Harm to Medical Personnel
The Delay, Abuse and Humiliation of Medical Personnel by Israeli Security Forces
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Researched and written by Shlomi Swisa
Edited by Yael Stein
Data coordination by Nimrod Amzalek, Ibrahim Habib, Yael Handelsman, Sohad Sakalla, Ronen Shnayderman, Miri Weingarten
Translated by Zvi Shulman, with assistance from Ayelet Even-Nur, Jesse Fox, Guy Carin-Levy, Maya Johnston, Daniel Pol
Cover photo: Soldiers delay ambulance at the Qalandiya checkpoint, 23 September 2002 (‘Atta ‘Awisat, AFP)

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B'TSELEM - The Israeli Information Center for Human Rights in the Occupied Territories was founded in 1989 by a group of lawyers, authors, academics, journalists, and Members of Knesset. B'Tselem documents human rights abuses in the Occupied Territories and brings them to the attention of policymakers and the general public. Its data are based on independent fieldwork and research, official sources, the media, and data from Palestinian and Israeli human rights organizations.

Physicians for Human Rights-Israel (PHR-Israel) was established in 1988 with the aim of striving to promote medical human rights in Israel and in the territories under Israel's effective control. The basic values of PHR-Israel are human dignity, protection of bodily and mental integrity, and promotion of the right to health and medical care. These values guide the association's activities and campaigns. We believe that it is our duty to be fully informed of human rights violations, to disseminate this information, and to struggle against such violations and for the right to health, for individuals and for the community.
Introduction

Since the outbreak of the al-Aqsa intifada, Israel has imposed on Palestinians within the West Bank restrictions on movement that are unprecedented in scope and severity. As of early November 2003, the IDF had set up fifty-six staffed checkpoints in the West Bank, as well as 607 physical roadblocks that prevent the passage of motor vehicles – 457 dirt piles, 94 concrete blocks, and 56 trenches.1 In addition, Palestinians are forbidden to travel on most of the main roads in the West Bank.

The siege policy has made it almost impossible for hundreds of thousands of Palestinians to move around in the region. Israeli officials repeatedly emphasize that the IDF does not harm the civilian population that does not participate in the hostilities. However, the policy is directed against them and affects all aspects of Palestinian life. Over the past three years, going to work, school, or to visit relatives has become an arduous task, subject to physical blockades and staffed checkpoints at which residents must explain the reason and destination of their travel.

The sweeping restrictions on Palestinian movement within the West Bank have severely impaired access to medical treatment. The emergency medical system in the West Bank has difficulty functioning and in many cases ambulances are unable to reach their destination.

The right of every person to receive medical treatment, and the protection of the sick, wounded, and medical personnel who treat them are clearly enshrined in international humanitarian law and international human rights law. To ensure the realization of this right, international humanitarian law grants immunity to the sick, wounded, and medical teams involved in transporting them.2

However, international humanitarian law states two exceptions to these rules. First, during hostilities, it is permissible to delay ambulances from entering a certain area to evacuate the wounded.3 Second, when ambulances, medical teams, sick, or wounded participate in hostile acts, they lose their immunity and may be delayed and even harmed.4

The right to medical treatment is also enshrined in the International Covenant on Economic, Social and Cultural Rights, of 1966, which states:

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

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1. These figures are taken from the Website of the UN Office for the Coordination of Humanitarian Affairs (OCHA) (www.reliefweb.int/hc-opt).
2. Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War, of 1949, Articles 16-17; First Additional Protocol to the Geneva Conventions, of 1977, Article 10. Articles 18 and 20 of the Protocol deal with the protection granted to hospitals.
3. First Additional Protocol, Article 15.
The obligations included within the covenant include, at the minimum, the obligation to refrain from impeding the exercise of this right.\(^5\)

The right to medical treatment cannot be exercised without freedom of movement. The right to freedom of movement is enshrined in Article 12.1 of the Covenant on Civil and Political Rights, of 1966. Article 12.3 and Article 4 of the said covenant allow for restrictions on movement where they are provided by law, to the extent the restrictions are necessary, and where there are no other ways to achieve the said objective.

This report deals with the IDF’s breach of international law. It describes the delay of medical teams at checkpoints, the humiliation and attacks they are subjected to by the IDF, and the illegal use of Palestinian ambulances by IDF soldiers. The cases described occurred between November 2002 and November 2003. The report does not address the evacuation of individuals who were wounded during gunfire and shelling.\(^6\)

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5. Article 12 of the Covenant on Social, Economic and Cultural Rights, of 1966. For further discussion on this subject, see B’Tselem, Civilians Under Siege: Restrictions on Freedom of Movement as Collective Punishment, January 2001.

6. On this subject, see B’Tselem, Wounded in the Field: Impeding Medical Treatment and Firing at Ambulances by IDF Soldiers in the Occupied Territories, March 2002; Physicians for Human Rights, Medicine Under Attack: Critical Damage Inflicted on Medical Services in the Occupied Territories: An Interim Report, April 2002.
Delay of ambulances

An ambulance team that is called to transport a sick or wounded person to the hospital is obliged to do so immediately and quickly. To enable the team to meet its obligation, many countries allow the ambulance driver to violate traffic laws. In the West Bank, Palestinian ambulance teams never know if they will be able to reach the patient’s home. The teams’ difficulty arises from the hundreds of physical roadblocks that the IDF has placed throughout the West Bank and from the delays they face at checkpoints.

According to figures of the Palestinian Red Crescent, ambulances are able to reach the place where the sick or wounded are located only thirty percent of the time. In seventy percent of the cases, the sick or wounded must get to a location accessible to the ambulance on their own.

These difficulties have caused many Palestinians to forego calling an ambulance. Before the al-Aqsa intifada broke out, in late September 2000, ninety-five percent of Palestinian women in the West Bank gave birth in hospital. By September 2002, that figure was less than fifty percent. The rest of the women gave birth in local clinics or at home, where proper equipment or sufficiently trained personnel is often lacking, and no emergency medical staff is available to deal with complications that arise regarding the mother or the newborn infant.7

The physical roadblocks erected to maintain the siege – concrete blocks, trenches, and dirt piles – obstruct rapid access to villages and sometimes prevent access altogether. These roadblocks are not staffed by soldiers, whose presence would enable Palestinians to explain the urgency involved. The only option available to ambulance teams is to travel along winding, run-down roads, which results in the sick being unnecessarily shaken, loss of time in reaching the destination, and abnormal wear-and-tear to the vehicle.8

In some places, the medical teams must assist the sick in crossing the physical roadblocks. For example, to prevent vehicles from crossing the Surda checkpoint north of Ramallah, the IDF placed two physical roadblocks a kilometer away from each other. During periods of closure, the Union of Palestinian Medical Relief Committees (UPMRC) reported that it was necessary to employ staff to assist the sick to cross the long route by wheelchair or stretcher.9

Some villages are not connected to access roads. Dir al-Khatab, ‘Azmut, and Sallem were severed from Nablus, the major city in their district, for more than one year. After requests to the IDF by Physicians for Human Rights and The Association for Civil Rights in Israel to remedy the situation were fruitless, the organizations petitioned the High Court of

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7. Oxfam, Forgotten Villages, Struggling to Survive under Closure in the West Bank, p. 24.
8. By way of illustration, see the map on the route taken by a dialysis patient from her home in Faqu’a to the hospital in Nablus. B’Tselem, No Way Out: Medical Implications of Israel’s Siege Policy, June 2001.
9. For additional information on UPMRC, see www.upmrc.org.
Justice. Only then did the army establish a new road linking the three villages to the city.\footnote{HCJ 2847/03, \textit{Hassan M’aruf Rateb ‘Aluna et al. v. Commander of IDF Forces in Judea and Samaria}. On this subject, see Physicians for Human Rights, \textit{Blocked: A Visit to the Villages of Sallem, Dir al Khatab and ‘Azmut}, February 2003.}

