



NO MORE IMPUNITY: GAZA'S HEALTH SECTOR UNDER ATTACK



"I was near my colleague, Sho'ayeb, who was crying. He hugged me firmly and said, "Youssef, Youssef". I thought he meant our colleague Youssef Sheikh Eid, but he repeated, "Youssef, your son". He meant my son. I was shocked. I collapsed and cried. My son was burnt in front of me and I didn't know that he was my son."



Jaber Hassan Darabieh,
father of deceased volunteer
medical worker, Youssef Jaber
Hassan Darabieh

BARONESS HELENA KENNEDY QC



The ruins of Al Wafa, Gaza's only rehabilitation hospital



Even in the very best of circumstances, wartime injuries require dedicated and long-term expert medical care. Following the attacks on Gaza last year medical professionals have been working with survivors, sometimes in inadequate temporary facilities, to help them

overcome physical and mental trauma. However, unless further action is taken at the international level to address the root causes of the wider situation, this can only be a temporary reprieve.

As a Queen's Council (QC) and barrister in the UK and a Fellow of the Royal College of Paediatrics and Child Health and the Royal College of Psychiatry I have some understanding of the trauma experienced by victims of conflict. A large part of my career has been about the pursuit of accountability and this has shown me the vital importance of tackling impunity, not only for preventing atrocities and their recurrence, but also for bringing some measure of justice to victims. The survivors of the 2014 attacks on Gaza are still haunted by the assault and little seems to be being done by the international community to try and secure any form of redress.

This report is an important reminder to us all that when states fail to abide by their international legal obligation to protect civilians and civilian infrastructure, the effects are devastating.

Also, and just as importantly, it urges action. Reaffirming the protected status of hospitals and medical personnel in the Fourth Geneva Convention and ensuring the prevention of future attacks of this kind is a legal, political and medical imperative.

When hospitals and medical workers become the targets in war anyone can be a target. Any attack on a medical facility or ambulance is an attack on every civilian and the idea of what it means to be civilian in times of war. If states fail to respond in cases such as those covered by this report the protection of medical staff and infrastructure will be further eroded to the extent that nowhere will be safe for the building of a new hospital, no doctor or nurse safe to treat the wounded and no ambulance safe to transport the injured civilians away from conflict zones to receive care. This must not happen.

This report calls for an unequivocal commitment from all states for the protection of medical infrastructure and its importance in ensuring the fulfilment of the right of all Palestinians to the highest attainable standard of health.

All states must support all efforts to ensure an in-depth and impartial investigation into the 2014 attacks on Gaza and, if wrongdoing is identified, that the appropriate action is taken without delay.

Baroness Helena Kennedy QC


LOCATIONS OF CASES COVERED IN THIS REPORT




MAP KEY:

- Al Aqsa Hospital (page 8)
- Al-Wafa Hospital (page 10)
- Mebarret Al Rahma Centre (page 12)
- Msabbeh neighbourhood (page 16)
- Khan Younis (page 18)
- Khuza'a (page 22)

MEDICAL FACILITIES

2008/09 ATTACKS 


15 hospitals and **43** primary health care clinics damaged or destroyed

2014 ATTACKS 

17 hospitals and **56** primary health care clinics damaged or destroyed

OBSTACLES TO MEDICAL ACCESS

511 of the **2,217** Palestinians who were killed during the attacks never received medical assistance due to obstruction to ambulance access.



AMBULANCES

2008/09 ATTACKS
29 damaged or destroyed


2012 ATTACKS
6 damaged or destroyed


2014 ATTACKS
45 damaged or destroyed


INTRODUCTION

This report builds upon a [joint complaint](#) submitted by 'Al Mezan Center for Human Rights' (Al Mezan), 'Lawyers for Palestinian Human Rights' (LPHR) and 'Medical Aid for Palestinians' (MAP) in February 2015 to the United Nations Independent Commission of Inquiry on the 2014 Gaza Conflict.¹ Both the complaint and this report focus on the destruction of and damage to medical infrastructure² and loss of life and injury to civilians and medical personnel during the Israeli military operation codenamed by Israel 'Operation Protective Edge'.

The complaint presented evidence of seven serious incidents which occurred between 7 July 2014 and 26 August 2014 and which, prima facie, represent serious violations of international humanitarian law, and of the right to health and the right to life. This report sets these within the wider context of attacks on hospitals, ambulances and medical personnel and obstruction of medical services.

As humanitarian and human rights organisations working in or on Gaza, MAP, Al Mezan and LPHR believe that without a thorough and impartial investigation of the issues raised in this report and proper mechanisms for accountability, the international legal protection of medical facilities and personnel will continue to be eroded and this will directly impact the fulfilment of the right to health not only of Palestinians living in Gaza but of civilians caught up in armed conflict anywhere in the world.

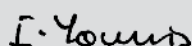
Lack of accountability for attacks on hospitals, as well as the absence of progress towards reconstruction, make another war and recurrence of these kind of incidents more likely. Gaza's health sector is in no position to withstand another assault.



Tony Laurance
Chief Executive
Medical Aid for Palestinians



Tareq Shrourou
Director
Lawyers for Palestinian for Human Rights



Issam Younes
Director
Al Mezan Center for Human Rights

CONTENTS

Executive Summary	4
Recommendations	5
Methodology	6
Attacks on Hospitals and Medical Centres	7
Eroding protection	7
The Al Aqsa Hospital	8
The Al-Wafa Rehabilitation Hospital	10
The Mebarret Al Rahma Centre for People with Disabilities	12
Attacks on Ambulances and Medical Personnel	15
No protection through coordination	15
The Msabbeh neighbourhood attack	16
Mohammed Al Abadla	18
Obstacles to treatment for the wounded	21
Access	21
The evacuation of Khuza'a – Bader's story	22
Conclusions	24
References	25

EXECUTIVE SUMMARY

The effective provision of healthcare services is essential to a functioning and sustainable society. These services are never more vital than when that society is reacting to and recovering from devastating bombardments that have left large numbers of civilians dead and injured. According to a report prepared by organisations working in the Palestinian Health Sector, 17 hospitals and 56 primary healthcare facilities were hit during the 2014 attacks on Gaza as well as 45 ambulances³, with the consequences ranging from total destruction to minor damage⁴. One hospital – the Al-Wafa Rehabilitation hospital – and five primary health clinics were totally destroyed.⁵

Damage of this scale on a health sector already struggling under the pressures of an unlawful eight-year blockade and closure policy and two previous large-scale military operations in the last five years warrants a comprehensive and impartial investigation. Only by reaffirming the protection of medical personnel and facilities under international law, and by investigating alleged breaches can there be any chance for the long-term safety of hospitals and ambulances and the recovery of Gaza's health sector.

