, constitutes a systematic state policy. This means the executions, deaths under torture, and cases of insufficient medical care at this site may amount to crimes against humanity, carried out under the supervision of several security agencies observing a precise policy that is clearly documented through bureaucratic procedures.
- The role of the military police in Syria is not restricted to managing military prisons and implementing decisions of the military judiciary. Rather, it plays a key role in execution, burial in mass grave, and enforced disappearance practices.
- The military police also played a major role in documenting deaths among detainees (as well as Syrian army agents or civilians killed in areas controlled by the Syrian government). It maintains precise details about deaths up to 2015. At that time, the security agencies started adopting a new process whereby detainees who die in security branches are not referred to the military hospital but rather buried in mass graves by the security agencies themselves, after arranging a phony forensic report.
- The forensic medicine division in Tishreen Military Hospital plays a major role in issuing phony death reports without examining the bodies to identify causes of death. Heads of forensic medicine and emergency departments have taken part in the crimes committed against detainees and contributed to the crime of enforced disappearance.
- The military intelligence – branch 227 in the case of Tishreen Military Hospital- is the main security agency overseeing cases of death and issuing orders of transport and burial in mass graves. The military intelligence and military police have shared responsibility for these crimes.
- The change of procedures and establishment of a separate emergency department within Tishreen Military Hospital to isolate detainees and prevent them from communicating with staff and other hospital departments in addition to the introduction of a car wash area for vehicles which transport bodies to mass graves are evidence that the practices observed in Tishreen Military Hospital constitute a systematic policy elaborately developed by those in charge of the Hospital and for which financial allocations were made to build those departments and carry out this policy.

- The discrepancy between the procedures followed in documenting burial in mass graves for unidentified bodies and allowing the remains to be collected in case the deceased was identified later and the change of procedure after the revolution so deceased detainees are buried randomly and en masse confirms that the Syrian government is capable of establishing a documentation and tracking system to identify the victims. However, it has chosen to suspend this procedure as a deliberate policy to aggravate enforced disappearance and preclude easily identifying victims in the future.

Based on the conclusions of this report, ADMSP recommends the following:

- United Nations: The military judiciary keeps copies of the files of deceased detainees. The Syrian government cannot deny or claim not to know the identity of the victims. Apart from lack of political will, there is nothing hindering the Syrian government from revealing the names and numbers of deceased detainees. The existence of such records and documentations constitutes an opportunity for the new international institution to clarify the fate and whereabouts of missing persons in Syria to demand access to these records as a point of departure.
- United Nations: the new international institution to clarify the fate and whereabouts of missing persons in Syria: Collecting evidence and investigating the role of military police in Syria as well as documenting cases of defected military police agents must be prioritized as a point of departure to clarify the fate of the missing.
- European migration agencies: Files of Syrian asylum seekers and refugees who formerly worked in military hospitals or in the ranks of the military police must be scrutinized. Migration agencies must cooperate with human rights organizations to verify potential involvement of any refugee in these crimes during their time in service.
- Syrian civil society organizations: Syrian CSOs are urged to document cases of defectors and former employees in security agencies, military police and military hospitals focusing on all the details of bureaucratic procedures of arrest, execution, documentation and burial by the different parties.
- International community:
 - Impose sanctions on military police administration as one of the major bodies involved in killings and enforced disappearances.
 - Including the following doctors on the European and US sanctions lists:
 1. Major General Dr. Ammar Suleiman, director of the medical services administration in the Syrian army
 2. Major General Dr. Mufid Darwish, chief doctor in Tishreen Military Hospital
 3. Brigadier Dr. Akram al-Shaar, head of the forensic medicine division in Tishreen Military Hospital

For holding the main responsibility for maltreatment of patients by medical staff and giving a tint of legitimacy to cases of death of detainees which take place in security branches, Sednaya Prison and Tishreen Military Hospital

Annexes

Annex 1: table of interviews conducted during the research.

