

DAILY CASUALTIES, LONG-TERM WOUNDS

LANDMINES, BOOBY-TRAPS & EXPLOSIVE DEVICES IN DEIR EZ-ZOR
GOVERNORATE, NORTH EAST SYRIA



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MSF calls on all actors, international and local, to urgently expand and accelerate demining action and risk education activities in Deir ez-Zor, and to improve access to life-saving medical care for victims of explosive devices

Daily casualties, long-term wounds

LANDMINES, BOOBY-TRAPS & OTHER EXPLOSIVE DEVICES IN DEIR EZ-ZOR, NORTH-EAST SYRIA

This briefing note provides a snapshot on the urgent need for de-mining in Deir ez-Zor governorate, North-East Syria, considering the steady influx of wounded coming from that region. A hospital supported by MSF in Hassakeh is the closest functioning free-of-charge secondary healthcare facility to the area, which makes it reflective and a credible source to analyze part of what is happening in the most contaminated districts. Findings are based on: 1) available medical data; 2) testimonies from patients injured by landmines, booby-traps and similar devices across the governorate, as well as from their caretakers; 3) bilateral meetings with relevant actors such as the Humanitarian Mine Action Group and several non-governmental organizations (NGOs); 4) external reports; 5) internal discussions within MSF.

1. INTRODUCTION

Sedar, Dumua, Butul, Arimas and Lamis were on the rooftop of their house when an explosive device hidden by roll of wool blew up. With injuries ranging from small cuts to a double leg amputation, the five young sisters are now convalescent in a hospital supported by MSF in Hassakeh. Many of the walls of this facility are now covered in drawings of elephants, flowers, landscapes... They have all been coloured by girls and boys recovering from conflict related incidents, among other causes. War is not over in North-East Syria, and civilians are still being extensively affected.

Nearly half of the patients admitted in the hospital due to blast injuries since the beginning of November are children: over 138 in total. The majority of them (about 70%) come from Deir ez-Zor governorate, and a large proportion are wounded because of landmines, booby-traps or similar devices: Zeinab was on her way to fetch water from the river, Saleh and Ibrahim were riding a motorbike near a bridge looking for mobile phone coverage, Zayed was accompanying a shepherd in a farming land, Mohammad was watching birds in a field... Some of them had their limbs partially cut off, and 'wheelchair races' down the corridors have become a daily entertainment in the facility.

PREVENTABLE DEATHS, INJURIES & TRAUMA

There is an urgent need for de-mining in Deir ez-Zor governorate, to avoid more preventable deaths, injuries and psychological trauma resulting from explosive hazards. Professionals within the sector have strongly alerted about the high levels of contaminations across the Euphrates River banks, underlining that such issues pose a significant risk for the safety and security of people living in or returning to the area. Hundreds of these have found themselves wounded even inside their houses. Amina, for example, had been displaced for several months, went back to her place of origin and only two days later she stepped on a device that was semi-buried under the floor of her living room. She got her two legs surgically removed as a result, admitted in the hospital, although she says she can still feel them at times.

Dozens of neighbours have faced similar misfortunes in her town, Abu Hamam, and across the whole region in the last months, as retreating armed groups left behind countless explosives before the frontline moved further south-east. The widely damaged health system aggravates the situation, as people often have to travel hours to reach a free-of-charge operational medical structure and in those cases time is of the essence for the survival or prognosis of the person.

2. MEDICAL-HUMANITARIAN IMPACTS

Landmines and booby-traps represent a daily risk for thousands of children, women and men in Deir ez-Zor governorate. Patients treated in a hospital supported by MSF in Hassakeh report having been wounded by that kind of hazards hidden inside cupboards and A/C machines or below a staircase, on the road... Some also echoed how their neighbours got reportedly injured by devices behind everyday items such as pillows, cooking pots and Quran bags, although they had not directly witnessed such incidents. De-mining actors have seemingly found explosives even in toys.

So far no technical survey has been conducted to determine the magnitude of the contamination, and no clearance processes have been launched except for an intervention on the West bank of the Euphrates River. In the meantime, those explosive devices keep claiming lives and maiming children and adults. As the Mines Advisory Group (MAG) indicated, “mines and unexploded ordnances are indiscriminate killers. They don’t obey peace accords or ceasefire agreements. They can lie in the ground for decades after a conflict is over, killing or maiming those trying to re-establish their lives and livelihoods. They also trap people in danger and poverty, preventing them from using their land.”