The World Health Organisation (WHO) office in Gaza noted that prior to the attacks of summer 2014, 'the Israeli military had been given GIS coordinates of all hospitals specifically to prevent targeting, and that Wikimaps had been used to determine exact locations of healthcare facilities'.⁶ Ambulance movements were coordinated with the Israeli military through the mediation of the International Committee of the Red Cross (ICRC) with the aim of preventing the targeting of ambulances and medical teams. An assessment led by the WHO after the attacks found that 16 health workers were killed while on duty, and 83 health workers, most of whom were ambulance drivers, were injured.⁷

This report covers six specific cases which highlight broader issues in relation to; attacks on hospitals and clinics, the targeting of ambulances and paramedics and obstacles to emergency treatment.

- The cases provide evidence of the apparent targeting of medical infrastructure and personnel, leading to the death and injury of civilians and medical personnel. In many of these cases civilians were killed either at the scene of attacks or as a result of severe injuries sustained from these attacks. Additionally, the use of 'double tap' attacks, as demonstrated in this report by the Msabbeh neighbourhood attack, caused significant and foreseeable injuries and fatalities among ambulance crews and paramedics as they rushed to the scene of attacks. The potential implications of these cases warrant a comprehensive and impartial investigation, supported by the international community;
- The extensive destruction and damage caused to medical infrastructure during Israel's military operation on Gaza has hindered the realisation of the right to health for any Palestinian resident in Gaza whose access to medical services was impeded by these military attacks. This is clearly seen with the destruction of the Al-Wafa hospital. The loss of the only rehabilitation hospital in Gaza has severely restricted access to rehabilitation care. This may have serious implications for some of those who were permanently disabled by the attacks, including close to 1,000 children.⁸
- Of the 2,217 Palestinians who were killed as a result of the Israeli military operation, 511 never received medical assistance due to obstruction to ambulance access.⁹ The story of Bader Qdeih in this report is a shocking demonstration of the importance of medical access to areas which have been attacked and the devastating consequences of delays. It is possible that the obstruction of medical personnel and ambulances resulting from military checkpoints and refused or delayed coordination led to additional civilian deaths.

RECOMMENDATIONS

INVESTIGATION AND ACCOUNTABILITY

The evidence presented in this report must be followed up with decisive action from the international community to enable a full and independent investigation of these and related incidents. The process of establishing the UN Commission of Inquiry on the 2014 Gaza Conflict has enabled a consultation and information gathering process which has engaged a broad range of organisations and individuals. However, as with the Fact Finding Mission in the aftermath of the 2008/09 attacks, which later produced the Goldstone Report, Israel did not permit the Commission to enter Gaza through the Erez crossing to conduct its investigation.¹⁰ The highest priority to ensure access to justice is for the Commission of Inquiry, UN Special Procedures, officials of the International Criminal Court and independent human rights and forensics experts, to be permitted access to Gaza.

The recently released Commission of Inquiry report noted, inter alia, that:

- “impunity prevails across the board for violations of international humanitarian and human rights law allegedly committed by Israeli forces”; (reference – Report of the detailed findings of the independent commission of inquiry established pursuant to Human Rights Council resolution S-21/1, para 664)
- “Israel must break with its recent lamentable track record in holding wrong-doers accountable”; Ibid, para 670
- “the Commission was able to gather substantial information pointing to serious violations of international humanitarian law and international human rights law by Israel and by Palestinian armed groups... these violations may amount to war crimes”; Ibid, para 668
- “comprehensive and effective accountability mechanisms for violations allegedly committed by Israel or Palestinian actors will be a key deciding factor as to whether Palestinians and Israelis are to be spared yet another round of hostilities and spikes in violations of international law in the future”. Ibid, para 675

These important observations underscore our further recommendation that action towards legal accountability is taken to provide access to justice for all victims and to deter any recurrence of attacks against medical infrastructure and personnel.

With a view to affirming the above, Al Mezan, MAP and LPHR urge all states to:

- i) Call on Israel and the Palestinian authorities in Gaza to cooperate with and facilitate access to Gaza for the UN Commission of Inquiry into the 2014 Gaza Conflict, UN Special Procedures, officials of the International Criminal Court, and independent human rights, ballistics and forensics experts, to enable a thorough and impartial assessment of the facts regarding the conduct of all parties;
- ii) Pursue all possible avenues to ensure accountability for apparent deliberate or reckless targeting of medical infrastructure and personnel;
- iii) Condemn the apparent refusal of permission for Palestinian ambulances and emergency medical teams to access specific areas to reach the injured and to evacuate them to hospitals;
- iv) Urge Israel to conduct timely, impartial and effective criminal investigations, to international standards of independence, impartiality, thoroughness and transparency, into each case where there is reason to suspect the commission of a violation of international humanitarian law, and ensure that accountability and justice is secured for proven criminal wrong doing;
- v) Ensure that all measures are taken within the context of lifting the blockade and closure of Gaza to enable free and unimpeded movement of medicines, medical equipment, physicians and patients and to facilitate access for all necessary construction materials so that reconstruction can take place of the medical infrastructure that has been destroyed or damaged;
- vi) Until such a time as the health sector in Gaza is able to meet the medical needs of the population, urge the governments of Israel and Egypt to permit the transfer of patients out of Gaza for treatment without impediment or delay and to desist from the interrogation and detention of patients and their companions.

METHODOLOGY

The documentation in this report was jointly compiled by Al Mezan and a coalition of Palestinian human rights organizations.¹¹ Evidence was gathered by the coalition to clarify and confirm the factual circumstances of the incidents. Fieldworkers visited the site of attack and documented witness testimonies, took photos, and drew sketches of the site of attack. Fieldworkers gathered medical reports and death certificates and where appropriate documented and retrieved material evidence, including weapons fragments.

The documentation process includes a thorough site assessment and cross-checking of information between the documenting organizations, international partners, and UN counterparts. The documentation of the incidents in this report complies with internationally recognized legal standards.



Al Mezan fieldworker Yamen Almadhoun in Shujaiyya neighborhood

ATTACKS ON HOSPITALS AND MEDICAL CENTRES



Entry point for one of the shells that hit the Mebarret Al Rahma Centre for People with Disabilities

ERODING PROTECTION

In times of conflict hospitals provide an essential function as centres for healthcare provision and as shelters for the injured and their families. The erosion of the protected status of hospitals through recurring attacks and subsequent impunity following previous Israeli large-scale military operations has undermined the physical reality and psychological feeling of protection for the people of Gaza.

The WHO in Gaza noted that prior to the 7th July 2014, 'the Israeli military had been given GIS coordinates of all hospitals specifically to prevent targeting, and that Wikimaps had been used to determine exact locations of healthcare facilities'.¹² These efforts to enable military personnel to distinguish and therefore protect civilian infrastructure are essential to ensuring the long-term provision of healthcare in Gaza.