Table of Interviews							
#	Interview	Code	Rank	Department	Date of Interview	Method of interview	Duration (minutes)
1	1	B025	First warrant officer	Military Police – Sednaya Prison	1-Aug-2022	Face to face	185
	2	B025	First warrant officer	Military Police – Sednaya Prison	18-Aug-2022	Face to face	193
	3	B025	First warrant officer	Military Police – Sednaya Prison	4-Sep-2022	Face to face	160
	4	B025	First warrant officer	Military Police – Sednaya Prison	6-Oct-2022	Face to face	175
	5	B025	First warrant officer	Military Police – Sednaya Prison	25-Oct-2022	Face to face	200
	6	B025	First warrant officer	Military Police – Sednaya Prison	6-Nov-2022	Face to face	190
	7	B025	First warrant officer	Military Police – Sednaya Prison	13-Dec-2022	Face to face	185
2	1	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	19-Aug-2022	Encoded software	20
	2	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	6-Sep-2022	Face to face	125
	3	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	8-Oct-2022	Face to face	165
	4	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	21-Nov-2022	Encoded software	25
	5	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	18-Dec-2022	Face to face	120
	6	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	20-Jan-2023	Face to face	160
	7	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	28-Feb-2023	Encoded software	25
	8	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	16-Mar-2023	Face to face	105
	9	B010	First warrant officer	Military Police – Damascus Branch – Investigation and forensic evidence department	20-May-2023	Face to face	115
3	1	B030	First warrant – officer	Medical Services Department	8-Aug-2022	Encoded software	45
	2	B030	Office manager of the head of the department	Medical Services Department	26-Oct-2022	Face to face	140
	3	B030	First warrant – officer	Medical Services Department	8-Dec-2022	Face to face	160
	4	B030	Office manager of the head of the department	Medical Services Department	22-Mar-2023	Face to face	185

	5	B030	First warrant officer – Office manager of the head of the department	Medical Services Department	28-Apr-2023	Face to face	125
	6	B030	Office manager of the head of the department	Medical Services Department	5-Jun-2023	Face to face	145
4	1	B035	First warrant officer	Medical Services Department – Tishreen Hospital	17-Jan-2023	Face to face	90
	2	B035	First warrant officer	Medical Services Department – Tishreen Hospital	10-Feb-2023	Face to face	125
	3	B035	First warrant officer	Medical Services Department – Tishreen Hospital	29-Mar-2023	Face to face	110
	4	B035	First warrant officer	Medical Services Department – Tishreen Hospital	12-Mar-2023	Face to face	100
5	1	B005	First warrant officer	Medical Services Department – Aleppo Military Hospital – field hospitals	28-Nov-2022	Encoded software	35
	2	B005	First warrant officer	Medical Services Department – Aleppo Military Hospital – field hospitals	30-Jan-2023	Face to face	170
	3	B005	First warrant officer	Medical Services Department – Aleppo Military Hospital – field hospitals	5-Feb-2023	Encoded software	15
	4	B005	First warrant officer	Medical Services Department – Aleppo Military Hospital – field hospitals	7-Mar-2023	Face to face	140
	5	B005	First warrant officer	Medical Services Department – Aleppo Military Hospital – field hospitals	5-Apr-2023	Encoded software	105
6	1	B060	First warrant officer	Medical Services Department	17-Apr-2023	Encoded software	25
	2	B060	First warrant officer	Medical Services Department	6-May-2023	Encoded software	30
	3	B060	First warrant officer	Medical Services Department	4-Jun-2023	Encoded software	19
7	1	B050	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	20-Aug-2022	Encoded software	20
	2	B050	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	19-Sep-2022	Face to face	110
	3	B050	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	18-Jan-2023	Face to face	98
	4	B050	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	11-Mar-2023	Face to face	95