Ibrahim Riada, who was beaten by IDF soldiers and required medical treatment, told B’Tselem how he made the way from his village, Nahalin, to a hospital in Beit Jala. A trip that normally takes twenty minutes turned into an arduous journey:

My brother ‘Omar came to get me. When we got home, he lifted me up, put me in bed and called for a doctor. The doctor, Mahmud Shaqarneh, is a neighbor of ours. He came to my house and gave me preliminary treatment. He stopped my nosebleed and bandaged my head wounds. At 6:00 A.M., I still had severe head, back and stomach pains, so my brother called for a Palestine Red Crescent ambulance from the village of Husan. Ten minutes later, the driver called and told us that the army would not allow him to leave Husan. At 10:30 A.M., after we had given up waiting for the ambulance, my brother summoned a taxi with a yellow [Israeli] license plate, which arrived at 11:00 A.M. and took me to the al-Madares area in al-Khadr, where a Red Crescent ambulance from Bethlehem was waiting.

The medics and my two brothers, ‘Omar and Yusef, took me on a stretcher to the ambulance and we drove on Road 60 to the District Coordinating Office in Beit Jala. In this area, there are three dirt roadblocks that the Israeli army erected. My brothers and I got out of the ambulance. The ambulance returned to al-Khadr and we crossed the dirt piles by foot. We walked about 700 meters. When we made it to the main road that goes to Beit Jala, another ambulance was waiting for me. The medics put me in the ambulance and took me to the government hospital in Beit Jala.

Around 1:00 P.M., I made it to the emergency room with my brothers. The doctors gave me painkillers and checked my head and back, where I was bruised because of the beating. The doctors gave me more painkillers and I stayed there under supervision for the rest of the day.\footnote{The testimony was given to Suha Zeyd in Bethlehem on 25 October 2003.}

In most cases, ambulances must also cross staffed checkpoints. The IDF does not have special procedures for ambulances to cross these checkpoints; the soldiers are supposed to act according to the general procedures for Palestinians who seek to cross in order to receive medical treatment. One procedure, called the “Procedure for the Handling of Residents of Judea and Samaria who Arrive at a Checkpoint in an Emergency Medical Situation,” states:

\begin{enumerate}
\item As a rule, the checkpoint commander will allow a person to cross the checkpoint (including to enter into Israel) to obtain medical treatment, even if the individual does not have the requisite approval, if an urgent medical emergency is involved. An example of a case of urgent medical emergency is a woman about to give birth, a person suffering from massive bleeding, or a person with a serious burn injury arrives at the checkpoint.
\end{enumerate}
3. Whether a situation is an urgent medical emergency is left to the discretion of the checkpoint commander. The checkpoint commander will consult with a medical official, where time permits.

4. In the event of doubt whether an urgent medical emergency is involved, the resident shall be given the benefit of the doubt.

Another procedure, titled “Procedure for the Handling of Requests of Residents of the Region to Receive Medical Treatment,” deals with the crossing of Palestinians who are on their way to visit a physician in situations that the IDF does not deem urgent. This procedure also applies when the patient is transported by ambulance. In these “non-urgent” cases, residents must obtain the approval of the local DCO (District Coordination Office) before they go to the checkpoint.12

These procedures do not solve medical-treatment problems that result from the IDF’s severe restrictions on movement. The policy whereby soldiers at checkpoints must examine the condition of every patient in an ambulance, and determine, based on that examination, whether a DCO permit is required, renders the ambulance meaningless. Allowing the checkpoint commander, who has no medical training, to determine the gravity of the person’s condition is liable to endanger the lives of the patients.

These procedures deny Palestinians the right to receive medical treatment and to medical immunity. The IDF demands that every Palestinian explain to the soldiers at the checkpoints why he or she wants to be examined by a physician, and to present medical documentation supporting the request. The complicated procedures and the difficulties in reaching the physician for a medical examination cause some Palestinians to forego such checkups, and only bother trying to reach a doctor when their condition worsens and they have no option.

The army’s decision that soldiers are to check every ambulance that arrives at a checkpoint is also problematic in principle. Catherine Bertini, the UN Secretary General’s Personal Humanitarian Envoy, said that Israel had agreed to limit checkpoint stops for ambulances to no more than thirty minutes.13 The International Red Cross stated that Israeli security forces have the “right to check ambulances, provided it does not unduly delay medical evacuations.”14 These statements are liable to endanger the lives of patients because many ambulances encounter several checkpoints, and forcing them to stop at each one will greatly delay arrival at their destination.

The very nature of the function of ambulances requires that they be allowed to pass freely through checkpoints and reach their destinations as quickly as possible. When the IDF has precise information regarding a specific ambulance, soldiers may delay the ambulance and check it, but must provide another ambulance to enable the sick and wounded to continue their journey. The IDF

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12. The state presented the procedure in its response in HCJ 2847/03, cited above.
13. Bertini’s statement can be found on www.reliefweb.int/w/rwb.nsf (Briefing by Secretary-General’s Personal Humanitarian Envoy, 22 August 2002).
14. The statement was made in a press release issued on 27 March 2002.
is not allowed to rely on the sweeping claim of “security considerations” where its action endangers the residents’ health.

Despite the procedure’s defects, if IDF soldiers carefully implemented the procedure, the handling of medical emergency cases would be much better than at present. Figures provided by the Palestinian Red Crescent and testimonies given to B’Tselem and Physicians for Human Rights indicate that, in many instances, soldiers delay ambulances even in cases of “urgent medical emergencies,” do not consult with medical officials, and do not give the benefit of the doubt to the sick person. Most of the delays that were recorded occurred at the checkpoints in the Nablus area (Hawarah, Beit Furik, Beit Iba, Kutzin, Shavei Shomeron).

By way of illustration, over the past year, Physicians for Human Rights, B’Tselem, HaMoked: Center for the Defence of the Individual, and the Palestinian Red Crescent received 185 complaints of delays of ambulances that lasted longer than thirty minutes in regular cases and fifteen minutes in cases of emergencies. One hundred and twenty-seven of the complaints involved checkpoints in the Nablus area. These are the cases in which the ambulance driver reported a complaint to these organizations about the delay.

In some cases, the IDF ignores its procedures and completely prohibits passage for ambulances. Over the past year, the roads in the Nablus area were closed at least three times, during which vehicles, including ambulances, were not allowed to enter the city.15 Physicians for Human Rights and HaMoked received complaints that patients on their way to hospital were taken back to their homes. Physicians for Human Rights and HaMoked contacted the IDF’s humanitarian hotline, which informed them that, for “security reasons,” no vehicles, including ambulances, were allowed entry into the city. Physicians for Human Rights also contacted the Judge Advocate General and the Coordinator of Government Operations in the Territories.16 The Judge Advocate General’s office did not respond, and the Coordinator of Government Operations in the Territories responded only that the closing of the roads was for “security reasons.”17 In response to Physicians for Human Rights’ request to the OC Central Command, the Central Command stated that, “even though there were serious warnings…the checkpoint commander decided to allow a bleeding child and a bleeding pregnant woman to pass.”18 The reply did not mention that the checkpoint commander allowed the two to cross only after Physicians for Human Rights insisted, or that the checkpoint commander sent home the woman’s husband as well as a heart patient who was on his way to a catheterization. The letter also did not address Physicians for Human Rights’ question about the criteria for allowing sick persons to cross. The response stated only that, “An officer and medic were present at the checkpoint…to ensure that the directives set forth in the said procedure were implemented despite the problematic security situation at the time.”