“It is vital for health facilities and staff to be able to perform their life-saving work without fear of attack.”

WHO statement, July 28th 2014

In several situations, such as the attack on Al Aqsa hospital documented below, an initial strike was subsequently followed up by additional missiles nearby, causing many more casualties as people rushed to help the wounded from the first strike. A fact finding mission by 'Physician for Human Rights – Israel'

(PHR-I) and Palestinian human rights organisations also confirmed attacks whereby staircases or entrances in multi-story buildings would be hit several times whilst evacuations were taking place, leading to further casualties.¹³

Under international humanitarian law there is an exception under which the targeting of hospitals could be deemed legal, namely when they are being used for hostile or harmful acts unrelated to their humanitarian function.¹⁴ However, even in this instance, protection may cease only after due warning has been given with a reasonable time-limit set, and after such warning has remained unheeded.¹⁵ Furthermore, their civilian status must be presumed where any doubt exists as to its nature, and military attacks would still have to comply with the general principles of international humanitarian law of distinction, proportionality and effective warning.

The Israeli military claims that there were instances where civilian infrastructure was targeted because it was being used for military purposes.¹⁶ Allegations that civilian infrastructure has been used for military purposes warrant a thorough and independent investigation. Furthermore, Al Mezan, LPHR and MAP contend that the unpredictable and last-minute nature of the warnings given prior to attacks does not constitute due warning or a reasonable time-limit. This is especially true in cases of attacks on hospitals or medical facilities, as many of the people to be evacuated will have had physical disabilities or injuries requiring extreme care in moving them.

THE AL AQSA HOSPITAL



The Al Aqsa Hospital

The 100 bed Al Aqsa Hospital, located in the town of Deir Al Balah, is the main casualty hospital in the Middle Area district of Gaza and also served as a place of shelter for many families during the early weeks of the attacks as they sought to escape the bombardment.

On the 21st July 2014, at approximately 14:30, the hospital was shelled by artillery.

Earlier on the same day houses in the vicinity had already been hit, killing two people and leading many other injured and panicked civilians to seek shelter and medical assistance in the hospital.

The hospital was struck a short while later, with artillery shells hitting the surgery department, the maternity department, the administration department and the main staircase. Tens of patients, visitors and staff were injured and two people, including one child, were killed:¹⁷

Alaa Abdel Majeed Abu Dahrouj, 15, who sought shelter and was killed inside the hospital

Khalid Awad Bayoumi, 34, who was visiting a patient when he was killed inside the hospital

Mohammed Alqrenawy, a technical support volunteer at Al Aqsa Hospital, was at the Hospital on the 21st July 2014 and recounted the immediate aftermath of the attacks:

“I went back to the eastern yard of the hospital where there was a huge number of people screaming and running in all directions. I then carried a boy who looked around 15 years old. He was wearing a blue shirt and was bleeding from his head and back, so I carried him with the help of Emad to the reception. They then took him into the Intensive Care Unit but he didn’t seem to be alive.”

Mohammed Alqrenawy was unable to confirm whether or not the boy he carried was the 15 year old child, Alaa Abdel Majeed Abu Dahrouj, who died during the attack on the hospital.



A woman standing in her damaged house, next to the Al Aqsa hospital

During the attack on al Aqsa hospital at least five medical personnel were injured, including Eman Abu Jayyab, a nurse, who sustained a severe injury as a result of a 'large piece of shrapnel which stuck to her arm'.¹⁸

An operation successfully saved the limb from amputation, but as of January 2015 she was still receiving care and has been told that she will be permanently disabled.¹⁹

Following the attacks the hospital's patients, including cancer and intensive care unit patients, were transferred to the Shifa Hospital in Gaza City and the Nasser Hospital in Khan Younis City. Despite much of the hospital now having been repaired, any patient requiring surgery must still be transferred to another hospital with a functioning surgery department.

Eman was transferred to the Medinat Al Hussein Al Tibbeya Hospital in Amman, Jordan, for treatment on August 6th 2014 for a number of months and was operated on there.²⁰ Eman and many others injured during the attacks on Gaza will have to live with disabilities for the rest of their lives.



Nurse Eman Abu Jayyab, who was permanently injured in Al Aqsa attack



Kamal Khattab, director of Al Aqsa hospital in front of hospital

THE AL-WAFA REHABILITATION HOSPITAL

The Al-Wafa hospital was relatively newly constructed and equipped with US\$3 million of rehabilitation equipment.²¹ It had 50 beds, a therapeutic garden and was the only rehabilitation hospital in Gaza.²²

Prior to the 2014 attacks, the Al-Wafa hospital had already experienced bombardment and significant damage during the 2008/09 Israeli military operation,²³ sustaining direct hits from missiles, tank fire and bullets. During these attacks, a new building due to be inaugurated was completely destroyed.²⁴

Located in the eastern part of the Shujaiyya neighbourhood, 1.5km from the border with Israel, Al-Wafa hospital was exposed to sporadic bombardment from the 11th July 2014 up until its complete destruction on the 23rd July 2014.



Basman Al Ashi on the remains of Al Wafa Hospital

Executive director of the Al-Wafa Hospital, Basman Alashi recounted the events leading up to the destruction of the hospital.

“[At approximately 02:00 on Friday 11 July 2014] I called the International Committee of the Red Cross (ICRC) and informed them that the hospital was exposed to shelling by the Israeli military. I asked for ICRC intervention to stop targeting the hospital. [...] I stayed in the hospital until 16:00, [when] I received a call from the ICRC informing us that shelling of the hospital was not going to happen again, so I left for home.

An hour later, one of the nurses of the hospital informed me that the hospital was bombed again by the Israeli military. This missile was fired without any warning from the Israeli military. I called the ICRC again and told them that shelling of the hospital is being repeated, and asked them again for their intervention to stop the aggression on the hospital. At approximately 20:45 on Thursday 17 July 2014, I received a call from one colleague informing me that the hospital was being exposed to constant shelling which led to a power cut and fires on the second, third and fourth floors. I asked my colleagues who were in the hospital to evacuate the patients from the hospital. They evacuated the patients under a constant shelling in the dark.”



A wheelchair in rubble

“During this evacuation, the ICRC called and asked me about the time period that we needed to evacuate the hospital. I answered her that we needed two hours. She called again after 15 minutes and told me that the Israeli military would stop bombing. I answered her that it’s too late because the hospital was already on fire. [...] At approximately 14:00 on Wednesday 23 July 2014, one of the employees told me that Al-Wafa hospital was totally destroyed by Israeli airplanes.

After the war ended, I went to the hospital and I saw it in piles of rubble. Since there is no guarantee for safety in the future, we have decided to move the location of the hospital from near the Israeli border to a safer place in the middle of the city.”