2.1. EXPLOSIVE HAZARDS AGAINST CIVILIANS

- **MSF has received 133 wounded by landmines and booby-traps in 4.5 months: one per day on average.** The number of patients affected by this type of injuries sharply increased since the end of 2017, from the 17 of November to 39 in December and 41 in January. From the beginning of February to 14 March 36 victims were treated in the hospital. Overall, most of them have been coming from Deir ez-Zor governorate (over 75% of the total): especially Abu Hamam but also Hajin, Dhiban, Garanish... Some were from Raqqa and Hassakeh, but on lower numbers as other health facilities are closer to the locations where they live.
- **Over half of the patients treated due to landmines, booby-traps and similar devices were children.** Some were as young as 1 year old. Wounds of both minors and adults ranged from lacerations caused by pieces of shrapnel to eye oedemas, cerebral or thoracic injuries, arm fractures, protrusion of the intestines, rupture of abdominal organs and traumatic amputations depending on vascular compromise. Patients with legs or feet cut off often suffer from ‘phantom pain’: hurtful sensations coming from limbs that are no longer there. An international NGO is currently providing assistive devices to all those who have lost their limbs, i.e. crutches and wheelchairs, and conducts rehabilitation including physiotherapy in the MSF supported hospital in Hassakeh and other locations where patients from similar incidents are staying hospitalized. The organization has recently started offering prosthetics services in Qamishli, but it can take weeks (or months) for a person to be able to get one as wounds need to heal properly first and there is a waiting list since resources are still limited.
- **The critically damaged health system in Deir ez-Zor plays against the chances of survival.** When an explosive device blows up, every minute counts. If the person does not get killed on the spot, immediate medical care can make a crucial difference on the severity and irreversibility of the wounds. With no public hospitals fully operational in the area at the moment, people have no other option but to seek healthcare in private facilities, if they can afford it, or to go to Hassakeh, if can afford it too (many are subjected to smuggling mechanisms).

2.2. UNSAFE RETURNS PASSIVELY ENCOURAGED

- **Thousands of people are going back to their places of origin in Deir ez-Zor governorate in spite of the risks.** Deir ez-Zor was the governorate with the highest number of population movements in 2017: more than 800,000

in total, according to the UN's IDPs Tracking tool, accounting for 30% of the flows in the year. This means that hundreds of thousands of people were displaced, in many cases two, three or even more times. Large numbers are still uprooted at the moment – in camps, informal settlements of deserted areas and in host communities. Many have started returning to their homes in the last months, though, and continue doing so.