15. Ambulance movement was prohibited on 13 May 2003, 13 August 2003, and 2 November 2003.
17. The reply was made by Lieutenant Colonel Shlomi Mukhtar on 24 August 2003.
18. The reply was made by Captain Ravit Naged, Public Relations Officer, Central Command, on 14 September 2003.
In the Qalqiliya area, ambulances have encountered problems in crossing gates in the separation barrier. At the Habla crossing point, soldiers do not have the keys to the gate, which results in prolonged delays of ambulances, even in urgent cases. In one case, a girl’s condition deteriorated while waiting for the keys to be brought, and her family had to take her back to the village to obtain urgent medical treatment.19

Testimony of Majdi ‘Ali ‘Issa a-Saruji, 30, married with three children, ambulance driver for the Palestinian Red Crescent, resident of Nablus20

I live with my family in the Balata refugee camp. I work as an ambulance driver for the Red Crescent in Nablus.

On Monday, 1 September 2003, at around 7:45 A.M., I got to the Beit Iba checkpoint, northwest of Nablus. I was on my way to Sebastia, about fifteen kilometers north of Nablus to take a pregnant woman to the hospital. Sahar Bisharat, a paramedic, was with me. We waited in line at the checkpoint for about fifteen minutes. Then, a soldier who was standing at the checkpoint came up to us and ordered us to hand over our IDs to be checked. He then searched the ambulance. He ordered me to step out and open the back door. Then he ordered Sahar to join a group of people who were being detained at the checkpoint. I think they had tried to get to Nablus through the hills, and the soldiers caught them. I didn’t understand why the soldier detained Sahar. He’s a paramedic and crosses Israeli checkpoints every day.

The soldier told me to leave the checkpoint and continue without Sahar, but I refused. I said I was on my way to pick up a pregnant woman and there was a good chance that she would deliver in the ambulance and I would need Sahar’s help. The soldier told me to get the ambulance out of the checkpoint area and wait.

About ten minutes later, the same soldier came back and started yelling at me. He kicked the ambulance. He was on edge because I hadn’t left the checkpoint and was waiting for Sahar. He then demanded my ID again and told me to join the rest of the people who were there. Among those being detained there were two people who work at a hospital in Nablus and a man from Tubas who has leukemia.

The soldiers kept us there until 9:30 A.M. While I was being detained, I called the Red Crescent headquarters and told them what had happened. A short time later, they told me that they had informed the Red Cross of the incident. Two representatives from the Red Cross, a man and a woman, came to the checkpoint and talked to the soldiers. Then the soldiers gave us our IDs back and let us go. The person in charge at the Red Crescent told me that the woman we were supposed to pick up had already delivered her baby, so we went back to Nablus. I think she gave birth in one of the local medical centers, which doesn’t have the right equipment for delivery.

20. The testimony was given to ‘Ali Daraghmeh on 3 September 2003.
Testimony of Samir Subukh Abdallah Ahmad, 31, single, ambulance driver, resident of Issawiya, Nablus District21

I have been an ambulance driver for the Red Crescent for four years now. I am a resident of the Issawiya area, which is in the Nablus district, but because I work in Bethlehem, I sleep in one of the rooms at the Red Crescent offices in town. I go back to Nablus about once a month for two days.

I go out with the ambulance every day to take people to hospital and then return them home. I also work a few times a week at the new branch that opened about eight months ago in Husan. The branch has a paramedic, two drivers, and two ambulances. It provides medical services to the villages west of Bethlehem. The ambulances from Bethlehem cannot reach these villages because of the checkpoints along the way that separate Bethlehem from the villages to its west. Since the beginning of October, there has been a constant military presence at the western entrance to Husan, from which ambulances exit the village. Additionally, there is a staffed observation tower there that used to be unmanned.

On Thursday, 2 October 2003, I was at the Red Crescent branch in Husan. At about 11:00 A.M., we received a telephone call from a resident of Batir. He requested that we send an ambulance to take his sick mother, who is sixty-five years old, to the hospital. She suffered from blocked arteries and since her condition had deteriorated, it was necessary to get her to hospital in Bethlehem urgently. I went out with the medic, Rami Noffel. We left the center of Husan towards the main exit to the west of the village, which is the only way out towards the villages west of Bethlehem. As we approached the main road and were about thirty meters from the tower, I saw a military jeep and three soldiers. The soldiers stood in the middle of the road. I drove closer to the soldiers and one of them motioned for me to stop the ambulance. I stopped, and the soldier approached the front door on the driver's side. He told me to open the door and I did so. The soldier asked for our ID cards. He spoke Hebrew and I understood him. He asked where we were going and I told him that we were going to take a patient from Batir to the hospital in Bethlehem. The soldier ordered me to park the ambulance on the side of the road and wait.

We waited for about a quarter of an hour for the soldier to give us back our IDs and let us pass. During this time, the soldiers prevented other cars coming from Husan from passing through. After about a quarter of an hour, one of the soldiers gave us back our IDs and told us to go back to Husan. I told the soldier that I needed to get to Husan to take a patient to hospital, but the soldier shouted at me and said that the patient didn’t interest him and neither did the work of the ambulance. He said that we had to go back to Husan, which we did.

On Sunday, 5 October 2003, the medic and I left the offices of the Red Crescent in the center of Bethlehem to go to the branch in Husan. We drove to Husan via the District Coordinating Office [DCO] checkpoint at the entrance to Beit Jala. When we arrived at the checkpoint, two soldiers told us to stop. They checked our IDs and let us pass about two minutes later. We drove the ambulance down Road 60 towards the main western entrance to Husan. As we drove, we came across a military

21. The testimony was given to Suha Zeyd on 13 October 2003.
jeep stationed in the middle of the road. One of the soldiers signaled us to stop and, without coming near the ambulance, ordered us to turn around and go back to where we came from.

I drove about a hundred meters away from the soldiers and contacted the manager of the Red Crescent branch, Mr. Muhammad Samkhana. I notified him that the soldiers would not let us pass. He asked me to wait until he contacted the Red Cross. We waited for about twenty minutes when the manager contacted me and told me that I could approach the checkpoint. This time, he said, the soldiers will let me through because the Red Cross had coordinated our passage with the Israeli DCO.

I got near the place where the soldiers were stationed on the main road. One of the soldiers came near the ambulance. I opened the front door and thought that this time he would check our IDs and let us through. The soldier approached, but didn’t talk to us. He raised his weapon and pushed the door with it, shouting “Go back to Bethlehem or I will hit you.” I closed the door and went back to Bethlehem.