“[The ICRC] called again after 15 minutes and told me that the Israeli military would stop bombing. I answered her that it’s too late because the hospital was already on fire.”

Source: IDF footage²⁵



Israeli military footage of striking the hospital

“Since there is no guarantee for safety in the future, we decided to move the location of the hospital from near the Israeli border to a safer place in the middle of the city.”

All 17 inpatients that were evacuated from the Al-Wafa hospital on 17th July 2014 were taken to Al Sahaba hospital for two weeks, before being relocated to the Al-Wafa Nursing Home in Al Zahra with 40 beds set up for patients. The temporary location does not support surgical services, but does include limited medical rehabilitation services.²⁶

The Director of Al-Wafa, Basman Alashi, claimed that the buildings were destroyed because they were “high, covering their movements into Shujaiyya, so from a military purpose they have to destroy these three buildings and they were destroyed.”²⁷ The possibility that these buildings were destroyed to achieve a potential military advantage, as opposed to their having been used for military activity, warrants further investigation.



The remains of Al Wafa Hospital

THE MEBARRET AL RAHMA CENTRE FOR PEOPLE WITH DISABILITIES



A wheelchair in the ruins of the Mebarret Al Rahma Centre

The Mebarret Al Rahma Centre for People with Disabilities was established in 1994 to provide essential services to Palestinians living with disabilities in Gaza. At the start of the Israeli military operation there were nineteen people living at the centre. However, at the time of the attack on the 12th July 2014, fourteen of the residents had gone away for the weekend.

Two disabled women were killed and three disabled residents and a care support worker were severely injured in the attack. The injured were subsequently admitted to the burns unit of Al Shifa hospital. The residents of this facility had severe physical disabilities and evacuation would have taken significantly longer, even if they were provided with a preliminary warning.

Services such as were provided at the Mebarret Al Rahma Centre are difficult to access in Gaza due to limited availability and the need for long-term sustainable care. With the destruction of this centre and the subsequent destruction of the Al-Wafa hospital, rehabilitation capacity and disability care in Gaza has been seriously reduced.



President of the centre, Jamila Ilwa among the rubble

Mrs. Jamila Shanti, the President of Mebarret Al Rahma, said that the NGO continued to provide its services despite several attacks on an empty field not far from it prior to the attack. A few minutes before the attack which destroyed the building, she was informed that the Israeli military had fired a missile at the area, but she believed it would not lead to an attack on their care centre. The building was situated in an open area with no surrounding shelter for fighters to be hiding in.

Since the destruction of this facility former residents have been forced to relocate to a nearby building where space is limited and services reduced. In some cases, former residents have been forced to live in homes that are not adapted to their needs.

One of the women killed in the attack on the Mebarret Al Rahma Centre, Suha Abu Saada, had previously lost a leg when as a child her room had been hit by Israeli shelling.²⁸ Her story illustrates the legacy of a lifetime of the repeated attacks on Gaza.



Children in the damaged garden of the Mebarret Al Rahma Centre

'No one expected a direct attack on the building; nothing in or around the building would justify such an attack on us'

Mrs. Jamila 'Iliwa,
President of Alaa' Al 'Aklouk



Temporary arrangements for the residents do not account for their specific needs



A destroyed ambulance in Shujaiyya

ATTACKS ON AMBULANCES AND MEDICAL PERSONNEL



An ambulance, damaged in the 2014 attacks

NO PROTECTION THROUGH COORDINATION

During the 2014 attacks paramedics and medical volunteers performed a vitally important, but hazardous, role which is highlighted in the cases below. Of the 10,670 persons injured during the attacks, including 2,647 children, more would have died without the efforts of paramedics and volunteer medical workers.²⁹ Of the 511 who died for whom ambulance access was obstructed, some may have survived if paramedics had been more able to reach them more easily or quickly.

An assessment led by the WHO of the impact of the hostilities on the health sector in Gaza found that 16 health workers were killed while on duty, and 83 health workers, most of whom were ambulance drivers, were injured.³⁰ 16 health workers were killed and 25 injured whilst on duty during the 2008/09 attacks, demonstrating that the protection of health care workers has not improved between the operations.³¹ In addition, the Health Cluster report identified 45 ambulances which had been damaged or destroyed during the 2014 attacks. The paramedics and volunteer medical workers covered in the following cases are just some of the people who were killed seeking to bring the injured to hospitals for treatment.

As a result of the protected status of ambulances and paramedics as civilian entities, special procedures were established to enable their recognition by all sides. Coordination was arranged through the ICRC to ensure combatants were aware of incoming vehicles and the presence of paramedics and medical volunteers. Despite the painstaking measures taken by medical personnel and the ICRC, testimony by an Israeli military sergeant contained in a recent *Breaking the Silence* report noted that “there were no special intelligence warnings such as some person, or some white vehicle arriving... No vehicle is supposed to be there – if there is one, we shoot at it.”³² This worrying lack of coordination within the Israeli military is borne out in the case studies below and it demonstrates the absence of caution in relation to ambulance operations and the safety of civilian personnel.

If coordination through the ICRC is to be the agreed, or only available, means of protecting ambulances and paramedics from attack, then all parties must ensure effective communication of ambulance movements and a constant awareness of the need for extreme caution before attacking suspected civilian entities.

THE MSABBEH NEIGHBOURHOOD ATTACK



Destroyed ambulance

The use of 'double tap' attacks during the 2014 military offensive greatly increased the risks to ambulances and paramedics. As the first medical responders to an attack, paramedics and the accompanying medical volunteers were more likely to be hit by any strike that followed shortly after an original attack.

On Friday, 1 August 2014, an ambulance from the Palestinian Ministry of Health was hit by a drone strike after arriving at Al Bir Wal Taqwa mosque in Msabbeh neighbourhood in the north of Rafah to evacuate individuals injured by an earlier missile strike. This was a clear example of the danger 'double tap' attacks pose to ambulance crews.

Jaber Hassan Darabieh, an ambulance driver and also father of the deceased volunteer medical worker, Yousef Jaber Hassan Darabieh, provided the following eyewitness account.

The three fatalities have been identified as:

- Atef Saleh Ibrahim Al Zamli, 42, ambulance driver;
- Yousef Ejme'an Nasrallah Al Sheikh Al Eid, 33; paramedic; and
- Yousef Jaber Hassan Darabieh, 27 volunteer medical worker.

A mother and her three young children were also killed by this drone strike:

- Dua' Ibrahim Mahmoud Shiekh Al Eid, 23;
- Abdel Kareem Ibrahim Ahmed Sheikh Al Eid, 2;
- Khalil Ibrahim Ahmed Sheikh Al Eid, 3; and
- Aya Ibrahim Ahmed Sheikh Al Eid, 4.

