

Yemen Runs Out of Fuel and Last Hospitals Close

By Randi Nord

Source: [Geopolitics Alert](#)

Sana'a (GPA) – While the mainstream media focuses on condemning President Trump for pulling US troops out of Syria, Yemen faces a national health crisis. The last functioning hospitals across multiple major cities in Yemen will shut their doors and stop providing services to patients. Geopolitics Alert spoke with Yemen's Ministry of Health spokesman Yousuf Al-Haidari to discuss the repercussions of this crisis.

Yemen has completely run out of fuel.

Imagine how communities across the United States would screech to a halt if gas stations simply ran dry one day. People couldn't drive to work. Families couldn't cook food. Homes wouldn't have hot water to clean or bathe.

For a country living under siege like Yemen, lack of gas also means that hospitals must close. Most hospitals have reduced their working hours and the rest are preparing to close entirely.

“There are hundreds of thousands of patients, if not millions, who will die quickly and slowly, they will die in pain. Who will provide oil to millions of Yemenis who need transportation to reach these hospitals? Who will provide transportation for the 6,000 kidney failure patients to the health center twice a week? Who will provide fuel to the private sector, which provides treatment services to about 60% of the population?” Health Ministry spokesman Dr. Yousuf Al-Haidari told Geopolitics Alert.

The poorest communities living in Yemen's rural areas, like Hodeidah, are most at risk because they cannot afford transportation to functioning hospitals five-hours away in Sana'a.

Hospitals close in Yemen and the media remains silent
Dr. Yousuf Al-Haidari explained that while 50% of the healthcare sector operates in a country running on simple health infrastructure, the number of people in need of health services after the aggression and siege has multiplied five times over.

Here's what the current crisis looks like in practical terms:

120 government hospitals and 255 private hospitals

3000 government health centers, 900 private

More than 5000 pharmacies, public and private

Hundreds of laboratories

27 dialysis centers

3 cancer treatment centers

Al-Haidari highlighted the already devastating health crises facing his country:

More than 50,000 total citizens wounded – including men, women, and children – due to the coalition military attacks. The number of malnourished children (under five) has risen to 2,200,000 out of 5,000,000 children – or 44% – 500,000 of whom are severely malnourished.

1.1 million women of child-bearing age are malnourished which affects their children and future pregnancies.

A woman dies every two hours due to complications of pregnancy and childbirth.

UN reports and MoH reports also say that a Yemeni child dies every 10 minutes from malnutrition or a deadly disease.

48,000 health workers' salaries have been cut off for 40 months due to the relocation of the Central Bank of Yemen from the capital Sanaa to the city of Aden, under the Saudi-Emirati occupation.

Weaponizing disease

Not only has the Saudi coalition continued its aggression, but it's also tightened the noose on Yemen's aid and healthcare in an attempt to strangle Yemen's most vulnerable civilians to death. Cancer patients, kidney patients, pregnant women, children, and the elderly face the worst consequences.

Many people may not realize how a fuel shortage and blockade affects every aspect of Yemeni healthcare.

95% of the medical devices in Yemeni government hospitals are out of their validity period but doctors must work with them because there is no alternative. Patients with chronic diseases such as diabetes (500k patients), heart disease, kidney failure (6000), kidney transplants (3000), cancer (60k), and other chronic diseases cannot access their medicines due to the high price in the commercial market. The government isn't able to offer a free or affordable alternative due to the blockade.

MoH spokesman al-Haidari said that dozens of people die from a lack of access to vital medicine every day.

Epidemics have spread again, which disappeared in Yemen decades ago, due to the destruction of Yemeni infrastructure, whether in water or sanitation. As part of the cholera epidemic, 2,099,531 people were infected as of October 5, 2019.

Al-Haidari highlighted that the blockade, deteriorating healthcare system, and poor sanitation has caused medieval diseases to return in Yemen with devastating consequences:

"Another 3,662 never arrived by ambulance to hospitals because of the poor economic conditions, the destruction of roads, and fear of warplanes targeting them and other reasons. This is a catastrophic figure in one epidemic and in the 21st century!"

It's common for Riyadh to carry out "double-tap" airstrikes

that target ambulances, media crews, and EMTs following an initial airstrike on a civilian home or gathering. Last summer, warplanes struck a crowded fish market in Hodeidah and subsequently bombed the entrance to the hospital, killing 55 and injuring over 130.