- **Risk Education initiatives have expanded over the last months, but needs still exceed available resources.** Not all the displaced know of the presence of explosive devices in their villages and towns or origin, or that the threat is so high. It is estimated that about 10 organizations are implementing awareness-raising sessions in North-East Syria, including international NGOs. They operate both in displacement camps and host communities where other uprooted people are staying, focusing on compelling and practical messages: the unknown but foreseeable levels of contamination, what to do once back in their houses, how to recognize explosive hazards, specific recommendations in case they find suspicious items or if there is an accident... Misconceptions are ostensibly widespread, though: certain individuals believe that pouring water over landmines and booby-traps neutralizes them, or that passing very fast over them will not detonate them. Community assessments are underway, by different entities, seeking to gain a better understanding of such risky behaviours. These include people attempting to deactivate the devices by themselves, or trying to lock them without realizing that even a slight movement can blow them up. The humanitarian and de-mining community has circulated materials for Risk Education, but with thousands of displaced and potential returnees increased capacity on the ground is needed. Furthermore, people who did not leave their places of origin in Deir ez-Zor are for the moment generally deprived of those education programmes due to security constraints.
- **The journey of displaced people back to potentially dangerous areas continues to be facilitated.** In camps like Areesha, that as of mid-March hosted more than 16,800 individuals according to UNHCR, Camp Administration officials have been coordinating returns to different areas in Deir ez-Zor governorate with the Civil Council of the region since the end of 2017: to Abu Khashab, Al-Kasra, Kubar, Al-Sowar, Buseira, Jazwan, Jazrat, Al-Shuheil and Dhiban, among others. Support has included buses for collective transport and the protection of private vehicle convoys by security forces to intermediate points from which people can proceed further south if they wish to do so. The humanitarian and de-mining community have recurrently underlined that conditions for the safe return of people to those areas are not met for the time being, though. As a matter of fact, the five young sisters that got injured at the beginning of February in their house were returnees in Dhiban, after having moved to a deserted area for some days, fleeing violence, and so were four other small children wounded in January in their place, treated in a hospital supported by MSF in Hassakeh. Kubar has also witnessed booby-trap related explosions, including one that killed a boy and wounded four of his brothers and cousins in March.
- **Humanitarian action is also part of the 'push and pull' factors contributing to returns.** In a context of prevalent shortages, many displaced are now resetting in camps driven by the availability of free assistance. There is a parallel dynamic too, nevertheless, as some of those living in host communities prefer to go back home once their coping mechanisms are exhausted. Various factors play a role in that decision, from the sense of attachment to their places of origin to the insufficient awareness on the presence of explosive hazards and the lack of adequate relief options. Displaced populations in Hassakeh and Deir ez-Zor are facing tough dilemmas. On one hand, camps are providing them with a certain level of security and basic commodities, although these are usually not considered sufficient by the recipients, income generating activities are still limited and so is the freedom of movements. On the other hand, towns are villages where IDPs come from are often destroyed, potentially hazardous and/or with no services, but they represent all they have left behind and safety nets.

2.3. DE-MINING, URGENT BUT ON STAND-BY

- **Hundreds of thousands of explosive devices can be expected, including in schools.** Based on patterns observed in other areas and on information from recent incidents in Deir ez-Zor, de-mining experts fear the far-reaching presence of landmines and booby traps in private civilian houses, educational and medical facilities, water pumping stations, electrical polls, agricultural fields... From their ongoing work in other parts of Syria, devices left behind by parties to the conflict are either simple but highly effective or exceptionally sophisticated, using anything manufacturers had at hand: steel pipes, fire extinguishers, unexploded bombs and other remnants of war... High-technology is often the norm, including 3D printing, remote control, motion sensors, infrared, with micro-switches... Even weather-proof, to protect them from rain damaging their internal mechanisms.
- **Overshadowed by the situation in Raqqa, Deir ez-Zor has received very little attention to date.** Following the ousting of the Islamic State group in October 2017, humanitarian and de-mining organizations gradually started operating in Raqqa. At present there are three actors involved on the clearance of explosive hazards: an international organization which does humanitarian de-mining, block by block, neighbourhood by neighbourhood, and is rapidly expanding, a local organization and a commercial company that follows strictly the agreements reached with the Raqqa Civil Council on a weekly basis – looking first at vital infrastructure. Given the extent of the contamination, total de-mining could take years. Deir ez-Zor is registering high levels of explosive hazards too, with similar prospects as it remains largely invisible in the global radars.
- **Taking into account the presumed levels of contamination, more specialized actors will be required.** So far only one international NGO has de-mining expertise, manpower and supplies ready, aiming to start working in Deir ez-Zor. Other organizations' appetite and capacity is limited because of security constraints, political hindrances and logistics hurdles: it may be cumbersome to set up in North-East Syria; bringing in the necessary equipment across the border can be difficult; Syria is perceived as a highly insecure context in general; the proximity to active frontlines hampers the presence of qualified staff on the ground; there is little international knowledge about the situation in Deir ez-Zor governorate; the deficit of functioning medical structures in the area complicates the medical evacuation of potentially injured staff members... Obstacles are not insurmountable though, and if funding and access is available the region should become a priority for de-mining.
- **Improvised clearance is heightening the risk of lifelong disability and death among civilians.** The lack of organised de-mining in the majority of Deir ez-Zor governorate has left a vacuum that many are being 'obliged' to fill in directly – not only in terms of manually defusing explosives but also concerning the inspection of possibly contaminated settings: displaced families going back to their places of origin have to look over their houses by themselves, a process which is often led by the head of household, and accidents can occur. People have reported using long sticks to open doors, to be able to do so from a safe distance, and as fridges are said to be potentially dangerous, among other household appliances, some use tight ropes to check if they are hiding any hazard inside. Such cautions are often not enough, though, as devices are sometimes activated in other ways. A patient who was recently admitted in the MSF-supported hospital in Hassakeh got injured when he inadvertently hit a thread that was connected to a booby-trap, for example. One of his friends died on the spot.