One other fatality was also reported from this strike, and is currently unidentified.

"My son was burnt in front of me and I didn't know that he was my son."

Jaber Hassan Darabieh

"As soon as I arrived back at the hospital I heard about the targeting of people in Al Bir Wal Taqwa mosque in Msabbeh neighbourhood, north of Rafah. [...] We arrived at the scene 20 minutes later. I first saw smoke and then upon arriving, I saw fire in an ambulance. I was shocked and I called the civil defence. I knew that the targeted ambulance was that which Atef Al-Zamali was driving. I went back to around 150 metres from the ambulance so as to be away from danger because the same place was targeted more than once.

I saw a guy from the area assisting Mohammed An-Nahhal in moving his ambulance. He was about 200 metres away from me. Mohammed An-Nahhal parked the ambulance under a tree and as soon as he got out of the ambulance and approached me, we heard a loud explosion and I saw smoke near his ambulance. [...] I saw a part of legs behind the ambulance. We took the stretcher from the ambulance and went to the body; it was the man who had helped Mohammed An-Nahhal just minutes earlier. I applied first aid

and brought him to Abu Yussif An-Najjar hospital; he was alive. I then drove back to the location in my ambulance. [...] We picked up the fatalities, who had been burned. They were three children, a woman, three ambulance crewmembers, and a person on a stretcher who it seemed was being carried by the ambulance crew before the attack. I carried in my ambulance the dead bodies of my three colleagues, the rest were carried by other ambulances that had arrived at the location.

I took my colleagues to Abu Youssif An-Najjar hospital and put them in the mortuary that was full with a large number of dead bodies. I sat near the mortuary with sadness for losing my colleagues. I was near colleague, Sho'ayeb, who was crying and hugged me firmly and was saying, "Yousef, Yousef". I thought he meant our colleague Yousef Sheikh Al Eid, but he repeated, "Yousef, your son". He meant my son. I was shocked. I collapsed and cried. My son was burnt in front of me and I didn't know that he was my son. I carried him to the hospital and I didn't know that he was my son."

MOHAMMED AL ABADLA

Coordination between the PRCS, ICRC and Israeli military was essential for all ambulance activity during the attacks. Ambulances were required to wait for agreement from the Israeli military through the ICRC before setting off to a site. This would allow any military personnel in the area to be informed that the vehicle was approaching and, sometimes, the driver would also be instructed to give a signal on arrival. This would usually offer an additional level of clarification that this vehicle and its medical crew had received permission to enter the area. However for Mohammed Al Abadla this only served to make him a target for a sniper.³³

During a coordinated effort with the ICRC to rescue an injured person, an ambulance rescue team of two – driver and medical worker – had driven to the location and proceeded on foot when the ambulance driver, Mohammad Al Abadla, was shot and injured in the chest and leg.

The medical worker, Hassan Al Attal, then ran back to the ambulance and called the PRCS for a further ambulance. The further PRCS ambulance received Israeli military coordination approval but was then shot at when approaching the scene of the shooting. It took thirty minutes for the PRCS ambulance to reach Mohammed Al Abadla, but by that time he was in a very critical condition and had lost a lot of blood. He was pronounced dead shortly after being evacuated to Nasser hospital.



A PRCS team assist an injured colleague

Source: PRCS

Hassan Al Attal, the PRCs medical worker on duty with Mohammad Al Abadla at the time of this incident, provided the following eyewitness account:

“At approximately 22:00 on Friday 25 July 2014, we received a phone call from ICRC saying that there was a coordination with the Israeli military to rescue a man in the Al Qarara town, Khan Younis district. I headed there with Mohammed Al Abadla to rescue the man. We found that the street was blocked due to the rubble, so we informed the ICRC. They got back to us and asked us to step out of the ambulance and walk towards the man.

After we moved about 10 metres, the ICRC told us to give the Israeli military a signal, which was a flash light. Right after Mohammed had given the signal, the Israeli military shot him directly in his leg and shot him again in his chest. I ran

back to the ambulance and contacted the PRCs operations and told them what happened. They sent two more ambulances for us to try to get to him but the Israeli military kept shooting towards us. Mohammed kept bleeding for half an hour before we could get to him and transfer him to the hospital, but he died on the way there. Until this moment, we have no clue what happened to the man we were trying to rescue.”

“After we moved about 10 metres, the ICRC told us to give the Israeli military a signal, which was a flash light. Right after Mohammed had given the signal, the Israeli military shot him directly in his leg and shot him again in his chest.”

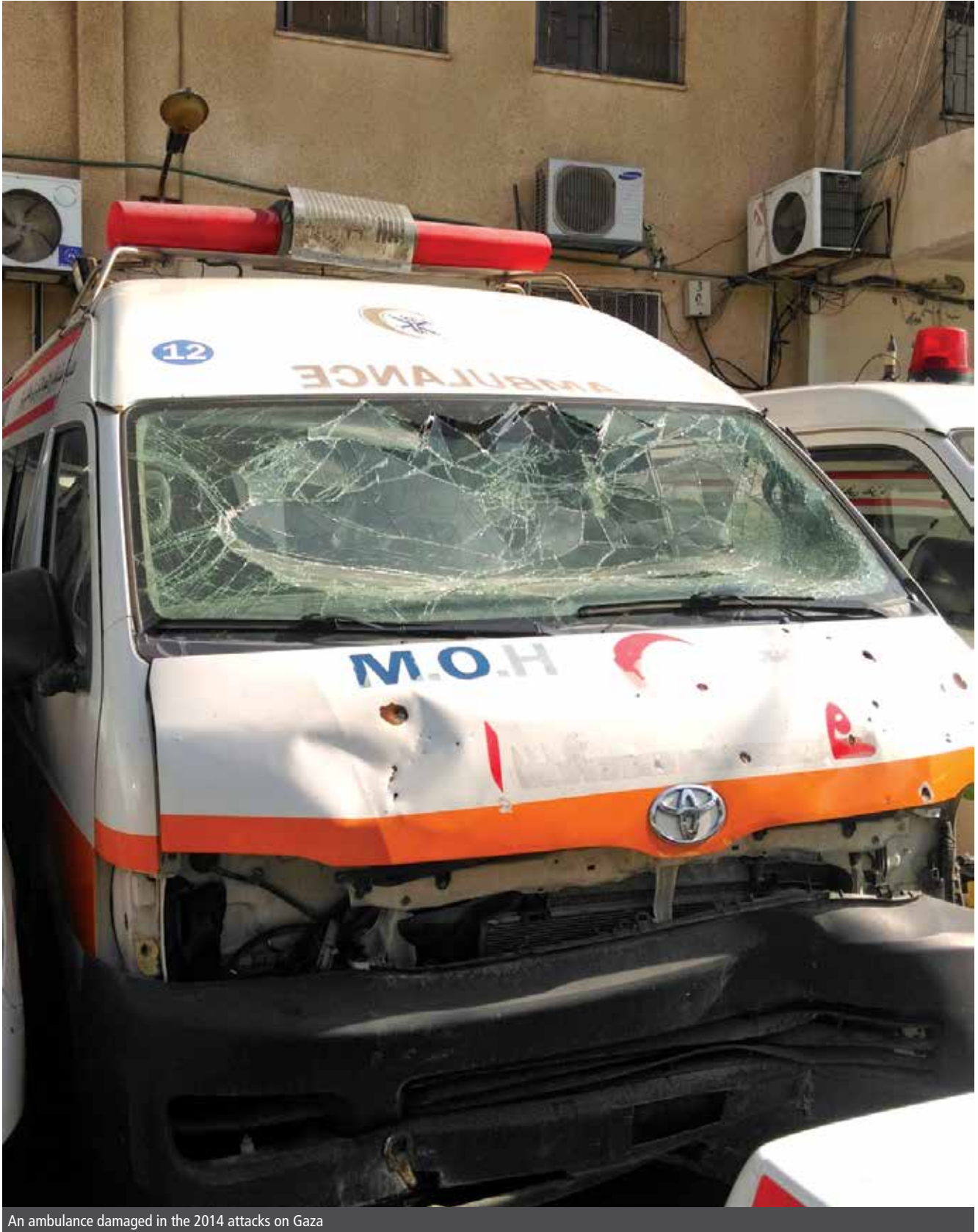
The cases of Mohammed Al Abadla and the Msabbeh neighbourhood attack demonstrate the risks taken by paramedics to access the injured and transfer them to hospitals for treatment. Not only did both attacks take place following previous attacks on the location, in both cases the Israeli