Compounding the cholera issue, a diphtheria epidemic has also surged with 4,244 infected and 233 killed as of September 2019 – 79% of which were children under 14. Furthermore, H1N1 flu, malaria, dengue fever, measles, and many other epidemics have spread and killed thousands of Yemenis.

Another 42,000 Yemenis died due to the closure of Sanaa airport, which was closed on August 8, 2016 and is still closed today.

“More than 200,000 patients need to travel abroad for treatment and cannot because of the closure. We lose about 30-50 patients daily,” he said.

Why do Yemeni hospitals need gas?

Only 40% of Yemen had access to electricity prior to the war. During the course of the nearly five-year aggression, US-backed Saudi coalition warplanes have bombed vital power stations and equipment that major cities needed to supply power. Most hospitals, factories, hotels, large buildings, and industrial operations all relied on backup gas-powered generators to supply electricity even before the war began.

Many Yemeni homes and communities throughout the capital Sana'a have shifted to solar power to break their reliance on gas. However, it's not uncommon for the Saudi coalition to target community solar stations as well. While solar power may fill the gap for homes, hospitals and large operations still require gas power.

Yemen is an oil-producing country and home to more than 3 billion barrels of crude oil reserves but the United States and the United Arab Emirates currently occupy Yemen's major

oil fields and export the product.

As a result, Yemenis must import fuel and rely on aid to survive.

The US-Saudi coalition is arbitrarily detaining fuel ships to create a crisis

The unlawful US-backed Saudi-imposed land, sea, and air blockade restricts all imports to Yemen. Before ships dock at Hodeidah port to distribute aid, they must first dock in Djibouti where both the Saudis and UN inspect the ships for weapons and missile supplies.

The process takes weeks and food often rots in the hot African sun before it even makes it to Yemen.

Last month, Sana'a officials and local NGOs revealed that the Saudi coalition had arbitrarily detained at least 13 ships filled with food, fuel, and medical supplies. These ships had already passed inspection in a neighboring port yet Saudi authorities refused to allow the ships to dock and unload in Yemen's Hodeidah port.

Riyadh's actions detaining the ships are a blatant violation of the Stockholm Agreement from December 2018 where Yemen's Sana'a government and members of the Saudi coalition worked out a partial peace deal. While Yemen's Ansarullah held up their end of the bargain (which included handing over control of Hodeidah port to international observers), the Saudi coalition immediately violated the agreement with airstrikes and military bombardment and continues to do so.

Mohammed Al-Houthi of Sana'a's Supreme Revolutionary Committee said in a Tweet that the ship detentions prove that the coalition is not interested in peace.

"The escalation of the blockade by detaining ships does not represent positive intentions and does not imply a practical orientation towards peace. The world should realize that

exacerbating the humanitarian situation through increasing the blockade is nothing but a catastrophe. Yemen is known to be undergoing the worst humanitarian crisis created by the aggression. We hope to take the matter very seriously as it is purely a humanitarian issue.”

No media coverage for catastrophe in Yemen

Remember the surge of coverage about the so-called “last hospital in Aleppo?” Unsurprisingly, those same journalists are nowhere to be found now that Yemen’s healthcare system is legitimately collapsing due to the actions of Washington, Riyadh, and Abu Dhabi.

A quick Google search shows that on the contrary, promoted articles written by Saudi coalition media outlets actually highlight Saudi “aid” to Yemen.

WHO: West sanctions on Syria hitting children’s cancer treatment

Source: [Press TV](#)

Western sanctions on Syria are seriously impacting the treatment of children with cancer, say local and World Health Organization (WHO) officials.

“The impact of economic sanctions imposed on Syria heavily affected the procurement of some specific medicine, including anti-cancer medicines,” said the WHO representative in Syria, Elizabeth Hoff.

Syria has been under an array of sanctions imposed by the US and the European Union, which claim they have included exemptions for medicines and other humanitarian supplies for Syria, rejecting criticisms of sanctions.

“Such measures are not aimed at the civilian population,” an EU spokeswoman said. “EU sanctions do not apply to key sectors of the Syrian economy such as food and medicine.”

However, the sanctions are affecting trade in pharmaceuticals due to restrictions on financial transactions and business with the Syrian government.