On Sunday, 12 October 2003, I spent the whole morning at the Red Crescent branch in Husan. At about 12:30 P.M., we received a call from a resident of Husan telling us that his wife was about to give birth. I went together with the medic, Isma’il, towards El-Karna in Husan, where the expectant mother lived. We put her in the ambulance and drove towards the western entrance to Husan. While driving down Husan’s main road, we encountered three large blocks of concrete blocking the road. Because there was no other way to reach Bethlehem, I called our Bethlehem branch and described the situation to the manager. The manager contacted the Red Cross and a representative of the Red Cross contacted the Israeli authorities. I waited behind the concrete blocks for an answer. In the meantime, the woman was crying out in pain. The medic tried to ease her pain. About a quarter of hour later, the answer came through that we were to return to Husan. I turned around and after going about 150 meters, the medic told me to stop at the side of the road as the woman was giving birth. I went to the back to help Isma’il, since in addition to being an ambulance driver, I am also a medic. Isma’il gave the woman instructions regarding the correct breathing technique. The situation in the ambulance was very difficult. After about ten minutes, during which the woman cried and screamed in pain, we saw the head of the newborn coming out. Isma’il pulled the head and started to extract the baby. At this point, I returned to the driver’s seat and quickly drove towards the medical center in Husan. The center is not equipped to deal with childbirth, but the doctor there attended to the woman and her baby. The condition of the mother and baby was good despite the danger to the mother’s life during childbirth. We left the mother and baby at the medical center and returned to the Red Crescent offices.
Ambulance crews, which cross checkpoints several times a day, report that they are sometimes subjected to verbal and physical violence at the hands of security forces stationed at the checkpoints. Over the past twelve months, ambulance crews have reported to the Palestinian Red Crescent and human rights organizations at least twenty-eight cases in which soldiers and border police officers humiliated and beat medical personnel. In some cases, soldiers deliberately damaged ambulances or medical equipment. According to Palestinian Red Crescent figures, since the beginning of the current intifada (September 2000), soldiers have damaged 118 ambulances, twenty-eight of which had to be taken out of service.

Routine violence by security forces against Palestinians is nothing new. During the course of the al-Aqsa intifada, there has been an increase in the number of cases in which soldiers and border police officers have humiliated and beat Palestinians. Despite the many reports, defense officials have continued to treat these cases as “exceptional” and the perpetrators as “rotten apples,” and have failed to seriously address the phenomenon. The same is true about violence against medical teams.

In mid-August, I began working for Medical Aid for Palestinians (MAP), a NGO in Ramallah. It is my job to transfer sick people on a stretcher between two dirt roadblocks at the Surda checkpoint. The checkpoint is situated between Bir Zeit and Ramallah. The Israeli army erected one dirt roadblock opposite Surda and another at the entrance to al-Bireh and prohibited vehicles from traveling in the area between then. The distance between the two roadblocks is about a kilometer. We have a table near the checkpoint, as well as an umbrella and a sign with the name of the NGO. We are there on a regular basis.

On Saturday, 13 September, around 3:30 P.M., I was at the Surda checkpoint together with another worker, Muhammad Sari, 17. An army jeep came from the direction of the Dolev settlement bypass road. It stopped at our table, which was set up in the middle of the road. Three soldiers got out. One of them was tall, balding, light-skinned, of medium build, and seemed to be about fifty-five years old. He also had a mustache. The second soldier was small, thin, dark-skinned, and looked about

Testimony of Ahmad Sati Muhammad Ibrahim, 16, single, laborer, resident of al-Mizr’a al-Gharbiya, Ramallah District

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23. The testimony was given to Iyad Haddad on 18 September 2003.
twenty-five years old. I do not remember what the third soldier looked like. A fourth soldier remained in the driver’s seat of the jeep. The older soldier called over to me, “Come over here,” and motioned for me to approach him. I got up from the table and went over to him. He ordered me to show him my identity card. I told him I didn’t have one, but that I had my birth certificate with me. I gave it to him and he said to me in Hebrew, “Go and bring me the cart.” He was referring, I think, to the stretcher, so I went to get the stretcher. Then he said in Hebrew, “Turn it around.” He sat down on the stretcher and I understood from the motion he made with his finger that he wanted me to spin him around on the stretcher. I began spinning him around on the stretcher while he and the other soldiers were laughing. He was talking in Hebrew, so I could not understand anything he was saying.

After I walked about ten meters, the soldier told me to stop and turn around. He jumped off the stretcher. I asked him for my birth certificate back, but he only stuck up his middle finger in a rude gesture and did not give it back to me. He called Muhammad Sari over and spoke with him in Hebrew. I left them and went back to the table. Apparently, the soldier also told Muhammad to spin him around on the stretcher, because I saw Muhammad carrying him around for about five to seven meters. When they returned, the soldiers left us and headed in the direction of Beit El.

The soldiers’ behavior was offensive and humiliating, particularly because we are
representatives of the Union of Medical Relief Committees.

Testimony of Muhammad Daud ‘Abd al-Muati Rihan, 18, married with one child, ambulance driver, resident of Nablus

I live with my family in Nablus. I have been an ambulance driver with the Palestinian Red Crescent for six years.

On Thursday, 28 August 2003, around 9:20 A.M., I received instructions from Red Crescent headquarters to drive to Hawarah, about fifteen kilometers south of Nablus, in order to pick up two women about to give birth. I left with my colleague, Dalila Diyab. We drove by way of the Hawarah checkpoint. At the checkpoint, there is a special lane for ambulances. When we got there, the soldiers searched us for five minutes and then we continued on our way.

After we picked up the two women, we came back to the same checkpoint. We waited for one of the soldiers to come and search us. The soldier began to check the IDs. Lubnah, one of the women we had picked up, had a Jordanian passport instead of an ID card. The soldier ordered her to give him her ID card. Dalila told the soldier that Lubnah did not have an ID card because she had come from Jordan for a visit. She also told him that she was about to go into labor. The soldier ordered Lubnah to get out of the ambulance. He insisted that she go back home, despite the fact that she was already having contractions.

At this point, I started to get out of the ambulance to talk with the soldier. I wanted to explain to him that this wasn’t the first time I had brought women visiting from Jordan to this checkpoint. I tried to talk to the soldier in Hebrew, but he did not understand. I don’t speak Hebrew well even though I understand it. I asked the soldier if he spoke English. He answered me in Hebrew that he didn’t.

The other soldiers at the checkpoint were about five meters away from us. I told the soldier that I wanted to explain to one of them why Lubnah did not have an ID card. The soldier didn’t say anything, so I started to walk over to the other soldiers. The soldier shouted at me, grabbed my left hand, and began to pull me back. He shouted at me, “Crazy son of a bitch.” I asked him not to curse at me, but he ignored me. Then I cursed back at him: “You’re a son of a bitch.”

The soldier kept cursing at me and pulling me. Grabbing my hands and clothes, he ordered me to leave the checkpoint without Lubnah. I saw Lubnah standing next to the ambulance, terrified. She was having contractions. I tried to talk to the soldier, but he kept shouting and I didn’t understand what he said. I didn’t want to leave Lubnah at the checkpoint because she was about to go into labor.

At this point, the soldier began hitting me with his hands. I tried to protect myself and catch his hand. Dalila tried to talk to the soldier in English. She asked him why he was behaving like that, but the soldier moved away from her. Another soldier joined his friend and began to beat me as well. He grabbed my clothes and hit and shoved me. Afterwards, he grabbed my neck and the two of them continued to push and hit me. I tried to fend off his punches with the palms of my hands, and Dalila tried to get in between me and the two soldiers. One of them hit her too, on the left shoulder.

24. The testimony was given to ‘Ali Daraghmeh on 3 September 2003.
told them that I had hit him. The soldiers harassed me the entire time. They shoved me and cursed me. After a time, one of the soldiers sat down on the chair facing me and lit a cigarette. He asked me in English what happened and I told him. Apparently, I convinced him, because he ordered another soldier to tie my hands in front.

While a soldier was taking me to the other side of the checkpoint, in the direction of Nablus, I saw the Red Crescent deputy manager, Mr. Khaled al-Khalili, arriving. He tried to talk to the soldiers and ask them what was happening with me. The soldier who had brought me ordered Khaled to go back and not to interfere.