military must have been aware of the presence of ambulances at the location prior to attacking, either through direct coordination and signalling, or through the visible presence of several ambulances at the scene already.



PRCS team helps in evacuating civitims from under the rubbles in Abbasan Al Jadida

Source: PRCs



An ambulance damaged in the 2014 attacks on Gaza

OBSTACLES TO TREATMENT FOR THE WOUNDED



Palestinian Red Crescent Society ambulances

ACCESS

The complexity of the security infrastructure and risk to civilians during times of conflict, remains a constant obstacle to the effective provision of medical assistance worldwide. For this reason the Fourth Geneva Convention explicitly states:

*"The Parties to the conflict shall endeavor to conclude local agreements for the removal from besieged or encircled areas, of wounded, sick, infirm, and aged persons, children and maternity cases, and for the passage of ministers of all religions, medical personnel and medical equipment on their way to such areas"*³⁴

Palestinian ambulance teams attempted to reach the injured by requesting the necessary coordination through the ICRC from Israeli authorities. Regularly, the teams would be denied access to the stated "closed military zone" or access would be delayed by hours or even days. Sometimes ambulances were just a few metres away from a spot that had been targeted, where medical personnel had been informed that injured people remained, and they would be unable to reach the victims.³⁵

Of the 2,217 Palestinians who were killed as a result of the Israeli military offensive on Gaza in 2014, data collected by Al Mezan identified 511 who died without receiving medical assistance due to obstruction to ambulance access.³⁶ During the bombardment Palestinian civilians were calling radio stations with their locations, asking for help from emergency medical services. But in many cases the emergency services could not reach them.

At the 28th session of the Human Rights Council a resolution was passed entitled *Human rights situation in Palestine and other occupied Arab territories* which:

"stresses the need for the unhindered passage of ambulances at checkpoints, especially in times of conflict"³⁷

The case of Bader Qdeih below demonstrates the necessity for provisions such as this to be upheld.

THE EVACUATION OF KHUZA'A – BADER'S STORY

Seven year old Anas 'Bader' Hatem Suleiman Qdeih was the son of Hatem and Fateem Qdeih.³⁸

At the time of the 2014 attacks they were living in the Khuza'a neighbourhood along with Bader's 5 siblings, some of whom, including Bader, had already experienced the Israeli military operations of 2008/9 and 2012. His mother told Al Mezan and LPHR he had been nicknamed 'Bader', 'full moon', by his Grandfather because he was "very smart and he had a cute face like clear moonlight".³⁹ Bader is just one of those who might have survived if medical access had been permitted sooner.

On the day of the bombardment and ground assault of Khuza'a, the 24th July 2014, Bader was temporarily separated from his family during an attempt by thousands of civilians to flee the bombardment and advancing ground offensive. At approximately 8am he was severely wounded by shrapnel to the stomach that left his abdomen exposed. He could not be carried away from the area and was bleeding heavily.⁴⁰



Father of Bader Qdeih showing pictures of his deceased son

"When we were outside, all the people started running. I asked my daughters where Bader was, and they told me that he left the house before them and was running with other people. I had no time to think about what to do about Bader, because I had to seek shelter for my family. I quickly found shelter in a nearby house, which is a kindergarten for children. I went inside with my children, and could not find Bader there. At this point, we heard a nearby explosion. It sounded very huge and we could see smoke close by. It was about two minutes after reaching the kindergarten that we heard the nearby explosion.

When I heard the explosion, I decided we must leave the kindergarten and go to the street to find a safer place and to look for Bader. I went with my children onto the street, and my eldest daughter, Rosanne, said she had found my son. A young man was next to my son, and told us that he was still alive but would die. I could see that my son was seriously injured. I was very shocked and very scared and had a very strange feeling, and did not know what to do.

I remember that my son was not looking and did not say anything. I thought he could be dead."

Statement by Fateem Qdeih, Bader's Mother⁴¹

According to Mohammed Ghazi Mohammed al Hessi, PRCS representative for Khan Younis, Bader was not reached by an ambulance until approximately 11:57am when he was found by the first ICRC ambulance to be permitted entry.⁴² Just over half an hour later, after being held at one checkpoint for 27 minutes on the way to the hospital, Bader had died. Mr. al Hessi estimated his time of death in the ambulance at around 12:35. Bader was officially pronounced dead by the doctor on arrival at the hospital.

“When arriving at the checkpoint, Israeli soldiers stationed in a building [a Palestinian home that they had occupied] ordered the evacuation of the ambulance. The paramedics took Bader out of the ambulance and put him on a stretcher on the ground. The ambulance crew also evacuated the ambulance. [...] The two soldiers searched the ambulance with a dog. The search of the ambulance took around 5-6 minutes. During this time no effective treatment could be given to Bader although he was in need of critical treatment.