	5	B050	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	18-Apr-2023	Encoded software	18
	6	B050	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	23-May-2023	Face to face	120
	7	B050	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	15-Jul-2023	Encoded software	19
8	1	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	3-Dec-2022	Encoded software	180
	2	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	3-Jan-2023	Face to face	120
	3	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	21-Jan-2023	Face to face	112
	4	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	24-Feb-2023	Face to face	186
	5	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	23-Mar-2023	Face to face	190
	6	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	14-Apr-2023	Face to face	116
	7	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	15-May-2023	Encoded software	13
	8	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	9-Jun-2023	Face to face	143
	9	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	10-Jul-2023	Face to face	79
	10	B045	First warrant officer	Military Police – Damascus Branch – Intelligence – designated for Tishreen Hospital	20-Jul-2023	Face to face	103
9	1	B055	Warrant officer	Medical Services Department – Tishreen Hospital – Administrative Affairs	21-Oct-2022	Encoded software	38
	2	B055	Warrant officer	Medical Services Department – Tishreen Hospital – Administrative Affairs	21-Dec-2022	Encoded software	40
	3	B055	Warrant officer	Medical Services Department – Tishreen Hospital – Administrative Affairs	27-Mar-2023	Encoded software	19
	4	B055	Warrant officer	Medical Services Department – Tishreen Hospital – Administrative Affairs	13-Apr-2023	Encoded software	31
	5	B055	Warrant officer	Medical Services Department – Tishreen Hospital – Administrative Affairs	30-May-2023	Encoded software	26

10	1	B038	First warrant officer	Medical Services Department – Tishreen Hospital	2-Dec-2022	Face to face	178
	2	B038	First warrant officer	Medical Services Department – Tishreen Hospital	6-Jan-2023	Encoded software	47
	3	B038	First warrant officer	Medical Services Department – Tishreen Hospital	16-Jan-2023	Face to face	123
	4	B038	First warrant officer	Medical Services Department – Tishreen Hospital	31-Jan-2023	Face to face	112
	5	B038	First warrant officer	Medical Services Department – Tishreen Hospital	17-Feb-2023	Face to face	176
	6	B038	First warrant officer	Medical Services Department – Tishreen Hospital	25-Mar-2023	Face to face	195
	7	B038	First warrant officer	Medical Services Department – Tishreen Hospital	19-Apr-2023	Face to face	206
	8	B038	First warrant officer	Medical Services Department – Tishreen Hospital	13-May-2023	Face to face	189
	9	B038	First warrant officer	Medical Services Department – Tishreen Hospital	15-Jun-2023	Encoded software	48
	10	B038	First warrant officer	Medical Services Department – Tishreen Hospital	28-Jun-2023	Face to face	133
	11	B038	First warrant officer	Medical Services Department – Tishreen Hospital	14-Jul-2023	Face to face	167
	12	B038	First warrant officer	Medical Services Department – Tishreen Hospital	29-Jul-2023	Face to face	194
11	1	B058	First warrant officer	Medical Services Department – Tishreen Hospital	5-Dec-2023	Face to face	130
	2	B058	First warrant officer	Medical Services Department – Tishreen Hospital	17-Dec-2023	Face to face	185
	3	B058	First warrant officer	Medical Services Department – Tishreen Hospital	6-Jan-2024	Face to face	300
	4	B058	First warrant officer	Medical Services Department – Tishreen Hospital	18-Jan-2024	Face to face	135

11	5	B058	First warrant officer	Medical Services Department – Tishreen Hospital	30-Jan-2024	Face to face	165
	6	B058	First warrant officer	Medical Services Department – Tishreen Hospital	18-Feb-2024	Face to face	120
	7	B058	First warrant officer	Medical Services Department – Tishreen Hospital	1-Mar-2024	Face to face	75
	8	B058	First warrant officer	Medical Services Department – Tishreen Hospital	26-Mar-2024	Face to face	125
	9	B058	First warrant officer	Medical Services Department – Tishreen Hospital	7-Apr-2024	Face to face	140
	10	B058	First warrant officer	Medical Services Department – Tishreen Hospital	27-Apr-2024	Face to face	175
	11	B058	First warrant officer	Medical Services Department – Tishreen Hospital	2-Jun-2024	Face to face	517
12	1	H001	Contracted doctor	Medical Services Department – Tishreen Hospital	13-Jan-2023	Encoded software	35
	2	H001	Contracted doctor	Medical Services Department – Tishreen Hospital	13-Feb-2023	Encoded software	40
	3	H001	Contracted doctor	Medical Services Department – Tishreen Hospital	21-Mar-2023	Encoded software	20
	4	H001	Contracted doctor	Medical Services Department – Tishreen Hospital	4-May-2023	Encoded software	25
	5	H001	Contracted doctor	Medical Services Department – Tishreen Hospital	25-Jun-2023	Encoded software	30
13	1	B048	First warrant officer	Medical Services Department – Tishreen Hospital	31-Mar-2024	Encoded software	25
	2	B048	First warrant officer	Medical Services Department – Tishreen Hospital	12-May-2024	Encoded software	45
	3	B048	First warrant officer	Medical Services Department – Tishreen Hospital	30-Jun-2023	Encoded software	35