Afterwards, a Red Cross vehicle arrived. At the same time, an Israeli commander also came to the checkpoint. There was a badge on his shoulder in the shape of a grape leaf. He spoke Arabic. He asked me what happened and I told him. Afterwards he spoke into a walkie-talkie. Apparently, he spoke with the soldiers on the other side of the checkpoint. Then he ordered the soldiers to remove my handcuffs. I left the checkpoint with Khaled al-Khalili, and we drove back to the Red Crescent’s headquarters.25

Testimony of Muhammad ‘Ali Hassan Mar’i, 35, married with seven children, medic, resident of Jenin26

I have been a medic for twelve years. On Thursday, 16 January, I was transporting patients from Jenin to Ramallah. After that, I took patients to Jericho and the Qalandiya checkpoint, and then went back to Jenin. In

A man and his daughter were also at the checkpoint. He also tried to get between the soldiers and me, but the soldiers hit him and shoved him aside. In the middle of all the commotion, I heard the second soldier speaking English. I tried to speak to him to make him understand the situation, but he wouldn’t listen to me. At the same time, the first soldier put his finger on the trigger of his gun and threatened to shoot me. I felt as if I had no more strength left. They grabbed me, tied my hands with white plastic handcuffs, and tightened them so much that I lost feeling in my fingers. Afterwards, they sat me down next to a cement block for ten minutes, during which time soldiers came up to me and shouted at me in Hebrew, “You are Abu Ali” [pretending to be an important guy].

When I looked around, I didn’t see Lubnah near the checkpoint. Later, I learned that she left when the soldiers started beating me. At this point, three soldiers took me to the other side of the checkpoint. Along the way, two of them went back and one soldier kept walking with me. He pushed me and cursed me all the way to the other side of the checkpoint.

On the other side, another soldier “welcomed” me with more curses. He said that I tried to hit the soldier at the checkpoint and then raised his hand threateningly. They tied my hands behind me and sat me on the ground, in the sun. There were tons of flies around, and I shook my head to try and keep them away from me.

While sitting there, soldiers came over and cursed at me from time to time. I think that they behaved like that because the first soldier

25. On 22 September 2003, B’Tselem wrote to Col. Einat Ron, the Chief Military Prosecutor, demanding that a Military Police investigation be opened into this incident. On 16 October 2003, B’Tselem was informed that the matter was under review.
26. The testimony was given to ‘Atef Abu Rob in Jenin on 26 January 2003.
the ambulance with me was the volunteer Hassan Redwan, and a Red Crescent official, Samer a-Sheikh.

At the Taninim checkpoint, the soldiers checked our papers, searched the ambulance, and let us through. We got to the Hamra checkpoint, where there were many cars. As usual, I bypassed the regular line and waited behind a car for about five minutes until one of the soldiers called me. It was 4:30 P.M.

The soldier motioned me to move up. He ordered a taxi to drive off and for me to take its place. When I stopped, the soldier looked inside the vehicle and told the other two who were with him: “It’s him.” Two days earlier, the same soldier had delayed us and wouldn’t let us pass. We had to call the Red Cross to get through.

The soldier started to laugh. He told me to get out and ordered Hassan and Samer to move away from the ambulance. After I got out, he told me to take everything out of the ambulance. He said: “Where’s the Red Cross now? Come on, empty out the ambulance.” I asked him what he meant when he said “Where’s the Red Cross now?” He told me to shut up. He then asked where the walkie-talkie was. I said it was in the ambulance, and he took it. He also took my cell phone. He told me to shut up again, saying “Shut up, coward,” pushed me, and then said, “Come on, quickly, you’ve got five minutes.”

I emptied out the shelves and cabinets onto the ambulance floor. The soldier wouldn’t let me leave anything in its place. Every time I asked a question, he screamed and cursed, calling me a “son of a bitch” and using some other expressions I didn’t know. Within five minutes, everything in the ambulance was on the floor.

In the ambulance was a bag with clothes in it. He made me open it and empty it out. I did as he said. Then he asked about a device that’s used for draining fluid from the nose. He demanded I take it apart. I said I couldn’t because it was fixed to the floor. He responded by hitting me on the back of the neck, and he kept swearing. I asked him to call an officer. I told him I couldn’t take the device apart and that, if he wanted it taken apart, he could do it himself. I asked him: “Why did you hit me and swear at me?” He yelled at me to shut up and ordered me to dismantle a seat. I was feeling dizzy and my head hurt. I demanded they call a doctor. He waved his gun at me and insisted I take the seat apart. I tried explaining that the seat was fixed to the floor. I lifted the board that was on the seat and told the soldier he could look inside himself. Eventually, I did as he asked and removed the seat cover.

Then, the soldier demanded that I take the stretchers out and put them on the road. I took down one of the stretchers and again said I wanted a doctor. My head hurt. He said: “What do you want?” I told him: “Call a doctor.” He said: “You could die for all I care.” He then looked into the ambulance and saw an oxygen tank. I told him it was oxygen. He told me to take it apart and put it on the ground. I said I couldn’t do it because it was fastened and it takes another person and special tools to take it down. He yelled and cursed again. After he saw it was impossible to take it apart, he asked about the spare tire. I showed it to him and he demanded I take it out, get a jack, lift the vehicle and change one of the tires. He was laughing the whole time, swearing at me and pushing me. He said I had five minutes, and that I would die if I didn’t do it on time.
I started working on getting the spare tire out. My pain got worse and I felt dizzy. I asked again for a doctor, but the soldier got up and slapped me across the face. I realized I was in danger. I stopped working on the spare tire and felt dizzy. I screamed that I wanted a doctor. Two soldiers approached. One of them said to the other: “I’ll hit him in the stomach and you get the waist.” The third soldier put the gun to my head and they started beating me. I yelled and asked them to get an officer. The soldier said: “I am an officer.” They kept beating me in the face and stomach. I said I wanted one of my colleagues to help me, but they refused. I kept working on the spare tire. When I was about to finish, he hit me on the back of the neck. I fell down and started shouting. The soldier told me to stop screaming. I felt I was losing consciousness. I don’t know what happened next.

Hassan told me that an officer came and later an army doctor came too. He told the officer I needed to get to a hospital. I was told that the soldiers made Hassan drive, even though he doesn’t have a license or know how to drive. Hassan told all this to the soldiers, but they demanded he drive the ambulance and get it out of the checkpoint. I got into the Jenin hospital at 10:00 P.M. I spent the night there and was released the next day. The doctors told me to take three days off and to come back for a checkup.27

27. On 3 February 2003, B’Tselem wrote to Col. Einat Ron, the Chief Military Prosecutor, demanding that a Military Police investigation be opened into this incident. On 18 March 2003, the Central Command Judge Advocate’s office requested that a statement be taken from Mari. However, because his previous complaint against the soldiers led to the incident described here, he was afraid that, if he gave a statement, the soldiers would harm him again. B’Tselem is not aware of any other action taken by the IDF to investigate the case.
The use of ambulances by soldiers for non-medical purposes causes great harm to medical teams and impedes their work. Although such incidents are rare, their severity warrants special attention. Following are four examples of incidents in which soldiers used Palestinian ambulances for non-medical purposes.

• On 13 December 2002, soldiers tried to force an ambulance driver to transport them to the ‘Askar refugee camp, which is adjacent to Nablus. The driver refused. The soldiers drove in their own vehicle and ordered the driver to follow in the ambulance. The soldiers searched the ambulance and delayed him, saying that their action would “teach him a lesson” (see the driver’s testimony below). On 17 December 2002, B’Tselem wrote to the Judge Advocate General’s office, demanding a Military Police investigation into this incident. On 9 February 2003, Captain Asher Halperin, Deputy Judge Advocate for the Central Command, informed B’Tselem that the matter had been forwarded to the Central Command’s Judge Advocate for handling.

