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Do or Die: COVID-19 and Imprisonment in Syria

The coronavirus pandemic poses a particular threat to the tens of thousands of people detained in Syria's prisons. This briefing provides an overview of detention conditions in Syria and outlines a two-step approach to averting the looming catastrophe that threatens not only those in detention, but the Syrian population at large.

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The brutal conflict in Syria, now in its ninth year, has devastated the lives of millions and left the country in ruins. To date, several hundred thousand civilians have been killed, more than 6 million are internally displaced, over 5.6 million have fled the country seeking safety, and some 13 million are in desperate need of humanitarian assistance.

A country ravaged by war now finds itself at the mercy of a global pandemic. Thus far Syria has been spared any major outbreak, but the signs are ominous. Infections are spreading quickly even after weeks of lockdown; on May 25, the government announced the largest single-day increase in confirmed cases. In light of the country's preexisting vulnerabilities—a debilitated health system, widespread insecurity, water and food shortages, and mass displacement—doctors on the ground have warned that upwards of 100,000 Syrians could die if the disease is permitted to spread unchecked. Many more could succumb to the pandemic's devastating knock-on effects, which in a context like Syria include life-threatening misery and [mass starvation](#).

In a [previous briefing](#), we examined the risk the pandemic poses to Syria's beleaguered northwest region, where more than 4 million people, mostly displaced civilians, were already struggling to survive in overcrowded camps and bombed-out buildings in the country's last remaining battlefield. Now, we consider a population that may well be even more vulnerable: those imprisoned in Syria's archipelago of detention facilities, many in conditions so ghastly that they constitute crimes against humanity. These facilities function as overcrowded torture chambers by design. Those who survive the daily brutalities endure inhuman conditions, with minimal food or water. Diseases are allowed to run rampant, emaciation is common, and medical assistance is purposefully withheld. Thousands have died in detention due to such

circumstances. If COVID-19 is permitted to take hold, the devastation among the prison population will be swift and fatal. Nor will it stop at the prison walls.

What can be done to avert a catastrophe that threatens not only the up to 100,000 who may still be alive in detention, but also the war-weary Syrian population at large? In this briefing, we outline a two-step approach to averting the looming disaster. **Firstly, we call for immediate and large-scale prisoner releases.** None of the other prevention or mitigation recommendations set out below can succeed unless the challenges presented by overcrowding are addressed first. Given the likelihood that makeshift and secret detention centers—run by security services or militias allied to the government—have the worst conditions, such centers should immediately be closed and those held there released or transferred to official prisons.

While releases are underway, **the living conditions of those who remain imprisoned must be radically transformed.** This will require constructing and stocking medical facilities to help prevent and combat any outbreak; providing all prisoners with hygiene materials, running water, and adequate food; instituting testing, screening, and isolation protocols; and establishing an efficient referral system. Prison and detention officials must be made aware of the immediate personal risks they face without taking such steps, and should be supplied with personal protective equipment (PPE) of their own. Sufficient and accurate information about COVID-19 should be provided to the Syrian prison administrations to ensure appropriate containment and mitigation measures are introduced. Civilian health authorities, not military commanders, should oversee the medical response.

Context: tens of thousands of people arbitrarily and unlawfully detained

Since the war broke out in 2011, Syrian government forces and affiliated militias have arbitrarily and unlawfully detained countless individuals. [Urnammu for Justice and Human Rights](#), a Syrian civil society organization, has documented the names of up to 86,822 detainees in Syrian detention facilities. “We believe that the exact number of detainees is much higher than the capacity of human rights organizations to document,” Urnammu’s Mounief al-Taiee stated in an interview with the authors. Indeed, precisely because of the secretive nature of legal proceedings and the arbitrary actions of the security and intelligence services when conducting arrests—for example, providing no warrants or reasons for arrests—little official data is available on the number of those detained or how many are ever convicted.

More is known about the types of people who are detained. Most of those languishing in Syria’s prisons are not armed rebels and violent criminals. They are political prisoners. They include peaceful demonstrators, political

opponents, human rights activists, doctors who have treated demonstrators, objectors who sought to avoid compulsory military service, returning displaced persons deemed disloyal by the very act of having fled the conflict, and family members—including women and children—of wanted individuals.