14	1	B064	Nurse	Medical Services Department – Tishreen Hospital	26-Feb-2024	Encoded software	25
	2	B064	Nurse	Medical Services Department – Tishreen Hospital	17-May-2024	Encoded software	40
	3	B064	Nurse	Medical Services Department – Tishreen Hospital	22-May-2023	Encoded software	40
15	1	B032	First warrant officer	Medical Services Department – Tishreen Hospital	4-Mar-2023	Encoded software	25
	2	B032	First warrant officer	Medical Services Department – Tishreen Hospital	7-Apr-2023	Encoded software	30
16	1	H002	Conscript lieutenant doctor	Medical Services Department – Mezzeh 601 Military Hospital	9-Jan-2023	Encoded software	25
	2	H002	Conscript lieutenant doctor	Medical Services Department – Mezzeh 601 Military Hospital	26-Feb-2023	Encoded software	35
	3	H002	Conscript lieutenant doctor	Medical Services Department – Mezzeh 601 Military Hospital	19-Mar-2023	Encoded software	25
17	1	H003	Contracted doctor	Medical Services Department – Tishreen Hospital	14-Mar-2023	Encoded software	30
	2	H003	Contracted doctor	Medical Services Department – Tishreen Hospital	14-Jun-2023	Encoded software	30
18	1	B062	First warrant officer	Medical Services Department – Harasta Hospital 600	22-Feb-2023	Encoded software	30
	2	B062	First warrant officer	Medical Services Department – Harasta Hospital 600	26-Mar-2023	Face to face	65
	3	B062	First warrant officer	Medical Services Department – Harasta Hospital 600	24-Apr-2023	Face to face	135
	4	B062	First warrant officer	Medical Services Department – Harasta Hospital 600	19-May-2023	Face to face	115
	5	B062	First warrant officer	Medical Services Department – Harasta Hospital 600	27-Jun-2023	Encoded software	135
19	1	B038	Nurse	Medical Services Department – Tishreen Hospital	10-Mar-2023	Encoded software	45
	2	B038	Nurse	Medical Services Department – Tishreen Hospital	24-May-2023	Encoded software	35
	3	B038	Nurse	Medical Services Department – Tishreen Hospital	19-Jun-2023	Encoded software	35

20	1	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	14-Dec-2022	Encoded software	15
	2	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	1-Jan-2023	Encoded software	35
	3	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	29-Jan-2023	Encoded software	45
	4	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	6-Feb-2023	Encoded software	15
	5	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	8-Mar-2023	Encoded software	25
	6	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	2-Apr-2023	Encoded software	30
	7	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	15-Apr-2023	Encoded software	35
	8	B019	First warrant officer	Political Security Administration – Maysat Branch – medical services detachment	3-May-2023	Encoded software	20
21	1	H004	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	11-Feb-2023	Encoded software	60
	2	H004	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	7-May-2023	Encoded software	75
	3	H004	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	9-Jul-2023	Encoded software	75
22	1	H005	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	22-Dec-2022	Encoded software	50
	2	H005	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	27-Apr-2023	Encoded software	40
	3	H005	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	1-May-2023	Encoded software	49
	4	H005	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	18-Jun-2023	Encoded software	45
	5	H005	Specialist doctor ((civilian	Medical Services Department – Tishreen Hospital	12-Jul-2023	Encoded software	75