• On 26 January 2003, IDF soldiers in Nablus forced several ambulance drivers to stop, get out of their ambulances, and stand between the soldiers and stone throwers. The drivers and the ambulances served as shields for the soldiers. The same day, Physicians for Human Rights complained to the Judge Advocate General’s office. Eight months later, on 11 August, the Chief Military Prosecutor, Col. Einat Ron, replied, denying the allegations.

• On 19 April 2003, soldiers took control of an ambulance and used it to block entry to the hospital in Tulkarm. Only after Physicians for Human Rights complained to the Civil Administration did the soldiers release the ambulance and station an army jeep in its place.

• On 9 September 2003, soldiers ordered an ambulance to transport them in the area near the Hawarah checkpoint, near Nablus (see the testimony below). On 7 October, B’Tselem complained to the Judge Advocate General’s office and requested that a Military Police investigation be opened into this incident. On 15 October, the Chief Military Prosecutor informed B’Tselem that the complaint had been forwarded to the Central Command’s Judge Advocate for handling.

Medical teams and ambulances are given immunity because they are involved in treating the sick and wounded. However, when ambulances and medical teams are used to serve military objectives, in flagrant violation of international law, they lose their immunity and become legitimate targets. The IDF’s exploitation of ambulances makes it impossible to know if the ambulances are transporting patients or if soldiers are inside the vehicles. This situation endangers not only the medical teams, but also civilians who require ambulances and medical teams that are summoned to assist them.
The IDF’s use of ambulances for military purposes is especially disturbing in light of the repeated claims made by the IDF that Palestinians use ambulances to transport weapons and explosives. The use of ambulances for such purposes also constitutes a grave breach of international law and endanger civilians. It should be noted that, with the exception of one case, and despite repeated requests by Physicians for Human Rights and the International Red Cross, the IDF has not presented any evidence to support this contention, not even in response to petitions filed in the Supreme Court.

Testimony of Muhammad Ramadan a-Saqa, 40, married with one child, ambulance driver, resident of Nablus

On Friday, 13 December 2002, around 2:30 P.M., I left the hospital in Nablus with a nurse, Abdallah ‘Abd a-Rahman Abu ‘Iyash, in a Red Crescent ambulance. We were taking several kidney patients home. One of the patients lived in the al-Masaqan a-Shabiya neighborhood, which is located about a kilometer away from the Askar refugee camp.

After we had driven all the patients home, we headed back to the Red Crescent headquarters. We got to the southern entrance of al-Masaqan a-Shabiya neighborhood, which is located about a kilometer away from the Askar refugee camp.

When I saw the soldiers, I slowed down. The soldiers ordered me to pull over. One of them asked me where I was coming from and where I was headed. I replied that I had taken kidney patients back to their homes and was on my way back to the Red Crescent headquarters in Nablus. One of the soldiers, who was short, dark-skinned, and had short hair, spoke to me anxiously and said, “You must take two soldiers to Askar refugee camp with you.” I asked him if he meant that I should take them in the ambulance, and he answered in the affirmative. I realized that they were pursuing civilians who violated the curfew. I asked him why I had to take the soldiers. It was none of my business, he replied. He spoke to me in Hebrew, which I do not understand well. I told him that it was illegal for me to drive soldiers in an ambulance.

In response, he ordered me to get out of the ambulance and to turn off the engine. Then, a tall and light-skinned soldier, who noticed that I had put the ambulance keys in my pocket, came up to me. He said to me, “Follow the APC and don’t try to run away. You must drive behind me.”

While I was driving behind him, I could see the APC’s license number, which was 75668. We drove about 300 meters, to the Sallem junction, where there were other APCs and three soldiers. The soldiers delayed me for another ten minutes or so. Afterwards, the soldier told me, “Let this be a lesson for you. If soldiers stop you and order you to drive them somewhere, you can’t ask why.” The soldiers delayed us for a half hour in all.

Testimony of Jarir Zakaria Nazma Qanadilo, 36, married with four children, ambulance driver, resident of Nablus

I live in Nablus and have been working as an ambulance driver for the Union of Palestinian Medical Relief Committees for the past year and a half.

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28. The testimony was given to ‘Ali Daraghmeh on 15 December 2002.
29. The testimony was given to ‘Ali Daraghmeh on 23 September 2003.
On 9 September 2003, around 11:00 A.M., I received orders from headquarters to go to al-Watani Hospital, in Nablus, to take two kidney patients from the hospital to Hawarah. I left immediately with my colleague, Taher Cusa. We picked up the two patients and drove to Hawarah village by way of the Hawarah checkpoint. When we reached the checkpoint, we were searched as usual and, within five minutes, the soldiers allowed us to cross. We drove the two patients to Hawarah and then started back towards Nablus the same way we had come.

When we got to the Hawarah checkpoint, where the road branches off to the army camp and the Israeli settlements of Itamar and Bracha, two soldiers called out at us to stop. Taher got out of the ambulance because he thought that they wanted to search the ambulance, but the soldiers ordered him to get back in. Then, they opened the sliding side door of the ambulance, came inside, and pointed their weapons at our heads. After that, they ordered us to drive to the other checkpoint [around 700 meters away], towards Nablus. I thought they would get out there, but they ordered us to continue driving towards a few Palestinian taxis that were parked next to the checkpoint.

The soldiers talked to us in Hebrew. I told them that it was illegal for them to make us drive them, but they held their weapons to our heads and forced us to continue driving. They were shouting at us all the while. I drove until we reached the parked taxis. The two soldiers got out of the ambulance and fired two shots in the air. When they got out, I continued driving towards Nablus, because I was afraid that the soldiers would want us to drive them back too. The soldiers began to chase after the taxi drivers, but because I drove away, I didn’t see what happened.
The website of the IDF Spokesperson’s Office’s (www.idf.il) includes a page dealing with the topic of humanitarian assistance. The page details how the IDF coordinated the movement of an expectant mother to hospital in Hebron, how it helped to transport a critically ill infant to receive treatment in Israel or other patients to reach hospitals in East Jerusalem and Jordan, and how it allowed seven sick children to travel to Italy to receive medical treatment. Dalia Basa, health coordinator in the office of the Civil Administration, is quoted saying that, “The Civil Administration shows special sensitivity in all health-related matters.”

Treating these cases as humanitarian assistance illustrates the point demonstrated in this report: Israel does not recognize the right of all residents of the Occupied Territories to obtain medical treatment and to reach hospitals when necessary. Allowing an expectant mother to travel is not a humanitarian gesture, but an obligation imposed on the IDF by international law and army procedures. Delaying persons in emergency medical situations from crossing a checkpoint and physical and verbal abuse of Palestinian medical teams constitute flagrant breaches of this obligation. In light of the great harm to medical services in the West Bank, it seems that the flight crew transporting the children abroad is nothing more than a public relations stunt.

On this backdrop, it is not surprising that the IDF does not carry out its repeated promises to facilitate the movement of ambulances in the Occupied Territories. Even though ambulances cross some checkpoints more readily now than during the first months of the intifada, there are still many instances in which they have difficulty passing, particularly in the Nablus area. The IDF’s procedures do not provide a proper solution for the severe problems ambulances have in reaching hospitals. In addition, soldiers at times ignore the procedures. The problem of the physical roadblocks has never been resolved, and ambulances are forced to wind their way along worn roads, and patients to wend their way by themselves across dirt piles or be carried on stretchers to the other side.