In a climate of enforced disappearances and prolonged incommunicado detention, the vast majority of these prisoners are held without due process. Those who have made it to formal civil or military prisons like Adra or Sednaya describe a system where some detainees are eventually transferred from detention centers to formal prisons as part of a process of being charged and brought before courts. Such transfers may happen after weeks, months, or years in untried detention, if they happen at all. Trials before these courts—usually the Field Martial Court (FMC), the Supreme State Security Court (before it was abolished at the end of 2011), or the Counter Terrorism Court (CTC)—are [manifestly unfair](#) and often summary in nature. In their proceedings, the courts are exempt from the rules of criminal procedures that apply in Syria’s civilian courts. Trials frequently culminate in death sentences.

Despite countless appeals from the international community, the Syrian authorities have refused to grant United Nations (UN) and human rights monitors access to its detention centers and continue to [deny](#) committing violations there despite overwhelming evidence to the contrary. The International Committee of the Red Cross (ICRC) has been allowed limited access to civil prisons but no access to the vast majority of prisoners and detainees in Syria.

Coronavirus and crimes against humanity: a perfect storm

In January 2014, a defecting [military forensic photographer codenamed Caesar](#) was smuggled out of Syria with tens of thousands of images of deceased prisoners’ bodies. These photographs may be the strongest proof yet of the crimes being committed against detainees and the abject failure of the international community to protect Syrians or bring perpetrators to justice. The photographs have been corroborated by numerous accounts from former detainees, doctors who have treated prisoners, and other witnesses on the ground. Their testimony shows how the collective and uncontrolled criminalization of perceived critics or opponents of president Bashar al-Assad has provided the pretext for security forces to commit massive human rights violations, beginning with arbitrary arrests and culminating in systematic torture, death by denial of care, and extrajudicial executions.

Since November 2011, the UN Commission of Inquiry on Syria (CoI) has investigated these and other charges leveled against the Syrian regime. In [its 2016 report](#) “Out of Sight, Out of Mind: Deaths in Detention in the Syrian Arab Republic,” the CoI found that “the Syrian Government has committed the

crimes against humanity of extermination, murder, rape and other forms of sexual violence, torture, imprisonment, enforced disappearance and other inhumane acts.” Detainees, including children, have been beaten, burned with cigarettes, and subjected to torture that exploits pre-existing injuries. Many patients have been tortured to death after being transferred to receive health care at governmental healthcare facilities, such as al-Mezzeh military hospital 601. Such brutality has, in turn, been used to justify human rights and humanitarian law violations by other armed parties to the conflict in Syria, including regime opponents, creating a viciously self-reinforcing cycle of grievances and abuse.

Numerous local and international human rights organizations have reported that in addition to systematically torturing and ill-treating detainees to obtain information or simply to degrade and dehumanize them, the Syrian regime also deliberately punishes detainees by keeping them in inhumanely overcrowded conditions, with little or no access to adequate food, clean drinking water, sanitation facilities, medical care, or medication. The UN has found that by inflicting these atrocious conditions in a manner calculated to cause mass deaths of detainees as part of state policy, the Syrian authorities’ actions amount to [extermination as a crime against humanity](#). These exterminatory conditions include:

- **Overcrowding:** Survivors have described in numerous reports the severe overcrowding in different places of detention. “At some point, we were around 125 men and children in a cell of 6 feet by 12 feet. We slept head to toes in shifts, while some children found a small toehold to squat on the huge pile of shoes in the corner. We were so irritated that some detainees were fighting to gain some extra centimeters,” said Dr. Tayseer Alkarim, one of the authors of this report and a former detainee at Military Intelligence Branch 215. Mundhar, who was detained in the Military Branch 248, said he spent 25 days in a cell that measured four by five meters with 115 detainees. The corner farthest from the door, he said, was called the “corner of death,” because so little air reached it.
- **Denial of food:** Former detainees describe receiving barely enough sustenance to survive. In the Caesar photographs, many of the victims appeared to be suffering from extreme starvation, with ribs, cheekbones, and pelvis bones protruding. [Dr. Mohammed Ayyash](#), a doctor working for the Syrian Association for Missing and Conscience Detainees who reviewed the photographs, found that 2,936 of the victims, or 43 percent, appeared emaciated. Physicians for Human Rights found that six out of 19 victims in a subset of 72 photographs they reviewed suffered from starvation, and in four of the cases starvation likely contributed to the victim’s death.