2.4. LEGAL FRAMEWORK

- **The Mine Ban Treaty of 1997 imposed a “total ban” on hazards designed to be exploded by the presence, proximity or contact of a person and that will incapacitate, injure or kill one or more individuals.** This was driven by the aim of bringing to an end “the suffering and casualties caused by anti-personnel mines [...] that obstruct economic development and reconstruction, inhibit the repatriation of refugees and internally displaced

persons, and have other severe consequences for years after emplacement.” This initiative had been preceded by other endeavours including the adoption of a Protocol annexed to the Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed to Be Excessively Injurious or to Have Indiscriminate Effects, and by the UN General Assembly Resolution 51/45 S of 10 December 1996 urging all States “to pursue vigorously an effective, legally-binding international agreement” on this subject.

- **Syria has not ratified the Mine Ban Treaty, and the accountability of non-state armed groups like the Islamic State group remains challenging. Political and military dynamics in Deir ez-Zor complicate the equation.** According to the document, “each State Party undertakes to destroy or ensure the destruction of all anti-personnel mines in mined areas under its jurisdiction or control, as soon as possible but not later than ten years after the entry into force of this Convention for that State Party.” Territory along the Euphrates River banks is under different actors’ rule, though, with ongoing hostilities in part of the area involving other countries too.

2.5. THE HUMAN COST

One single explosion can kill or maim a person for life – or a number of them simultaneously. And it is not only the affected individuals who suffer, but also their parents, siblings, and other relatives, neighbours, entire communities...

Hamdou* is 10 years old, but has never been to school. He did his first drawing in the hospital, and started learning the names of different colours with his father and a nurse. Back in his town, Abu Hamam, he was playing with what to him looked “like a pen” when he pressed a button and the stick blew up. He had found it at the bottom of a date tree, about five metres away from his house. The explosion left him without two of his fingers and his chest dotted by shrapnel, but his father says he was quite lucky: after all, two other children from their neighbourhood had lost one or two legs to similar incidents recently, and were just starting to learn how to deal with the amputations: Hanan* with crutches, as she still had one full limb, and Abdullah* with a wheelchair, as he had had both cut off at the level of his knees.

All the three were admitted in the MSF-supported hospital at the same time, a grim snapshot of the lack of safety in the area. They had gone back to their hometown with their families shortly before, as many other impacted by landmines and booby-traps in Deir ez-Zor. People returning to their places of origin continue to be extensively affected by explosive hazards, and those carrying the wounded have to ride for several hours to reach the MSF-supported facility in Hassakeh, including brief stops to get first aid treatment in private clinics or military structures along the way. Once in the hospital, following the initial triage by the medical team patients are brought to a treatment area and then to the Operating Theatre or to one of the Emergency Room caravans: green, yellow or red, depending on the severity of the injuries.

Diagnoses vary, from superficial lacerations to acute vascular compromises that may drastically affect limbs. Medical procedures are also diverse: doctors in the MSF-supported hospital in Hassakeh perform amputations if no alternative possible to save the life of the person, and other interventions encompass dressings, external fixations, chest tube drain insertions, exploratory laparotomies, shrapnel removal from different body parts including intracranial, eyes and face, resection or repair of guts, orthopedics works, reduction of fractures and luxations as well as vascular surgery. Once stabilized patients also receive mental health support from a team of psychologists and counsellors, for each individual to re-connect with his/her own coping mechanisms, gradually overcome the trauma and be able to move on.

Landmine and booby-traps have devastating physical and psychological effects on both the victims and their families, which reiterates the need for further action by authorities, humanitarian and de-mining organizations in Deir ez-Zor.