The siege environment makes it almost impossible to operate an ambulance system. As long as the siege continues, the IDF is obligated to do everything possible to enable medical teams to reach their destination. Instead, the IDF delays and checks every ambulance that wants to pass through a checkpoint. Rather than allowing ambulances to pass without delay, except in exceptional cases of imperative security need, the IDF checks every ambulance. Having selected this policy, the IDF must, at least, provide the sick and wounded with a substitute ambulance.

International law is unequivocal on matters related to the protection of medical teams: medical teams are not to be unnecessarily delayed or harmed, unless they participate in military actions. The IDF has used this narrow exception to justify a sweeping policy. Official sources repeatedly state the claim that Palestinians use ambulances to transport weapons and explosives, without providing

Conclusions
proof of this claim. The army’s contentions easily lead the soldiers to act with suspicion, violence, and disdain toward ambulances and ambulance teams. Challenging the status of ambulances as rescue vehicles critically harms the emergency medical system in the West Bank.

Israel uses “security considerations” to defend its operations in the Occupied Territories. Regarding ambulances, too, the IDF justifies most of the harm caused to ambulances and medical teams on these grounds. As in other cases, it seems that in this case, too, the IDF makes cynical use of security concerns to justify sweeping violations of the human rights of Palestinians.

B’Tselem and Physicians for Human Rights urge Israel’s security forces to respect international law regarding the sick, wounded, and medical teams and:

- Remove all the siege checkpoints.
- Refrain from delaying ambulances at checkpoints. When specific information exists relating to a particular ambulance, a substitute ambulance should be made available for the sick and wounded.
- Explain to soldiers the prohibition on harming and humiliating medical teams.
- Refrain from using ambulances for military purposes.
- Investigate every complaint sent to the Judge Advocate General’s office and take measures against the soldiers involved.
Response of the IDF Spokesperson’s Office

IDF Spokesperson’s response to the B’Tselem and Physicians for Human Rights report on "Emergency Medical Care"

The fight against Palestinian terrorism

For over three years (since September 2000), the State of Israel has been engaged in an armed conflict with the Palestinian terrorism. This conflict was imposed upon Israel by the terrorist organizations, who seek to attain their political goals by spilling the blood of innocent civilians.

The following statistics illustrate the intensity of the Palestinian terrorist activity: Since September 2000, over 19,000 terror attacks have been carried out against Israelis. These attacks have taken the lives of 898 Israelis and injured over 6,000 others. These numbers grow daily and along with them the numbers of families mourning the loss of their loved ones.

The Palestinian terrorism is organized and institutionalized. Among its various forms: fire towards Israeli vehicles, planting explosive devices, firing mortars and missiles, kidnapping civilians and murdering them, attacking buses and more. This is terrorism in its most egregious form – terrorism that no country could tolerate.

Amidst the diversity of Palestinian terrorism, the phenomenon of "suicide bombers" stands out as an exceptionally deplorable crime against humanity. These "suicide bombers" are men, women and teenagers who are selected by terrorist organizations to act as "human bombs" and detonate themselves in densely populated areas in Israel, in order to sow death and destruction among innocent civilians.

According to the Israeli Supreme Court Chief Justice, Aharon Barak’s ruling in HCJ 7015/02, 7019/02, Kifach Muhamad Ahmad Aj’uri et al. v. The Commander of the IDF Forces in the West Bank:

"Since the end of September 2000, there has been intense combat in Judea, Samaria and the Gaza Strip. This is not police activity. This is an armed conflict..."
The forces fighting Israel are terrorists; they are not members of a regular army; they do not wear uniforms; they hide within the civilian Palestinian population, at times in holy places; they benefit from the support of a large segment of the Palestinian population in general (and specifically from families and relatives). A new and difficult reality faces the State of Israel, as it fights to defend its security and the security of its citizens. This reality has on occasion been reflected in this court room...” [Emphasis has been added.]

One of the phenomena the IDF has encountered in combating Palestinian terrorism is the terrorist organizations’ deliberate total blurring of any distinction between themselves and the innocent civilian Palestinian population. The terrorists dress as civilians and operate out of civilian population centers, thus assimilating into the civilian population and using it for cover. Civilian homes, hospitals, ambulances, religious institutions and schools all are used by terrorists as cover for their operations.

**The use of ambulances by Palestinian terrorist organizations**

In the conclusions chapter of the report it is mentioned that the IDF relies on a claim that “has never been proven” that ambulances are used to transport explosives. This claim is made despite the fact that the report itself admits that there was “one case” in which Palestinians misused ambulances for terrorist activity.

It seems worthy to elaborate on this “one case”: On 26/3/02 at around 10 A.M., Ahmad Jibril, a Tanzim operative who worked as an ambulance driver for the Palestinian Red Crescent, was stopped at an IDF checkpoint near the Ramot Bridge, south of Ramallah. Jibril was caught driving a Red Crescent ambulance that contained an explosive belt and other explosive devices. Jibril confessed that he received the devices in Nablus from Ahmad Titi, a senior Tanzim operative in the Samaria region, in order to transfer them to Tanzim operatives in Ramallah. In addition to Jibril, the ambulance also carried a woman and three young children - a six-month-old baby and two children aged three and four. The explosive belt consisted of 16 cylinders of explosives weighing 10 kg. They were hidden under the mattress in the ambulance, which one of the young children was lying on. The IDF possesses a videotape documenting the above-mentioned event.

Unfortunately, contrary to the report’s allegations, instances of Palestinian ambulances being used for terrorist activities are far from rare. Israeli security forces have documented numerous other cases in which ambulances were misused, in addition to the many testimonies and intelligence alerts relating to this type of abuse of ambulances.

A case in point, an UNRWA ambulance driver Abd Al-Fatah Abdullah Nazal from Kalkilya was arrested in August 2002 by IDF forces. In his interrogation, he confessed that he had used ambulances to transport weapons and explosives to Hamas terrorists.

There are also many documented cases of terrorists working out of hospitals and infirmaries; of Palestinian Red Crescent workers who were recruited for terrorist activities, such as Wafa Idris of the Red Crescent who detonated herself on Jaffa Street in Jerusalem in January 2002; and of instances in which wanted Palestinians were transported in ambulances, such as during the fighting in Jenin during Operation Defensive Shield.
The Palestinian terrorist organizations operate according to the assumption that they will be able to malevolently take advantage of the immunity afforded to ambulances and medical teams with blatant disregard for the consequences of such practice.

The IDF's obligations to allow medical personnel to operate

The IDF is obligated to allow medical personnel to operate, even during periods of combat. This obligation is founded on moral, humanitarian and legal considerations.

Notwithstanding, the aforementioned Palestinian misuses compel the IDF to carry out measures of inspection and regulation of ambulance movement, simultaneously, efforts are made to minimize the impact on the Palestinian population.

The IDF's stance on this issue is recorded in the Israeli Supreme Court's ruling that rejected the petition filed by Physicians for Human Rights during Operation Defensive Shield:

"... The objective situation when dealing with the sick or wounded and corpses is not simple. However, the State claims that it stems from the fighting itself, during which it became clear that in several instances explosives were transferred by ambulance and that wanted terrorists sought shelter in hospitals. Nevertheless, the State emphasizes that the IDF is committed to uphold humanitarian law, not only out of compliance with international law but also as a moral responsibility and out of self interest. The State declared that the forces on the ground were instructed to act according to these principles, and that the IDF goes to great lengths to coordinate and grant humanitarian assistance in combat zones.