- **Unsanitary food:** Detainees also recount how the little food that prisoners do receive is not only spoiled, rotten, and moldy, but is provided in a way that humiliates and dehumanizes inmates. One former prisoner described prison “feedings” this way: “On the floor, was [the scabs and pus of the scabies](#), hair from our bodies, blood from the lice. All of this is on the floor. But the floor is where they put the food. When the time of “feeding” starts, we go to the wall and close our eyes. Then we hear the sound of the bowl for the food being shoved into the cell, and it tips over. The food spreads out all over the ground. Tomatoes, courgettes, bulgur, eggs, everywhere. On the first day, we don’t eat it. We eat only the bread. Then the second day, the third day. We need to survive. We need to survive.”
- **Denial of water:** Detainees describe water being withheld as their [most common punishment](#). “We went five days with no water – no water to drink, no water to clean, no water to flush the toilet. Water, when provided, is often dirty or undrinkable. In the hotter summer months, when temperatures rose in the overcrowded group cells, detainees are reported to have died as a result of dehydration or heat stroke,” reported one prisoner quoted by Amnesty International.
- **Lack of hygiene and sanitation:** Published and unpublished interviews by former detainees—including the personal experiences of one of the authors, Dr. Tayseer Alkarim—paint a dire picture of the unsanitary conditions under which they were held. As Dr. Alkarim recounts: “Surrounded by blood, pus, humiliation and torture, cleanliness seemed to be a luxury for us. Body lice infestation was another torture. For 58 days I was denied a shower; other detainees were allowed a shower, but only with very cold water. It was an unforgettable winter for me.” Another former detainee [reported](#) to Amnesty International: “The cell had no toilet, no water. They allowed us to use a bathroom nearby three times a day after meals; we had about 60 seconds each time. Once I took longer than that. By that time, I had a beard already, and the guard forced me to take my excrement from the toilet and cover my face with it.”
- **Denial of medical care:** The purposeful [destruction](#) of hospitals and clinics has been a [priority](#) of state policy throughout the war. The deliberate withholding of medical care in detention centers is part and parcel of that same strategy. Indeed, it is not a coincidence that responsibility for providing medical services to detainees lies with the Military Medical Services Directorate (Ministry of Defense) and not

with a civilian authority such as the Ministry of Health. Nor is it an accident that most facilities lack any in-house medical personnel. When the prison administration determines someone needs urgent medical attention, they are given only basic medications like paracetamol, if they are given anything at all. Meanwhile, chronic conditions go untreated while infectious diseases are allowed to run rampant. Between April 2012 and October 2013, tuberculosis was reported to be among the leading causes of mortality in Aleppo Central Prison, accounting for [more than 25% of 400 fatalities](#). According to an article in *The Lancet*, “Plague and [tuberculosis](#) killed many of those who survived the torture and the mass executions...there was a deliberate intention to deprive prisoners of medicine and medical care.” Such neglect extends to those who have died in detention. Detainees have described cellmates dying agonizing deaths, and recounted being held for hours or days in cells containing the bodies of deceased detainees.

- **Mistreatment in medical facilities:** In a few cases, prisoners are moved to military hospitals for treatment, though the criteria for such decisions remain unclear. Some doctors interviewed by the authors indicated that they have seen detainees in public hospitals such as al-Mouwasat and al-Moujtaheed hospitals in Damascus, but under strict control by security agents. Some detainees described receiving medical treatment that aimed only to keep them alive during interrogations.

A COVID-19 response plan for Syrian detention facilities

The exact number of COVID-19 cases in Syria is still unclear, particularly in detention centers. As of June 3, 2020, only [123 COVID-19 cases](#) have been formally reported in the country, with 36 recoveries and 4 deaths. There is every reason to believe that the actual case count is much higher. Only a few hundred patients are being tested each week. It has been reported that Syrian physicians are under strict orders from government authorities to avoid any public discussions about COVID-19 cases, because doing so would jeopardize “national security.” Notably, in all COVID-19 reports, there are no references to the situation in prisons (civil and military) or detention facilities. It can only be a matter of time before the virus reaches the prison system, if it hasn’t already, given the experiences of other affected countries.