23	1	H006	Specialist doctor ((civilian	Medical Services Department – National Hospital in Hama – forensics	30-Sep-2022	Encoded software	15
	2	H006	Specialist doctor ((civilian	Medical Services Department – National Hospital in Hama – forensics	29-Oct-2022	Encoded software	30
	3	H006	Specialist doctor ((civilian	Medical Services Department – National Hospital in Hama – forensics	23-Apr-2023	Encoded software	40
	4	H006	Specialist doctor ((civilian	Medical Services Department – National Hospital in Hama – forensics	14-May-2023	Encoded software	20
24	1	H008	Conscript lieutenant – pharmacist	Medical Services Department – blood bank in Damascus	22-Apr-23	Encoded software	45
	2	H008	Conscript lieutenant – pharmacist	Medical Services Department – blood bank in Damascus	17-May-23	Encoded software	30
	3	H008	Conscript lieutenant – pharmacist	Medical Services Department – blood bank in Damascus	2-Jun-23	Encoded software	25
25	1	B028	First warrant officer	Medical Services Department – Tishreen Hospital	15-Aug-2022	Encoded software	20
	2	B028	First warrant officer	Medical Services Department – Tishreen Hospital	3-Sep-2022	Face to face	160
	3	B028	First warrant officer	Medical Services Department – Tishreen Hospital	4-Oct-2022	Face to face	140
	4	B028	First warrant officer	Medical Services Department – Tishreen Hospital	13-Nov-2022	Face to face	150
	5	B028	First warrant officer	Medical Services Department – Tishreen Hospital	6-Dec-2022	Face to face	160
	6	B028	First warrant officer	Medical Services Department – Tishreen Hospital	19-Jan-2023	Encoded software	60
	7	B028	First warrant officer	Medical Services Department – Tishreen Hospital	12-Feb-2023	Face to face	190
	8	B028	First warrant officer	Medical Services Department – Tishreen Hospital	15-Mar-2023	Face to face	225
	9	B028	First warrant officer	Medical Services Department – Tishreen Hospital	12-May-2023	Face to face	240
26	1	B032	First warrant officer	Medical Services Department	18-May-2023	Encoded software	35
	2	B032	First warrant officer	Medical Services Department	13-Jun-2023	Encoded software	25
	3	B032	First warrant officer	Medical Services Department	5-Jul-2023	Encoded software	40

27	1	B022	First warrant officer	Tishreen Hospital – bids committee	14-Jan-2023	Encoded software	35
	2	B022	First warrant officer	Tishreen Hospital – bids committee	14-Feb-2023	Encoded software	20
	3	B022	First warrant officer	Tishreen Hospital – bids committee	17-Mar-2023	Encoded software	45
	4	B022	First warrant officer	Tishreen Hospital – bids committee	6-Apr-2023	Encoded software	30
	5	B022	First warrant officer	Tishreen Hospital – head of the bids committee	16-May-2023	Encoded software	40
	6	B022	First warrant officer	Tishreen Hospital – head of the bids committee	1-Jun-2023	Encoded software	45
28	1	H010	Conscript lieutenant doctor	Medical Services Department – Tishreen Hospital	28-Mar-2023	Encoded software	30
	2	H010	Conscript lieutenant doctor	Medical Services Department – Tishreen Hospital	12-Dec-2022	Encoded software	37
29	1	D020	Survivor	Sednaya Prison	4-Dec-2022	Encoded software	75
	2	D020	Survivor	Sednaya Prison	7-Dec-2022	Encoded software	60
30	1	B023	First warrant officer	Military judiciary	28-May-2023	Encoded software	45
	2	B023	First warrant officer	Military judiciary	18-Jul-2023	Encoded software	40
31	1	D021	Survivor	Sednaya Prison	2-Feb-2023	Face to face	125
	2	D021	Survivor	Sednaya Prison	11-May-2023	Face to face	
32	1	D022	Survivor	Sednaya Prison	5-Dec-2022	Encoded software	60
	2	D022	Survivor	Sednaya Prison	9-Dec-2022	Encoded software	45
Total number of interviews				Total time of interviews/ hours		Total time of interviews/ minutes	
154				227.40		13.644	