The sanctions are preventing many international pharmaceutical companies from dealing with the Syrian authorities as well as hindering foreign banks’ handling of payments for imported drugs, Hoff said.

The WHO official added that in addition to cancer medication, there were critical shortages of insulin, anesthetics, specific antibiotics needed for intensive care, serums, intravenous fluids and other blood products and vaccines.

Meanwhile, the head of the Damascus hospital, Maher Haddad, also blamed sanctions for the lack of much-needed medication.

“Most of the cancer medicines are imported. Pharmex (the company that buys drugs for hospitals across Syria) used to import the stock of medicines that public hospitals need. But it has not been able to do so largely because of the economic sanctions, I believe,” he said.

This comes as six years of foreign-backed militancy has heavily affected the Syrian health service, once one of the best in the Middle East.

The WHO says only 44 percent of hospitals are now fully functioning across Syria and more than a quarter are not working at all as a result of the war.

[End the Sanctions on Syria!](#)

<https://www.youtube.com/watch?v=-H40hVA2T1k>

The [Economic War](#) on the Syrian Arab Republic

By Jay Tharappel

Syria is being destabilised both militarily and economically. Militarily by insurgent forces sponsored by NATO, Saudi Arabia, Qatar and Turkey. Economically by the sanctions regime imposed by the United States, the European Union, and even the Arab League.

The Syrian economy has contracted by roughly 35 percent since the beginning of the war. Although the crisis began in March 2011, throughout that year the inflation rate registered at 4.8 percent above the previous year, then in 2012 it jumped to 36.9 percent which coincided with the stronger sanctions imposed in August 2011. In 2013, the inflation rate jumped to 59.1 percent (see appendix).

The corporate media has lamented the humanitarian crisis currently afflicting Syria without addressing the issue of what's causing it. Often charities and NGOs will encourage donors to send money to refugee camps in neighbouring countries like Jordan, Lebanon, or Turkey. The vast bulk of the humanitarian burden is carried by the institutions of the Syrian state who are currently providing for 5.7 million internally displaced persons.

Often sanctions are justified on the grounds that they're "targeted" in the sense that they don't explicitly prevent the

export of basic necessities like food. However, what this ignores is that sanctions needn't directly prevent the trade of basic necessities to make those goods increasingly scarce and unaffordable in the targeted country.

Imposing barriers on trade, especially on financial transactions, increases both the real and perceived 'sovereign risk' for entities doing business in that nation, which inexorably undermines the value of that nation's currency.

The U.S. government has imposed various sanctions on Syria since 1979 which is when Syria was designated a "State Sponsor of Terrorism". These measures entered a new phase of hostility after the U.S. led 'War on Terror'.

In 2004 the Bush administration issued the **Executive Order 13338**, which prohibited the export to Syria of various types of industrial machinery and raw materials crucial for the development of a modern economy. Further sanctions involved blocking the assets of individuals in Syria involved with supporting various resistance organisations in Lebanon and Palestine.

The sanctions regime became even more punitive in August 2011, five months into the beginning of the conflict, when the Obama regime issued **Executive Order 13582**, which included a whole new range of sanction including most significantly, the prohibition of "the supply...of any services to Syria".

This has meant financial sanctions, which were encountered first-hand by a member of the Hands Off Syria delegation who was blocked from using PayPal – a U.S. company that enforces these sanctions. PayPal also demanded that the HOS member write to the U.S. government explaining "why the attempted access from Syria was made" and requested confirmation that the "account is not held for the benefit of a person or organization in Syria".

Given the hegemonic role of U.S. financial institutions in

world trade, such sanctions have severely undermined the purchasing power of the Syrian pound. Before the war started the exchange rate was 45 Syrian pounds to the U.S. dollar, which has slid precipitously to what it is now – around 150 Syrian pounds to the U.S. dollar.

Over the course of the conflict the black-market rate soared far and above the official rate, reaching 320 Syrian pounds in July 2013, which was 210 Syrian pounds above the officially set rate of 110 Syrian pounds. The problem was solved by shutting down the operations of currency dealers who were selling their nation's currency at well below the rate set by Damascus (Khalidi, 2013).

To pay for increasingly expensive imports and to prevent a balance of payments crisis (when imports exceed exports leading to currency depreciation), the Syrian government is forced to export greater quantities of oil which drives up local prices. This source of income however has proven unreliable ever since insurgent forces, namely the Al-Nusra Front and ISIS, gained control the oil fields in the north-east of Syria.