Any recommendations aimed at preventing or mitigating an outbreak in Syrian detention facilities are moot if Syrian prisons and detention centers continue to be a) grossly overcrowded well beyond their capacities, and b) places of systematic torture and ill-treatment of detainees (including denying them adequate food, water and medication, and deliberately maintaining conditions

of neglect and squalor). These two interconnected conditions will obstruct efforts to avert or temper the looming crisis.

Step one: large-scale release of prisoners and detainees

[A Lancet report published this month](#) sheds light on the precarious situation of incarcerated people around the world. While we do not have data on how extensively COVID-19 has spread inside many of the world's prisons and detention centers, the data we do have makes for grim reading. At least one prison that has done mass testing, the Marion Correctional Institution in Ohio, USA, holds around 2,500 inmates, more than 2,000 of whom have tested positive for COVID-19. In [the UK](#), COVID-19 has been detected in the majority of prisons, and UK prisons are running at 107 percent capacity, which is modest crowding by international standards.

Syria has released only 96 detainees in the two months since issuing its latest amnesty decree in March 2020. During May alone, the government arbitrarily arrested 147 persons.

Facilities as overcrowded as Syria's prisons are at far greater risk. Even in the absence of other forms of abuse, detention conditions cannot be significantly improved while prisons remain crammed full of detainees. According to Elena Leclerc, the Health in Detention Program Coordinator for the International Committee of the Red Cross (ICRC), "In an overcrowded prison, once one person has the coronavirus it's likely that hundreds of people will have it. People there may already have compromised immune systems. That means you'll see [a higher mortality rate](#)." Prisons like Syria's, where prisoners share toilets, bathrooms, sinks, and dining halls, and sleep crammed together on the floor, are in no way equipped to deal with containing the virus once it enters. As [Frederick Altice of the Yale School of Medicine](#) explains: "De-incarceration has to be the foremost strategy here."

Countries around the world, including many in the Middle East and North Africa region, have already begun to take measures to release prisoners. As of May, COVID-19-related releases or official public declarations included [Afghanistan](#) (10,000); [Bahrain](#) (901 to be pardoned and at least another 500 to be released to carry out the remaining sentences at home); [Brazil](#) (30,000); [France](#) (5,000); [India](#) (50,000); [Iran](#) (at least 85,000, including political prisoners); [Jordan](#) (1,500 detainees awaiting trial); [Libya](#) (466 in pre-trial detention); [Morocco](#) (5,600); [Pakistan](#) (20,000); and [Turkey](#) (around 90,000 released to house arrest). Syria, by contrast, has released only 96 detainees in the two months since issuing its latest amnesty decree in March 2020, according to a Syrian Network for Human Rights (SNHR) [report](#). During May alone, the SNHR [reports](#), the government arbitrarily arrested 147 persons, including 10 children and 4 women. Of these, 95 have subsequently been deemed to have been forcibly disappeared.

There is still time for Syria to take action, though it is running short. In developing criteria for whom to release, there are plenty of examples to follow,

such as prioritizing all categories of vulnerable detainees, including children, the elderly, the sick, the disabled, all those with less than a certain number of years left on their sentences, or all those sentenced to short terms for low-risk crimes or misdemeanors—as other countries have done. However, these latter two categories are unlikely to result in massive numbers of releases in Syria, given that most prisoners have not stood trial, so another category to release should be this vast majority who have been detained illegally. This is likely to include a large number of detainees who have been moved from detention centers to prisons after being referred for trial, but who have yet to be tried, or who were convicted without due process. Indeed, the immediate and unconditional release of all arbitrarily detained persons is a logical first step.

The large numbers of Syrian detainees being held incommunicado in secret or makeshift detention centers—places unlikely to be able to implement many of the recommendations regarding improving conditions of detention described below—require special attention. These illegal facilities should be emptied and closed down. Those held in them should be released unless they face imminent charges under credible criminal laws, in which case they should be transferred to formal prisons and brought to trial. That is yet another reason to pursue large-scale releases from formal prisons. In all cases, those released should be advised to self-isolate for a period of 2 weeks once back in their communities, to prevent the risk of spreading the virus to their families and neighbors.