After the evacuation and search of the ambulance was concluded, the ambulance was kept held at the checkpoint for a further fifteen to twenty minutes. No reason was given by the Israeli soldiers at the checkpoint for this further delay. The paramedics made complaints to the soldiers. The soldiers just told them to wait. Again, during this time no effective treatment could be given to Bader because he was in need of critical treatment. After being held at the checkpoint for 27 minutes, permission to leave the checkpoint took place at around 12:25/12:30.

I was appalled by the delay. Ambulances should be granted free access to the injured and to evacuate the injured at all times. The paramedics here complied with instructions and were still delayed without any reason being given.”

Statement by Mohammed Ghazi Mohammed al Hessi, PRCS

Bader’s case was specifically highlighted by Makarim Wibisono, UN Special Rapporteur on the occupied Palestinian territories, following the submission of the joint complaint by Al Mezan, LPHR and MAP. In a statement to the 28th Session of the Human Rights Council (HRC) he noted that “It is possible, if his evacuation had not been delayed for several hours, that he would have lived to see the end of the 2014 military operation.”⁴³

TIMELINE

8am Bader is severely wounded by shrapnel

3HRS 55MIN

11:55 The first ICRC ambulance is allowed into Khuza’a

11:57 ICRC ambulance reaches Bader
(approx)

12:00 ICRC ambulance reaches checkpoint, Bader is removed from the ambulance and placed at the side of the road while it is searched. A 20 minute wait follows, with no reason given

12:27 ICRC ambulance is allowed through the checkpoint, and Bader is transferred to a PRCS ambulance
(approx)

12:35 PRCS estimated time of Bader’s death in the ambulance
(approx)

Bader pronounced dead by a doctor at Al-Shifa hospital a few minutes later

Bader’s story is a stark example of the grave consequences of obstruction of medical assistance. Not only was the initial coordination of entry delayed, but the ambulance was then also held at the checkpoint whilst the visibly injured young boy was dying at the side of the road.

CONCLUSIONS

This report documents several incidents which occurred between 7th July and 26th August 2014 that demonstrate not only was medical infrastructure clearly damaged and destroyed during the attacks on Gaza, with loss of life and injury to medical staff and patients, but there were also extensive delays and attacks against ambulances attempting to transport the wounded to be treated. The protected status of medical infrastructure and personnel during times of war is a result of universal recognition that these facilities and their staff have civilian status, engaged solely in essential efforts to relieve the suffering of the civilian population and prevent loss of life wherever possible. Any actions failing to give due regard to the protected status of medical facilities not only put the lives of those in the facilities at risk, but also undermine the sustainable fulfilment of the right to health of the population.

Gaza's health sector is in serious decline. The inhibiting influence of the blockade and closure and two previous large-scale military offensives in five years had strained the provision of medical care to its limits even before the attacks of 2014.⁴⁴ Afterwards the situation is even bleaker. An increase in injuries, loss of rehabilitation services and damage and destruction to other medical facilities has Gaza's health sector at breaking point. Many of the hospitals and ambulances that were damaged or destroyed in the summer of 2014 have only had limited repairs and in some cases are in exactly the same state as they were after the bombs hit. Any recurrence of these attacks would be disastrous to future healthcare provision.

The scale of the destruction and the lack of reconstruction in the past year have reduced Gaza's health sector to a fragile and desperate state with very limited facilities to care for the tens of thousands of newly injured and long-term disabled persons in Gaza including close to 1,000 children permanently disabled as a result of these attacks. Many of the newly

injured or disabled Palestinians, such as Eman Abu Jayyab, the nurse from Al Aqsa hospital whose story is covered in this report, have had to be referred – through an onerous and undependable process – outside of Gaza to receive treatment due to a lack of medicines and equipment in Gaza.

Of the 2,217 Palestinians who were killed as a result of the Israeli military operation, 511 died whilst waiting for an ambulance to reach them or shortly after whilst in transit to hospital. Bader Qdeih's story, covered in this report, demonstrates the consequences of delaying access to medical care in emergencies. The obstruction of medical personnel and medical treatment as a result of military checkpoints and refused coordination may have led to additional civilian deaths and must be investigated further.

The large-scale military offensive in 2014, with its devastating consequences for the civilian population and civilian infrastructure, was the latest in what are now periodic military operations on Gaza. Since 2000, 7,303 Palestinians have been killed by the Israeli military across Gaza, of which 2,232 were women and children.⁴⁵ More Palestinians were killed in 2014 than in any year since 1967.⁴⁶ In the aftermath of the 2008/09 attacks of "Operation: Cast Lead", the UN established a Fact Finding Mission, which later produced the Goldstone Report.⁴⁷ However the international community has failed to ensure accountability for the 2008/09 attacks or address the root causes of the continued conflict. The effects of impunity for these attacks are highlighted in the incidents in this report. The international response to the Commission of Inquiry into the 2014 Gaza Conflict must finally put an end to impunity for attacks on civilians, medical facilities and medical personnel in order to deter recurrence of these attacks in the future.