Annex 2: medical hierarchy of Tishreen Military Hospital

Medical hierarchy of Tishreen Military Hospital		
No.	Division	Department
1	Ophthalmology Division	Ophthalmology clinic
		Operations room
2	Endocrinology and Diabetes Division	
3	Gynecology, Obstetrics, and In-Vitro Baby Division	Obstetrics Department
		Gynecology Department
		In-Vitro Department
4	Hematology Division	Hematology Department
		Marrow Transplantation Department
		Implant Techniques Department
5	First Division of Orthopedic Surgery	
6	Second Division of Orthopedic Surgery	Spine Surgery
		Child Orthopedic Surgery
		Joint Surgery, Trauma and Tumors
7	Third Division of Orthopedic Surgery	Pelvic and Shoulder Surgery
		Hand Surgery
		Trauma, Joint and Tumor Surgery in partnership with the rest of the orthopedic departments in the hospital
8	Laboratory Analysis Division	

9	Cardiology Division	Cardiac catheterization
		Coronary care
		Cardiology Unit
		Cardiac Ultrasound Unit
		Electrocardiography Unit
		Blood Pressure Holter Unit
		Electrocardiography Holter Unit
		Cardiology Clinic
		Cardiac Consultation Clinic
		Electrocardiography
		10
11	Pathological Anatomy Division	Histological Examination Department
		Cellular Examination Department
		Immunostaining and Scintigraphy Department
12	Neurology Division	
13	First Neurosurgery Division	
14	Second Neurosurgery Division	
15	Gastrointestinal Diseases Division	
16	Physiotherapy Division	Health Sciences Department
17	Oral and Maxillofacial Surgery Division	Orthognathic Surgery Department
		Dental Implant Department
18	Intensive Care Unit	Emergency Care Department
19	Reconstructive surgery Division	
20	Psychiatry and Addiction Treatment Division	Adult Psychiatry Department
		Children Psychiatry Department
		Addiction Treatment Department

21	Chest Diseases Department	
22	Kidney Diseases and Hemodialysis	Kidney Diseases Department
		Hemodialysis Department
23	Second Division of General Surgery	Endoscopic Surgery Department
		Thyroid Surgery Department
		Breast and Bariatric Surgery Department
24	Third Division of General Surgery	
25	Vascular Surgery Division	
26	Thoracic Surgery Division	
27	Pediatrics Division	Pediatrics Department
		Incubators Department
		Pediatric Surgery Department
		Newborn Screening Department
		Newborn ICU
28	Otiatrics Division	Ear Clinic
		Audiometry Department
		Auditory Brainstem Response Test Department
		Ear Operations Department

29	Radiology Division	CT and MRI Department
		Radionuclide Scanning Department
		Ultrasound Imaging Department
		Interventional Radiology Department
30	Anesthesia and General Operations Division	Operations and Anesthesia Department
		Pain Relief Department
31	Oncology Division	Chemotherapy Department
		Radioactive Iodine Unit
		Radiotherapy and Linear Accelerator Department
32	Outpatient polyclinics Division	Head of Division
		Reception
		Outpatient clinics (32 clinics)
33	Cardiac Surgery Division	Cardiac Surgery Department
		Cardiac Surgery Operations Department
		Cardiac Surgery Care Department
34	Pharmacy	
35	Emergency Division	Main Emergency Department
		Alternative Emergency Department
36	Forensic Medicine Division	The Morgue
		Doctors Section

BURIED IN SILENCE

Mechanisms of homicide and disappearance at Tishreen Military Hospital 2011-2020.

October 2023

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رابطة معتقلي ومفقودي سجن سيدنايا
Association of Detainees & The Missing in Sednaya Prison



October 2023

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