Step two: improving conditions to prevent or contain the spread of COVID-19

While releases are underway, the Syrian government must put an end to its policy of prisoner abuse and instead safeguard the health and safety of its prison population. The damning reports and investigations cited above underscore the need for the Syrian government to urgently adhere to basic human rights standards in its treatment of detainees, including complying with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). Now, more than ever, the lives of detained must be valued and protected, regardless of their political ideology or crimes. In Syrian detention facilities, the COVID-19 response plan is a human rights concern as much as it is a medical challenge. As the [World Health Organization](#) has stated, the provision of health care for people in prisons and other places of detention is a state responsibility, and they warrant the same standards of health care available in the outside community, without discrimination on the grounds of their legal status. Critical areas for improvement include:

Capacity of the health system in detention facilities

As described above, current medical services in Syrian prisons and detention facilities are grossly underequipped to handle routine medical problems, let

alone an outbreak of COVID-19. This is true of both the formal civil and military prisons, like Adra, al-Mezzeh, and Sednaya, as well as the plethora of detention facilities and makeshift centers run clandestinely by the various security services and militias affiliated with the regime. There is no official data available about the prevalence of chronic medical conditions—such as respiratory, cardiovascular, diabetes, gastrointestinal, and skin diseases—in Syrian prisons and detention facilities. At best, such cases might be moved to military hospitals for treatment, and at worst they might be isolated and left to recover or die. Furthermore, the [Early Warning Alert and Response System \(EWARS\)](#), implemented to rapidly detect and respond to signals that might indicate outbreaks and clusters of epidemic-prone diseases, doesn't cover the detention centers—another reason they should be closed.

As a first step, authorities of the Syrian prisons and detention facilities should disclose vital information about prisoners and detainees, including their names, numbers, and health status, as well as the testing and treatment capacity of military hospitals, to better understand their preparedness for COVID-19. Implementing EWARS in the detention facilities is another important step.

Places where the state intends to continue holding prisoners should be equipped with in-house medical facilities capable of providing adequate. All prisoners and detainees should receive appropriate medical care provided by well-trained medical staff on a regular basis. This should include COVID-19-related care as well as routine physical examination, appropriate management of underlying chronic diseases, and treatment for physical and mental traumas. Places of detention should be linked with selected medical isolation centers and hospitals well-prepared to deal with COVID-19 cases. These services are unlikely to be available in the smaller detention facilities and makeshift centers run by the security services. As urged above, such centers should be immediately closed, and those held should either be released (especially where they have not been charged with a recognizable offence) or transferred to official prisons and their whereabouts made known.

Knowledge and education

It is not clear how the Syrian government shares information about COVID-19 with the different security agencies and ministries. Provision of relevant and accurate information about COVID-19 is a critical step to ensuring adequate response. Education materials and guidelines (on pathogeneses, transmission, prevention and protection, signs and symptoms, risk of underlying diseases, triage, and so on) should be tailored to the extremely dire conditions in the Syrian prisons and detention facilities. These materials can be distributed through the different Syrian ministries directly, or via the internet using already established networks (the Ministry of Health or ICRC). The audience should include medical providers and all other individuals (custodial staff, officers,

interrogators, guards, prisoners, detainees, visitors) in these facilities who have direct contacts with both detainees and the community. Prisoners and detainees also have a right to access all information about preventive measures.

When there is a suspected COVID-19 case in a prison or a detention center, the officers in charge should know the structure of the referral system, including when to seek specialized medical consultation, where to transfer the suspected cases (a designated hospital or isolation center), which health authorities to inform, and how to follow-up on the remaining detainees and individuals who were in contact with this case.

Screening and isolation

In the prisons and detention facilities, the virus is likely to be transmitted via guards, interrogators, and newly admitted detainees. Where they are allowed, such as in a few civil or military prisons, visitors should also be considered a transmission factor. Strict screening measures in entry and connection areas should be applied to all custodial staff, officers, interrogators, guards, and any other individuals in contact with the detainees. In the prison settings, all visitors should be screened and meetings with prisoners should be conducted with shields separating prisoners from visitors.

Adequate measures should be in place to isolate potential COVID-19 patients in prisons and detention centers. Isolation procedures will not only contain the outbreak within these centers, but also prevent them from spreading to the wider community. Guards are a particular risk for carrying the virus from the community to the detention facilities, and vice versa. Protective measures should respect human rights and medical needs. They must not be used as a form of violation, ill-treatment, retaliation, or torture. Medical isolation should be monitored by trained medical providers.

