

Healthcare in Rojava

Interviews with Dr. Mohammed from the Executive Council of Health Board of DAANES and Sherwan Beri from the Communications Office of Heyva Sor/The Kurdish Red Crescent

Sunn

Sunn: How has the healthcare system in Rojava been able to isolate health from business? In other words, at present, how is healthcare in Rojava different from a capitalist system?

Dr. Mohammed: For health in Rojava, the system is decentralized, with co-chairs for all departments and health institutions to ensure women's rights in departments. So that women have an active role in decision-making with the co-chair, and they are not marginalized. Rather, they are relied upon, assigned tasks, and their right to work in health and other institutions is guaranteed. The capitalist system, on the other hand, singles out the position of responsibility and decision-making and may not guarantee women's right to participate in organizational work. In the capitalist system, decisions are made by head of the pyramid, directing the societal sectors affiliated with him without allowing these societal segments to participate in planning, decision-making, or follow up implementation. On the other hand, the decentralized health system in Rojava allows for community representation of decision-makers through "health councils," which enable community representation through democratic mechanisms, based on the premise that any decision that can have a positive impact on society must be issued by the bloc or grassroots of the community, which gives it a prominent and effective role in making decisions that are closer to the individual and community and have an impact on development. Health cannot be developed only by increasing the number of health institutions, such as primary, secondary, or tertiary health care centers. Rather, health means focusing on solving medical issues in conjunction with evaluating the environment in which people live. The environment in which humans live is divided into two parts: 1- The natural environment, which refers to the safety of water, air, and soil, their impact on human food and drink, and the control of pollutants, including the prevention of environmental pollution by solid, liquid, and gaseous wastes from the water, soil, and air, and even noise. 2- The second part relates to the safety of the social and political environment. The existence of problems related to the lack of democratic values and principles, freedom of expression, oppression and abuse against women, family disintegration, and moral dissolution all lead to an imbalance between mental or spiritual health as well as physical health.

Sunn: Towards the end of last decade, there have been reports on shortage of doctors and volunteers of Heyva Sor a Kurd lacking professional medical training. Are they true? What is the situation regarding this right now?

Sherwan Beri: The shortage of health workers is an ongoing problem that began on the first day of the Syrian war and has only worsened over time. Many doctors and medical staff have left the country like everyone else. The Red Crescent and all health institutions in our region face a critical shortage of specialized doctors and staff, including those specializing in oncology, cardiology, and other fields, which in many cases forces patients to go to the Iraqi Kurdistan or to Damascus.

Sunn: How did the health committee of Rojava tackle pandemic? What were the major challenges?

Dr. Mohammed: A state of medical emergency had been declared in all existing health institutions, with special beds allocated in all public hospitals to receive these cases. Communication and coordination have been established with non-governmental medical organizations to provide them with possible assistance, and special laboratories (PCR) had also been equipped to conduct the necessary investigations to support diagnosis. Supervisory tours had been intensified on all facilities, and a crisis cell had been established in each Canton to take the necessary decisions, such as declaring school closures for a limited period, preventing gatherings, monitoring potential sources of infection, etc... Special centers had also been designated as COVID-19 hospitals in some Cantons. Among the challenges were the lack of experience of public medical teams in such cases, especially during the first wave of this disease, and the weakness of existing health facilities due to the unstable situation throughout Syria, as well as Rojava. Coronavirus is a disease that requires specialized infrastructure and resources, as well as significant material and financial resources. Even some developed countries have been unable to fully fulfill their obligations towards it. However, health sector administrations have been able to overcome this ordeal using the available resources.

Sunn: What are the major healthcare challenges now with the change of regime in Syria, especially when it comes to emergency situations? How is it different from what it was under Assad's rule?

Dr. Mohammed: With the change of the regime in Syria, we are waiting to see the political consensus and stability, for decentralized system in NES. The 14-year-long war has led to the deterioration of all aspects of the living life of the population, and not leaving any chance for developments in most areas of service, including the health sector. The development of health sectors requires political and security stability, and develop practical development strategies and plans, and so far we do not know the approach that the current system will take to manage the health sector, including the emergency situation, knowing that the whole health sector during the previous regime, especially in its final years, witnessed a significant deterioration. The continued instability and lack of clarity about how the health sector will be managed by the central government in Damascus will not allow the health sector in NE Syria to map out where cooperation and coordination with the central Ministry of Health is possible. Existing healthcare challenges:- Infrastructure issues of existing health institutions.- Lack of human resources and the migration of many talents abroad.- Limited financial resources.- Weak government systems to manage the sector.- Lack of widespread use of a centralized information system.

Sherwan Beri: After Assad fell, we experienced a difficult situation for several months due to the fight in Manbij and the Tishrin Dam and the migration of our people from Shehba. We

suffered this burden, we lost some of our members due to the attacks of the Turks and their affiliated groups and we lost ambulance workers. Moreover, after the return of Trump, the aid to many aid organizations was cut off, and this also affected us, especially in the camp. However, the situation has now calmed down and is back to what it was a few months ago (before the fight). But no other changes have happened in our area since the time of Assad until now.