FIVE SISTERS – “Look at Sedar, with no legs below the knees”

Humaid, 45 years old, is from Dhiban, in Deir ez-Zor. He has two wives and ten children including Sedar (4 years old), Dumua (5), Butul (6), Arimas (9) and Lamis (13), who were severely injured by a booby-trap:

“We fled Dhiban because of the clashes. Once the situation calmed down I went back by myself to check the house and did not see any suspicious device, so I brought my family as well.”

“Two months later, I was driving my car when one of my little nephews came and told me that five of my daughters were hospitalized because of an explosion. They were playing and helping to sort out firewood on the rooftop when something hidden behind a roll of wool blew up and almost killed them.”

“I rushed to one clinic, and what I saw broke my heart. Nurses there didn’t know how to deal with the situation. They even put blood of the wrong blood type to one of them. At some point I had to shout at one of the medics: ‘Please do something!’ My daughter was dying, and only then he took out his jacket and put it around her leg.”

“[...] Before the war we had qualified doctors, but they all fled because of the fighting.”

[CLARIFICATION: Many specialized doctors and nurses escaped because of the war, leaving significant gaps and moving some people to improvise the provision of care in very difficult circumstances]

“After some first aid and two operations they said we could bring the girls home, but I decided to take them to Hassakeh instead. Everybody helped us, and we prepared two cars for that. Unfortunately one of them broke down on the way, so it took us more than four hours to arrive and it was already dark by the time we got here. No problems on the checkpoint as they saw it was an emergency case. My brother learned about this hospital at the entrance of the city–We did not know it was for free, and we did not know there was an organization like MSF supporting it.”

“Look at Sedar, with no legs below the knees. She is confused because she still feels pain in her (phantom) feet sometimes. She cries. Doctors here are helping her very well, and same with my other daughters. Otherwise I would have brought them to Damascus. I would go beyond the impossible for them.”

“We are hosting a family of displaced people in our house. Thank God nothing happened to them.”

“Before, if someone needed healthcare we could go to a hospital in Al-Mayadin or to one of the private clinics. When the Islamic State group arrived they closed our town, and nobody was allowed to leave. They put many strains on doctors, until they left. From that moment on if someone got sick either they had relatives with medicines or they could die. Now many facilities are destroyed by airstrikes, or just shut down. Some have reopened and offer different specialties, but without proper equipment.”

“I have an empty piece of land in Dhiban. If MSF wants to build a clinic there I can give it away.”

“Please do something about the mines. Get people to remove them. We need to save our children.”

The incident that wounded the girls happened on 5 February, and they were discharged from the hospital on 13 March. The eldest one had to have one of her legs partially amputated as well, because of the severity of her injuries there.

FIVE BROTHERS & COUSINS – “They were just playing with marbles”

Leila*, 45 years old, is from Kubar, in Deir ez-Zor. On 9 March, five of her nephews were taking care of the sheep in a farming land when a landmine or booby-trap exploded. They arrived in a hospital supported by MSF in Hassakeh five hours later, brought in by their relatives. One of the boys, Nabil*, 5 years old, was already dead. Another one, called Khaled* (10), had a severe head trauma, with a fractured skull. His brother Ali* (12) was suffering from a critical abdominal injury and needed an urgent laparotomy. Marwan* (8) and Redhwan* (13) had minor shrapnel wounds.

“It sounded like an airstrike. Very strong. We all heard it. Many of us rushed to see what happened. I could not believe it. One of the boys had part of the brain out. They were just playing with marbles.”

“My family has a car. We put them in the back and brought them to Hawas clinic, about 15 kilometres away from Kubar. We did not go to Al-Kasra clinic because there are no doctors there, and barely any nurse. Or at least that’s what they told us. They do not have proper equipment, so can only treat simple wounds. They would not have had the capacity to deal with my nephews. We heard they are rehabilitating the public hospital, but they have only started painting the walls.”

“After the first aid, with some dressings and IV lines for the children, an uncle took them to Hassakeh and they get here at 7 or 8 in the evening. He knew about this hospital, that it is free-of-charge and with expatriate doctors. We followed in a rental car. We paid 27,000 SYP for the journey.”

“One of the kids did not survive the explosion. May God will help us with the rest.”