Prisoners should be given the means to regularly check their body temperature and those who display symptoms should be isolated in separate wings/corridors of prisons and kept away from other prisoners while being monitored and provided medication if needed. Because isolating infected detainees within overcrowded detention facilities is essentially impossible, the urgent release of detainees is even more critical.

When cases increase in a particular facility, isolation resources will quickly be overwhelmed, so mitigation strategies will be required. According to the intervention needed, COVID-19 patients could be divided into two categories: **asymptomatic or patients with mild symptoms** (who do not need any specific medical interventions, but risk transmission to others), and **severe or critical cases** (who need supportive care or admission to an ICU). [Cohorting](#) is another strategy that can be effective in the care of large numbers of people who

are ill, by means of gathering all suspected and confirmed cases into one area (or a limited number of areas where it is necessary to keep some separate).

In addition to identifying underlying medical needs, medical examinations should focus on detecting suspect COVID-19 cases and monitoring the spread of COVID-19 in the prisons and detention centers. Sample collection for testing could be done in the prisons and detention centers, but the testing and sharing of results should be coordinated with the hospitals and the authorities. The complicated bureaucratic process of transferring sick detainees to hospitals should be simplified. Increasing the testing capacity requires equipping these prisons and detention centers with trained technicians, testing kits, and good coordination with laboratories. Again, it is unlikely that detention centers will be able to manage such protocols, so detainees should be released or transferred to civil prisons to ensure containment.

Hygiene facilities and supplies

Although transmission occurs primarily through direct contact with respiratory droplets, COVID-19 is also known to transmit by contact with contaminated surfaces (from dinnerware to latrines and showers). It is essential that current practices are changed to ensure strict hygiene protocols are implemented in all facilities, including toilets, bathing areas, corridors, cells, and kitchens where food is prepared. At present, prisoners often eat communally from the same plates or off the floor. New protocols are urgently needed to ensure food is provided individually and humanely.

Sufficient hygiene materials (such as disinfectants and soap) and running water should be regularly supplied to all facilities. Detainees should have adequate time for personal hygiene, as well as regular access to bathing facilities. Prison administrations should mandate the distribution of personal protective equipment to all individuals working or living in prisons and detention facilities. At a [minimum](#), disposable gloves, fluid-repellent face masks, and if available, disposable plastic aprons and eye protection (such as face visors or goggles) should be worn.

Food and Water

Prisons and detention facilities should provide a healthy and balanced diet rich in fruits and vegetables to all detainees. Nutritionally adequate food and clean drinking water should always be available in order to strengthen the general health of detainees. This step is critically important for those who already suffer from malnutrition or chronic disease.

Detention by non-state actors

This briefing has focused primarily on facilities run by the Syrian government and affiliated militias, in which the vast majority of detained Syrians are incarcerated. In the past, armed groups have also held detainees, in numbers

reaching several thousands, in converted makeshift places of detention or existing prisons in areas under their control. This is suspected to be the case in northwest Syria. While little information is available about the circumstances, all such detentions are arbitrary and those held should be released. In northeast Syria, the Syrian Democratic Forces have detained thousands of suspected fighters of affiliates of the Islamic State, including children above the age of 12. Women and children are being kept in camps such as al-Hol, where the population has numbered around 70,000. The situation in the northwest and northeast is not addressed in detail in this briefing, but the recommendations apply with equal force.

Conclusion

Syria suffers from a massively bloated prison system and appalling prison conditions resulting from systematic government policies, including arbitrary detention and torture. These conditions can be easily exploited by COVID-19. The vulnerability of those incarcerated in Syria is also drastically higher because of the deplorable conditions in which they are detained.

A key recommendation from this briefing, in line with other good practices around the world, is for Syria to release as many detainees or prisoners as possible. Syria should close all secret and makeshift detention centers, particularly if they are unfit for human habitation. The Syrian government is unlikely to have adequate resources to improve conditions in those centers as well as the official prisons. For the sake of those who remain imprisoned, key areas for improvement include provision of adequate health and medical care; improving hygiene and access to clean and food and water; and introducing screening and isolation procedures.

Only by adopting this approach might Syria be able to prevent and contain a potential outbreak of the coronavirus in prisons. The spread of COVID-19 in the country is limited now, but global experience suggests that once the numbers increase, places of detention will become a deadly source of transmission. This is a do or die situation, and immediate and preemptive actions are necessary to prevent the pandemic from spreading behind bars and beyond them.

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