The European Union only lifted these sanctions on imports of Syrian oil once these insurgent forces took over these oil-fields. This in turn fuels the insurgency against the Syrian state via the theft of its resources, and also increases the price of oil domestically.

The collapse in the value of the Syrian pound has also impacted the healthcare system.

Prior to the conflict Syria's healthcare system was relatively successful compared to other nations in the region. Although Syria has the fourth lowest per-capita GDP when compared with its fellow Arab states, it ranks third highest in life expectancy (at around 74 years) beaten only by the oil rich emirates Qatar and the UAE (World Bank).

Syria's per-capita expenditure on health amounts to a mere \$79, which is relatively low compared to Jordan (\$246) and Egypt (\$200), however, according to 2008 figures, Syria still managed a lower maternal mortality rate at 46 per 100,000 live births, compared to Egypt and Jordan, at 86 and 59 per 100,000 live births respectively.

The sanctions regime have initiated a reversal of many of these gains. Indeed according to Sen et al (2013, p. 198) writing for the Journal of Public Health and Oxford University:

“Sanctions have prevented the entry of essential medical supplies into the country, including those for cancer, diabetes and heart disease, which are not produced locally and is having an impact upon the thousands dependent upon such medication to treat long-term conditions.”

The sanctions have also forced the government to reverse its price controls on food, which have become increasingly unenforceable given the inflation on inputs determining the price of bread. According to Xinhua News, “the majority of merchants continue to charge high prices, citing the depreciation of the Syrian currency and the difficulty of importing goods into Syria under EU sanctions”.

Given the shrinking economy, the government has been forced to make difficult decisions to bolster the Syria pound under conditions of an economic siege, including reducing state subsidies on bread and fuel, thereby saving the Syrian exchequer approximately \$80 million and \$365 million U.S. dollars per year respectively according to Syria's Minister of Domestic Trade Samir Qadi Amin.

According to Xinhua:

“The Ministry of Domestic Trade has doubled the prices of white sugar and rice from 25 Syrian pounds (about 0.17 U.S.

dollar) to 50 Syrian pounds (about 0.33 dollar) per kg, and the price of subsidized bread bundle has also been raised from 15 Syrian pounds (0.1 dollars) to 25 pounds (about 0.17 dollars) (Xinhua, 2014)."

When the conflict began foreign exchange earnings from industries such as tourism collapsed as a consequence thereby forcing the government to impose import restrictions on non-essential items to mitigate the depletion of Syria's foreign exchange reserves (Khalidi, 2011).

Ironically however, because the foreigner-infested insurgency, which is extremely unpopular with the Syrian people, requires a lifeline of foreign funding to survive, such inflows of hard-currency have had the unintentional effect of stabilising the value of the Syrian pound as they travel through the economy eventually their finding their way into the hard-currency reserves of Syria's central bank.

According to one Damascus based Syrian-banker interviewed by Reuters:

"The dollars which are changed to the pound are going back into the veins of the economy. They get into the economic cycle and in the last resort go to the central bank" (Khalidi, 2014)

In this case it seems the means by which foreign powers sustain the insurgency appears to be undermining their efforts to overthrow the Syrian state – a small victory on the economic front perhaps...

Appendix

Syria: Economic Indicators (Sourced from DFAT Australia)

	2008	2009	2010	2011	2012	2013
GDP (USD billion) (current prices):	52.6	53.9	60	<u>57.96</u>	<u>47.52</u>	<u>38.97</u>
GDP PPP (Int'l billion):	95.7	102.1	106.9	<u>103.3</u>	<u>84.68</u>	<u>69.44</u>
GDP per capita (USD):	2557	2557	2807	<u>2711.6</u>	<u>2223.5</u>	<u>1823.3</u>
GDP per capita PPP (Int'l):	4648	4841	4997	<u>4827.1</u>	<u>3958.2</u>	<u>3245.7</u>
Real GDP growth (% change):	4.5	5.9	3.4	-3.4	-18.8	-18
Current account balance (USD millions):	-673	-1584	-1709	-5900	-6700	-5900
Current account balance (% GDP):	-1.3	-2.9	-2.8	-10.3	-15	-15.4
Goods & services exports (% GDP):	37.5	29.1	32.7	–	–	–
Inflation (% change):	15.2	2.8	4.4	4.8	36.9	59.1

*Underlined figures have been derived from the GDP growth rates for those years.