*“Two of the children are **orphans**. Their father died 10 years ago because of a disease and they live with the mother and one of her brothers’ family. A couple of goats and a sheep, that is basically all they have, living in a house made of cement and mud. Life has not been easy for them, and now this.”*

“We have heard of 10 similar incidents lately. Some of the people have been killed on the spot. When we were displaced the town was mined by the Islamic State group. Not inside the houses but near the front gates, mostly. Most of them are covered, so we all try to pay extra attention just in case.”

“Kubar has been calm for the last five months. We escaped when fighting between the started, and spent about 20 days outside even if the clashes only lasted for one week. Those who did not have cars ran away on foot, by donkey... even with cows. Some went to Abu Khashab, others to Serwan... The boys stayed with relatives in Jazrah, and me in Sabag.”

“Last years have been like death. We did not have our freedom. To go to Damascus for medical reasons one had to leave the house as guarantee. Doctors who did not escape would treat patients, but with many limitations. All schools got closed. Smoking was forbidden, and one could get executed for a minor offense. Beheaded for nothing.”

“We need expert organizations to come remove the mines. It’s already March, spring... We are afraid of more explosions, but we really have to move our sheep to graze in the fields.”

All the surviving boys except for the one with the head trauma were discharged from the hospital after one week. The latter got neurosurgery in a more specialized health facility, and could also go back home.

3. WAYS FORWARD

MSF CALLS FOR IMMEDIATE DE-MINING:

- **It is of utmost importance to speed up assessments and clearance processes in Deir ez-Zor governorate.** Donor governments should make available additional funding immediately so that required work can get started. The area remains a blind spot, with no accurate information on the existing threats. Once this is gathered, priorities determined and resources put in place the actual marking and de-mining will have to take place, both in the affected locations and in the routes to get there. The large-scale extent and complexity of the problem anticipate a long process, which reiterates the need for increased capacity in the shortest possible delay.

MSF CALLS FOR EXHAUSTIVE CLEARANCE TO AVOID CASUALTIES:

- **De-mining actors have to be able to operate with flexibility to ensure a thorough removal of hazards.** Some companies' approach raises concerns within the sector, given the nature of contamination in North-East Syria. Focusing on 'clear lists' which outline the specific locations to be cleared has proven not to be sufficiently exhaustive for an in-depth and comprehensive de-mining: there have been instances in which humanitarian de-mining organizations have found explosive devices in areas cleared by agencies that only concentrate on what has been previously agreed – with an emphasis on vital infrastructure. Not even one playground should be left behind if there is a risk of landmines or booby-traps in it, although this will take long to be accomplished.

MSF CALLS FOR LESS 'INCENTIVES' TO GO BACK & MORE RISK EDUCATION:

- **Returns to Deir ez-Zor governorate must be safe, voluntary and informed.** People should not be encouraged or coerced to go back to Deir ez-Zor governorate, under any circumstance. Authorities must guarantee that displaced populations get to know about the full situation before deciding to go back to areas that are no longer impacted by armed clashes. Likewise, humanitarian organizations must continue watching out for these conditions while reporting forced endeavours, if any. It is also essential to enable Risk Education to be stepped up – not only in displacement camps but also in host communities of urban and rural areas.

MSF CALLS FOR INCREASED ASSISTANCE FOR THE VICTIMS OF EXPLOSIVE DEVICES:

- **The aid community must scale up and improve health emergency response.** Relief organizations must enhance assistance and coverage in Deir ez-Zor. In that sense, increasing access to life-saving treatment for victims of explosive devices must also be a priority. When a person gets injured every minute counts: if s/he is not killed on the spot, the delay in receiving medical care is in most cases what determines the severity of the condition and overall recovery. Providing adequate support to the displaced in camps and host communities is also key, so that the lack of quality help does not push them back to contaminated hometowns or villages.

MSF CALLS FOR ACCESS CONSTRAINTS TO BE HALTED:

- **Humanitarian space must be respected, as obstructions can have devastating impacts on the population.** Authorities must facilitate the provision of assistance in accordance with the principles of neutrality, impartiality and independence. Bureaucratic hurdles and other impediments compromise relief efforts and can translate into gaps that contribute to driving people back to their unsafe places of origin, where they may at least have their own house and/or a stronger support network but exposes them to landmines and booby-traps. The focus has to be on minimizing hindrances and expediting support to the most vulnerable. Lives are at stake.