... We wish to emphasize that our forces are obligated to uphold the humanitarian regulations relating to the treatment of the wounded, the sick and corpses. The malicious use of medical workers in hospitals and ambulances compels the IDF to act to prevent such activities, yet it does not countenance widespread violation of the humanitarian rules by IDF forces. This is also the declared position of the State. This stance is rooted not only in international law, upon which the petitioners rely, but also on the values of the State of Israel as a Jewish and democratic country." [Emphases added.] [HCJ 2936/02 – Physicians for Human Rights v. The Commander of the IDF Forces in the West Bank]

In addition to allowing the regular movement of ambulances in emergency medical situations, IDF forces employ various arrangements to facilitate the movement of sick people, notably those suffering from chronic diseases. This is maintained in times of restrictions on movement enacted for security reasons. The respective authorities provide for the movement of around 700 ambulances a month through checkpoints in Judea and Samaria.
Furthermore, it should be noted that over the years, Israel has allowed Palestinians access to medical treatment in hospitals in Israel and in neighboring countries.

The entrance to Israel to receive medical treatment is usually granted in cases of medical emergencies and in cases where the required treatment is not available in the area of the Palestinian Authority (such as dialysis). In this context, Palestinians are granted approximately 600 permits to receive medical treatment in Israel per month and 100 ambulances are allowed to travel to hospitals in Jerusalem from Judea and Samaria per month. Accordingly, 7,000 Palestinians enter Israel yearly to receive medical treatment. This is in addition to the 100 ambulances that carry patients to Jordan and the Palestinian children who fly to other countries to receive medical treatment, an activity sponsored by Israeli, Palestinian, and international humanitarian organizations committed to this cause.

Due to the importance of this issue, the IDF constantly seeks to improve the assistance to the Palestinian population. For example, a year ago the Civil Administration in Judea and Samaria opened a Humanitarian Situation Room that serves to facilitate Palestinian requests for humanitarian assistance. This center and ways to contact it are advertised in Arabic at checkpoints throughout Judea and Samaria.

During the past year, this Situation Room dealt with 2,380 complaints, of which 314 were health-related. 2,116 of the complaints were filed by "HaMoked: The Center for the Defense of the Individual", 107 were filed by the "Checkpoint Watch" organization, and 91 by "Physicians for Human Rights".

It should also be mentioned that IDF soldiers are instructed to allow the movement of Palestinian medical workers and public health teams, such as those who administer vaccinations to the Palestinian population. Also, the supply of medication, medical equipment, oxygen, food, fuel, and other essentials is allowed to flow to hospitals in the area.

The IDF ensures that its combat operations are carried out in accordance with international law. It should be noted that in recent years many of the IDF’s activities came under the scrutiny of Israel’s Supreme Court, in the context of dozens of petitions brought before the High Court of Justice. The subject of part of the petitions was the limitations on the movement and supply of medical services and supplies to the Palestinian population.

An example of this is the Israeli Supreme Court ruling in HCJ 9242/00 Physicians for Human Rights v. the Minister of Defense et al.\," filed during the current conflict with Palestinian terror. The petition raised issues that were raised in this report as well. After studying the detailed response by the State and reviewing the claims, the Supreme Court turned down the petition.

The report mentions Israeli Supreme Court ruling HCJ 2847/03 Hasan Ma’aruf Ratab Al’arna et al. v. The Commander of the IDF Forces in Judea and Samaria, which was submitted, amongst others, by "Physicians for Human Rights". After reviewing the claims, this petition was also dismissed by the Supreme Court. The following was set forth in the ruling by the honorable Justice Heshin (14/7/03):

28
"We all agree that the situation of the residents of the villages is not easy, but we must simultaneously recognize the security considerations that led to restrictions on transportation. As was explained by the State Attorney, both in writing and orally, the city of Nablus is a source of terrorists who carry out acts of killing and destruction in the territories and in Israel, and all those means the IDF took are intended only to defend the lives of Israel's residents and the residents of Judea and Samaria.

We heard the arguments of the petitioners' attorneys and with all the empathy the petitioners merit - as they all or, at least, most of them obviously are not to blame - we found no reason to tell the defendant that his activity is unreasonable or inappropriate."

We regret that the report does not take into account the security considerations that guide the security forces' activity, alongside the humanitarian considerations.

The report's authors repeat their claim that every ambulance delay occurring without specific knowledge of misuse for terrorist purposes is illegal. This assertion is baseless. There is not always specific information available regarding misuse of specific ambulances for terror purposes, hence there is no alternative to carrying out more comprehensive searches. This allegation ignores reality and is naive, aside from demonstrating a gross misunderstanding of the applicable international laws of armed conflict. The report quotes the words of U.N. Special Envoy Catherine Bertini and of the International Committee of the Red Cross who are committed to the principles of international humanitarian law and human rights. These bodies clearly define that the security forces have a right to inspect ambulances as long as this does not involve undue delays - in complete contradiction to the authors' claims in the report.

Examination of claims of improper conduct

The conduct of IDF soldiers in Judea, Samaria and the Gaza Strip is subject to inspection and monitoring, and when appropriate, to investigation and disciplinary and legal proceedings. Throughout the current conflict, the IDF has maintained that exceptional instances be investigated by commanders, and if necessary the appropriate measures be carried out.

In this framework, all of the instances mentioned in your report which had been conveyed to the IDF's Military Advocate General were investigated with the utmost seriousness. With regard to cases whose investigation has been completed, a response has been sent to the petitioning organization. To illustrate, the report includes the testimony of Muhammad ‘Ali Hassan Mar'i concerning violence he experienced at the hands of IDF soldiers. This case was conveyed to the IDF’s Military Advocate General by B'Tselem. In the IDF’s inquiry, no substantiating evidence was found to support the claims. Therefore, the IDF's Military Advocate General requested to receive Mr. Mar'i's testimony in order to further examine the incident. B'Tselem turned down this request, stating that the organization does not pass on testimonies collected by the organization's researchers. In this situation, there was no alternative but to close the case file. A corresponding letter on this subject was sent to Mr. Ronen Shnayderman of B'Tselem, with emphasis that: "In the
event that our office receives additional documents or testimonies that can shed new light on the allegation, we will consider continuing to investigate the claim. We find it perplexing that BT Sellem refused to pass on the testimony to the IDF’s Military Advocate General in order to advance the investigation of the incident, yet saw fit to publish it to the general public in this report.

In the reality of combat, in which thousands of soldiers take part in many regions, there are, admittedly, cases of soldiers taking part in inappropriate actions, including some relating to Palestinian ambulances. The IDF does not turn a blind eye to these instances. Measures are taken to investigate cases of misconduct and additional steps are taken when necessary. Cases where soldiers act inappropriately do not represent IDF policy, but are exceptions.

With regard to misuse of military ambulances by IDF soldiers, it should be emphasized that the IDF’s policy adheres to international law on this issue, which forbids ambulances and other vehicles marked with protected symbols to be used for operational purposes.

With regard to the three instances in which IDF soldiers allegedly made use of Palestinian ambulances — two have already been checked and no substantiation was found for the allegations against these soldiers. The third instance is still under examination. With regard to military use of medical vehicles for purposes other than medical ones — there were a few cases in which IDF commanders and soldiers deviated from the standing orders. Consequently, the IDF issued clear and detailed orders forbidding the use of ambulances and other medical vehicles for purposes other than medical ones.

It should also be mentioned that this year IDF soldiers received a pocketbook outlining standards of conduct during activities in Judea, Samaria and the Gaza Strip, including regulations for dealing with emergency medical situations and medical teams.

Sincerely,

Signed by
Liad Levy-Mousan, Corp.

By authority of
Sam Wiedermann, Major
Head of Int. Org. Section