A child playing among the rubble in Gaza

REFERENCES

- 1 United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (United Nations Special Rapporteur on the Right to Health), the United Nations Special Rapporteur on the Palestinian territories occupied since 1967 (United Nations Special Rapporteur on the OPT), and the United Nations Independent Commission of Inquiry on the 2014 Gaza Conflict (United Nations Commission of Inquiry)
- 2 This complaint uses the term 'medical infrastructure' to collectively refer to hospitals, primary health clinics and ambulances.
- 3 Based on a joint UNDP, MoH and UNRWA assessment of the 86 health facilities which reported damage. These figures may differ from those presented by other sources as this figure only includes primary health centres and hospitals. For further information see: Gaza Strip Joint Health Sector Assessment Report prepared by the Health Cluster in the occupied Palestinian Territory; September 2014; Page 9; http://www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf
- 4 Ibid
- 5 Ibid., Page 10;
- 6 Gaza 2014, Findings of Medical Fact Finding Mission; Physicians for Human Rights-Israel; page 49 https://www.scribd.com/fullscreen/253234419?access_key=key-s2eOyHSNIIUKD6Sx91Uc&allow_share=true&escape=false&view_mode=scroll
- 7 Gaza Strip Joint Health Sector Assessment Report prepared by the Health Cluster in the occupied Palestinian Territory; September 2014; Page 9; http://www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf
- 8 Report of the Secretary-General: Children and armed conflict (A/69/926-S/2015/409) <http://reliefweb.int/report/world/report-secretary-general-children-and-armed-conflict-a69926-s2015409>
- 9 As identified by Al Mezan. The figure of 2,217 is lower than the figure of 2,260 casualties used by the WHO. This is because Al Mezan does not count those unaccounted for as deceased. The 2,217 casualties have been verified by Al Mezan.
- 10 Report of the UN Fact Finding Mission on the Gaza Conflict, A/HRC/12/48 at Para 37., <http://www2.ohchr.org/english/bodies/hrcouncil/docs/12session/A-HRC-12-48.pdf> accessed 22 May 2015
- 11 The coalition consists of Al Mezan, Al Haq, Addameer and the Palestinian Center for Human Rights
- 12 Gaza 2014, Findings of Medical Fact Finding Mission; Physicians for Human Rights-Israel; page 49 https://www.scribd.com/fullscreen/253234419?access_key=key-s2eOyHSNIIUKD6Sx91Uc&allow_share=true&escape=false&view_mode=scroll
- 13 Physicians for Human Rights – Israel, No Safe Place, pg 34, https://gazahealthattack.files.wordpress.com/2015/01/gazareport_eng.pdf
- 14 Article 19, Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War, 12 August 1949; <https://www.icrc.org/applic/ihl/ihl.nsf/Article.xsp?action=openDocument&documentId=4090B0DF66B7DF7FC12563CD0051BB1E>
- 15 Frederic de Mulinen, Handbook on the Law of War for Armed Forces, ICRC, Geneva, 1987, paragraph 224
- 16 <https://www.idfblog.com/blog/2014/07/28/hamas-uses-hospitals-ambulances-military-purposes/>
- 17 Investigations into the incident initially provided details of three deaths taking place within the hospital itself. Subsequent crossing checking of information and assessments of the circumstances of the attack have shown that two people were attacked and killed in the hospital while two further people were attacked in homes and subsequently brought to the hospital.
- 18 To read a full interview with Eman Abu Jayyab, please see page 177-179 of the Gaza 2014, Findings of Medical Fact Finding Mission; Physicians for Human Rights-Israel https://www.scribd.com/fullscreen/253234419?access_key=key-s2eOyHSNIIUKD6Sx91Uc&allow_share=true&escape=false&view_mode=scroll
- 19 Ibid.
- 20 Physicians for Human Rights – Israel, Findings of an Independent Medical Fact-Finding Mission Gaza 2014, Pg 178 https://gazahealthattack.files.wordpress.com/2015/01/gazareport_eng.pdf
- 21 WHO Situation Report Number 4, dated 23 July 2014, page 2; http://www.emro.who.int/images/stories/palestine/documents/WHO_Sitrep_on_Gaza.4.pdf?ua=1
- 22 WHO Situation Report Number 3, dated 21 July 2014, page1; http://www.emro.who.int/images/stories/palestine/documents/WHO_Situation_Report_3_-_July_21.pdf?ua=1
- 23 One year after, UNDP report, p20, <http://www.undp.ps/en/newsroom/publications/pdf/other/gazaoneyear.pdf>
- 24 WHO's Specialized Health Mission to the Gaza Strip, Extended report, Geneva 21st May, 2009. <http://unispal.un.org/UNISPAL.NSF/0/5A56915628F97B5F852575CB00664CFB>
- 25 IDF footage of the bombing of the Al-Wafa hospital <https://www.youtube.com/watch?v=rvgspsyqjJU>
- 26 WHO Situation Report 10; page 2; http://www.emro.who.int/images/stories/palestine/documents/WHO_Sitrep_on_Gaza_-_10.pdf?ua=1
- 27 See MAP footage of Basman Alashi contained in the 'No more impunity' video
- 28 Disabled Palestinians unable to escape Israeli airstrike, accessed 27th May 2015, <http://www.theguardian.com/world/2014/jul/12/disabled-palestinians-unable-escape-israeli-air-strike>
- 29 Source: Al Mezan
- 30 Gaza Strip Joint Health Sector Assessment Report http://www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf
- 31 WHO, "Gaza Strip Initial Health Needs Assessment", 16 February 2009, available online at http://www.who.int/hac/crises/international/wbgs/gaza_early_health_assessment_16feb09.pdf
- 32 "There's no such thing as a person who is uninvolved" – accessed 21/05/2015 <http://www.breakingthesilence.org.il/testimonies/database/132517>
- 33 This case is also covered in the UN Commission of Inquiry report, para. 458
- 34 Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977, <https://www.icrc.org/applic/ihl/ihl.nsf/7c4d08d9b287a42141256739003e636b/f6c8b9fee14a77fdc125641e0052b079>, accessed 22nd May 2015
- 35 WHO situation report #5 28 July 2014, <http://domino.un.org/unispal.nsf/9a798adb322aff38525617b006d88d7/8012427631ce7ebb85257d3400553495?OpenDocument>
- 36 Numbers provided by Al Mean from their own databases
- 37 Human rights situation in Palestine and other occupied Arab territories, A/HRC/28/L.34, at Para. 6, <http://unispal.un.org/UNISPAL.NSF/0/E0DBB36180F5A88F85257E1A0059E4E8>
- 38 This case is also covered in the UN Commission of Inquiry report, para. 332
- 39 LPHR and Al Mezan Witness Statement of Fateem Qdeih, 26 March 2015
- 40 In addition to the statements provided a video of the incident, in the possession of Al Mezan and LPHR, confirms the extent of his wounds.
- 41 Ibid.
- 42 LPHR and Al Mezan Witness Statement of Mohammed Ghazi Mohammed AlHessi, 12 March 2015
- 43 SR on Palestinian Territories – 45th Meeting 28th Regular Session of HumanRights Council, <http://webtv.un.org/meetings-events/human-rights-council/watch/id-sr-on-palestinian-territories-45th-meeting-28th-regular-session-of-humanrights-council/4128731606001#full-text>, accessed 08 June 2015
- 44 Gaza Strip Joint Health Sector Assessment Report, pg 4 http://www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf
- 45 Numbers provided by Al Mean from their own databases
- 46 See UN OCHA-OPT, Fragmented Lives: Humanitarian Overview 2014 3 (2015) http://www.ochaopt.org/documents/annual_humanitarian_overview_2014_english_final.pdf
- 47 Para 37., <http://www2.ohchr.org/english/bodies/hrcouncil/docs/12session/AHRC-12-48.pdf> accessed 22 May 2015

مركز الميزان لحقوق الإنسان
AL Mezan Center for Human Rights



Al Mezan Center for Human Rights is a Palestinian non-governmental human rights organization that works for the protection and promotion of Palestinian human rights in Gaza as part of occupied Palestine.

www.mezan.org

Registered Charity no: 563130798

LAWYERS FOR PALESTINIAN
HUMAN RIGHTS



Lawyers for Palestinian Human Rights (LPHR) is a lawyer-based legal charity in the United Kingdom that works on projects focused on protecting and promoting Palestinian human rights.

www.lphr.org.uk

Registered Charity no: 1142158

MAP
MEDICAL AID FOR PALESTINIANS

Medical Aid for Palestinians (MAP) works for the health and dignity of Palestinians living under occupation and as refugees.

www.map-uk.org

Registered Charity no: 1045315