

Under ISIS rule, health care is limited

by [Dominique Soguel](#) in the [September 2, 2015](#) issue

([The Christian Science Monitor](#)) The self-described Islamic State has lured thousands of foreign fighters and their families to Syria with the promise of building a utopian caliphate. And Syrians living in IS-run cities such as Raqqa say it is providing basic governance in a country roiled by civil war.

But a ravaged health-care system and the behavior of militants drawn to the fight have raised concerns over a potential outbreak of HIV/AIDS in Raqqa, the group's de facto capital, particularly in IS ranks. While only a handful of cases have been reported so far, IS has begun to bring in testing equipment from its Iraqi stronghold, Mosul. At the same time, male doctors are refusing medical care to women who seek treatment if no male guardian is present.

"AIDS represents a major fear for [the Islamic State] due to the lack of AIDS detection devices" in Raqqa, said Abu Osama Al-Raqqawi, a doctor using a pseudonym. "There are many reasons that can lead foreign fighters to contract AIDS. One of them is the blood transfer between fighters or people without any prior analysis for contagious diseases."

As in much of the Middle East, Syria historically had low rates of HIV infection. Before the war began in 2011, it had a relatively robust system of hospitals and clinics that provided free checkups and routine care to citizens, including HIV testing. Now, with much of the country no longer under government control and limited access for humanitarian workers, doctors, nurses, and medicines are all in short supply.

An activist group called Raqqa Is Being Slaughtered Silently reported that it has documented two civilian cases of AIDS infection in the city. One involved a Tunisian woman who gave birth in late July. An earlier case involved a French female migrant of Moroccan origin.

The activist network says several factors have contributed to an increased risk of HIV infection among IS fighters and their sexual partners. These include transfusions of blood without proper screening, the prevalence of injecting-drug users among some foreign and local fighters, short-term marriages, and a high turnover of

partners.

“No one is doing health controls or tests, whereas in the later years of the Assad regime everyone was getting checked for HIV/AIDS before marriage,” said Wahda, who requested that her real name not be used.

Wahda, who has rebuffed several IS suitors interested in her daughter, said the new marriage patterns are a concern. “A lot of foreign fighters are getting married just for a few months and then divorcing or dying in battle,” she said. “I know of marriages that have lasted just one day.”

Syrians living in Raqqa said health services were better when the city was still under control of President Bashar al-Assad’s regime, particularly for women. While there are female doctors and nurses on staff at hospitals and specialized clinics for women, IS’s insistence that the two sexes should not mix has taken a toll.

“If the husband or son is not with the woman, a male doctor cannot check her,” said 17-year-old Fatma, Wahda’s daughter. “This is really a problem in emergency cases.”

Another complaint is that public hospitals under the Assad regime would cover most medical costs, whereas now the national hospital in Raqqa charges for services. Drugs are hard to find at pharmacies, and IS-governed hospitals can’t carry out complex surgeries or cope with cancer patients.

“People shuttle to regime-controlled areas to bring medicines unavailable in Raqqa,” said Wadha, who traveled to Turkey for a joint replacement because she could not get the procedure done in Syria. She said blood tests cost \$10 at the public hospital and \$20 in private clinics.

Many foreign doctors and new medical graduates—both Arab and Western—have joined the staff of local hospitals in Raqqa. But they usually lack experience treating war-zone injuries, so critically wounded IS fighters are transferred to Mosul, which has better medical facilities. And some medics take issue with how they handle emergencies. “They force medical staff to treat combatants before civilians,” Abu Osama said.

IS recruitment videos have focused on medical volunteers as well as fighters. One featured an Australian doctor and another encouraged Muslim doctors in Sudan and

Britain to join IS.

Hospitals in IS-held areas are said to be faring better than those in rebel-controlled territory. Neonatal units in Raqqa, for example, have generators in the event of power cuts. But doctors can only do so much.

“They try their best, but often patients die because the medical staff is unable to carry out large operations,” Abu Osama said.

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