Sunn: Under the present Syrian transitional government, what is getting a medical education or training like, especially for the women?

Dr. Mohammed: Higher education in the areas controlled by the former regime, especially in recent years, has witnessed a significant deterioration, and this of course includes medical education, as the emigration of many scientific competencies in the medical field has caused a clear imbalance in the management of university medical education, which has led to a low scientific level for those students, especially in some fields, another thing is that the fragile economic situation of the Syrian government has been a chronic issue. This has forced the government to reduce financial allocations to teaching hospitals, and many citizens are reluctant to go to the public sector and instead go to the private sector to receive medical help, due to a lack of trust in public government hospitals and the weakness of the administrative government and the laxity of these institutions. In the last two months, there have been unfortunate incidents in which some students were killed on an ethnic or sectarian basis in some public universities, which led to more fear and turmoil in the educational process, especially for women, especially after the prevalence of sexism and attempts to separate males and females.

Sunn: How effectively is women's health, such as birth control, taken care of? I'd like to know about women's role in healthcare in Rojava in a little detail.

Dr. Mohammed: The health sector is divided between a sector run by the Autonomous-Administration, public institutions supported by some international non-governmental organizations, and finally the private sector. In fact, most health institutions have witnessed a decline in the performance of their assigned roles. As for women's health care, birth control and women's health care, it is mostly provided within different health institutions, albeit with varying degrees of quality, depending on the type of health institution that provides it (governmental supported by organizations, private sector, etc.). As for the role of women in Rojava, it is essential. According to the social contract agreed upon by most components of the peoples of Rojava, the representation of women in all institutions is essential, and may reach 50%, including administrative or organizational positions, as there is a clear keenness for women to take a leading role alongside men, especially in the health sector.

Sunn: I'd like to learn about the quality and availability of medicines. There are numerous reports of low quality medicines, with dangerous side effects, being used to treat patients in hospitals of a number of developing countries. Is that an issue in Rojava?

Dr. Mohammed: It is likely that the continuation of the Syrian crisis for many years has had a negative impact for various reasons on the methodology of work in the pharmaceutical factories in the areas of the former regime. During the years of the crisis, the regions of NES suffered from a kind of siege, as the former regime's military checkpoints imposed tributes or large sums of money for the entry of pharmaceutical materials coming from the central government areas to the Rojava regions. There were other crossings that brought in medicine that had not been manufactured in factories located in regime-controlled areas. However, we have not witnessed or encountered unfortunate incidents, in significant numbers, as a result of the use of certain pharmaceuticals. The Drug Supply Office in the Health Body of the NE Syria, within the available

resources, only approves the importation of pharmaceutical products that it deems acceptable and harmless.

Sherwan Beri: Medicines imported to our regions are either manufactured by Syrian companies or through Semalka. We believe that there may be some shortcomings in the Syrian ones because the monitoring the production has been decreased and perhaps no one is currently monitoring the effectiveness of these medicines. We cannot yet confirm the extent of this issue. Medicines from outside Syria also are examined by the state and different companies, some have good quality and some have shortcomings. However, it is crucial to note that medicines from the South are thoroughly examined in the South to ensure that they are genuine medicines from reputable pharmaceutical companies, and are then approved by the Ministry of Health and Semalka boarder.

Sunn: How advanced are the medical facilities in hospitals there?

Dr. Mohammed: It is well known that the medical sector is one of the sectors that requires large financial resources, as well as highly qualified and competent human resources. The absence of a health insurance system or an accurate tax system must deprive the Autonomous Administration of the financial resources needed to continuously develop its health institutions, including hospitals. Nevertheless, the administration is exerting all its efforts and capabilities to take the possible steps, whether through its own resources or in cooperation with the existing NGO sector. Based on the aforementioned, it will be difficult to make leaps in the development of this sector until a new approach to financing the health sector is found.

Sunn: Does religion affect anyone's belief in Western medicine in Rojava despite treatment being available for little to no cost? Is alternative medicine practiced in Rojava?

Dr. Mohammed: Religion in Rojava is one of the main pillars of the culture of the peoples and components of Rojava. Therefore, trust in religion as a positive factor in improving health or overcoming a particular medical issue may be more prevalent among the uneducated masses. In Rojava, there is no alternative medicine based on scientific foundations or clear rules, and it is often limited to working with folklore, which is based more on the customs followed by parents and grandparents in treatment, although the predominant orientation of society is to accredited health care institutions.

Sherwan Beri: Human psychology undoubtedly impacts medical practice, and this is called the placebo effect, and religion and faith are also part of this issue. The autonomous administration is working on natural medicine, but it is not yet widespread. We, the Red Crescent, have not yet explored this area.

Sunn: What plans or worries do you have about the future of healthcare in Rojava?

Dr. Mohammed: The long years of war and constant threats to the Rojava regions have left no room for decision-makers in the health sector to develop long-term plans and strategies to develop the health sectors and avoid a vacuum in health services as a result of the withdrawal of some organizations from our regions. Moving from an emergency response mode of health services to an early recovery mode of health stabilization requires a gradual transition, so as not to disrupt the status quo, although there are many weaknesses at the moment.

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