2004 Executive Order 13338: In 2004 the U.S. President Bush “declar[ed] a national emergency to deal with the unusual and extraordinary threat to the national security, foreign policy, and economy of the United States posed by the actions of the Government of Syria”

The United States justified its sanctions on Syria for the three reasons:

1. For “continuing its occupation of Lebanon”, which obstructed the Zionist regime’s objective of destroying the Lebanese resistance spearheaded by Hezbollah.

2. For “pursuing weapons of mass destruction and missile programs”, which the United States would naturally oppose given Syria’s unwillingness to subordinate itself to U.S. interests.
3. For “undermining United States and international efforts with respect to the stabilization and reconstruction of Iraq”, referring to Syria’s support for the Iraqi resistance.

The EO states: “the Secretary of Commerce shall not permit the exportation or reexportation to Syria of any item on the Commerce Control List (15 C.F.R. Part 774)”. The exhaustive list includes various types of steel and aluminium, ‘bellow valves’, ‘compressors’, ‘gas blowers’, ‘heat exchangers’, and ‘gas centrifuges’, ‘metal heat-treatment furnaces for tempering metals’, that is, important industrial machinery and raw materials crucial for the development of a modern economy, as well as materials that could potentially be used to build a nuclear reactor; and construction equipment “built to military specifications”.

2005 Executive Order 13338: On the 5th of April, 2005, the OFAC issued new regulations to implement the which most significantly allows for the blocking of assets held by people within the United States who have “been directing or otherwise significantly contributing to the Government of Syria’s provision of safe haven” to groups such as “ Hamas, Hizballah, Palestinian Islamic Jihad, the Popular Front for the Liberation of Palestine, the Popular Front for the Liberation of Palestine-General Command”. These measures also extend to those who “have been directing or otherwise significantly contributing to the Government of Syria’s military or security presence in Lebanon”; “have been directing or otherwise significantly contributing to the Government of Syria’s pursuit of the development and production of chemical, biological, or nuclear weapons and medium- and long-range surface-to-surface missiles”; and “have been directing or

otherwise significantly contributing to any steps taken by the Government of Syria to undermine United States and international efforts with respect to the stabilization and reconstruction of Iraq". Furthermore the measures also extend to anyone who acts on behalf of blocked persons.

2006 Executive Order 13399: Targeted sanctions extended to those accused of being involved in the assassination of former Lebanese Prime Minister Rafiq Hariri.

2011 Executive Orders 13572 (03/05/2011) and **13573** (18/05/2011) are targeted sanctions against the following entities and persons:

Bashar Al Assad [President of the Syrian Arab Republic, born September 11, 1965]

Maher Al Assad [Brigade Commander of Syria's Fourth Armored Division]

Farouk Al Shara [Vice President, born 1938]

Mohammad Ibrahim Al Shaar [Minister of the Interior, born 1950]

Ali Mamluk [Former Director of the Syrian General Intelligence Directorate]

Atif Najib [Former head of the Syrian Political Security Directorate for Daraa province]

Adel Safar [Former Prime Minister, born 1953]

Ali Habib Mahmoud [Former Minister of Defense, born 1939]

Abdul Fatah Qudsiya [Former Head of Syrian Military Intelligence, born circa 1950]

Mohammed Dib Zaitoun [Former Director of Political Security Directorate, born circa 1952]

Syrian General Intelligence Directorate

Islamic Revolutionary Guard Corp – Quds Force

2011 Executive Order 13582 (17th of August, 2011), the following are prohibited:

1. New investment in Syria by a U.S. person, wherever

- located;
2. The direct or indirect exportation, reexportation, sale, or supply of any services to Syria from the United States or by a U.S. person, wherever located;
 3. The importation into the United States of petroleum or petroleum products of Syrian origin;
 4. Any transaction or dealing by a U.S. person, wherever located, in or related to petroleum or petroleum products of Syrian origin; and
 5. Any approval, financing, facilitation, or guarantee by a U.S. person, wherever located, of a transaction by a foreign person where the transaction by that foreign person would be prohibited if performed by a U.S. person or within the United States.

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