



Israeli Systematic Elimination of life:

*A focus on attacks on Medical and Civil
Defense Centers in Lebanon Between
8 October 2023 and 27 November 2024.*

Research Paper



The Lebanese Center for Human Rights produced this report
in partnership with Oxfam in Lebanon.

I Table of Contents:

Executive Summary	06
Introduction	08
Legal Framework	08
Methodology	10
2.1 Research Design	10
2.2 Data Sources and Collection	10
2.3 Coding and Data Analysis	11
2.4 Reliability and Limitations	11
Research Findings, Analysis, and Discussion	12
Testimony 1	12
Testimony 2	13
Testimony 3	13
Testimony 4	13
Testimony 5	14
Testimony 6	14
Testimony 7	14
Testimony 8	15
Testimony 9	16
3.1 Incident Characteristics: Nature, Location, and Timing of Attacks	17
3.2 Protected Status: Visibility and Civilian Function of Targeted Sites	17
3.3 Human Impact: Casualties and Psychological Harm	17
3.4 Operational Impact: Disruption of Life-Saving Services	18
3.5 IHL Analytical Assessment: Distinction, Proportionality, and Precaution	18
3.6 Accountability and Documentation Constraints	18
3.7 Synthesis: From Discrete Incidents to Systematic Patterns	19
Pattern of Terrorism and Intimidation	20
Human Rights and International Humanitarian Law Obligations Violated	23
Human Rights Implications	24
Recommendations	24
Conclusion	27
References	28
Annex	29
Codebook	29

| Acronyms:

CLDH Centre Libanais des Droits Humains

ICRC International Committee of the Red Cross

IHL International Humanitarian Law

LAF Lebanese Armed Forces

LRC Lebanese Red Cross

UN United Nations

UNIFIL United Nations Interim Force in Lebanon

I Executive Summary:

Key Finding: This report presents evidence of a systematic pattern of Israeli military attacks against clearly identifiable medical personnel, ambulances, hospitals, and civil defense centers in Lebanon between 8 October 2023 and 27 November 2024. Drawing on first-hand testimonies, field documentation, and official Lebanese data, the research establishes that these were not isolated incidents but recurrent, operationally disruptive attacks that have severely degraded Lebanon's emergency response and healthcare capacity.

Key Evidence: The documented pattern includes:

- **Direct Strikes on Protected Units:** Attacks on marked ambulances during active rescue missions (Testimonies 1, 7) and the deliberate destruction of primary healthcare centers (Testimony 2).
- **High-Impact Attacks on Infrastructure:** A single attack on a civil defense center killed 14 first responders and destroyed essential rescue equipment (Testimony 3), while a coordinated strike on two ambulance hubs killed at least 11 paramedics (Testimony 8).
- **Systemic Operational Collapse:** Cumulative official data records 237 attacks on Emergency Medical Teams, 68 attacks on hospitals, and 63 attacks on primary healthcare centers, forcing widespread closures and service suspensions.

Legal Assessment: These actions raise grave concerns under International Humanitarian Law (IHL), indicating potential violations of its core principles:

1. **Distinction:** Attacks affected objects and personnel that were clearly marked and known for exclusive medical/civil defense functions.
2. **Proportionality:** The extensive destruction of life-saving civilian infrastructure and the killing of medical staff appear grossly disproportionate to any alleged military advantage.
3. **Precaution:** The occurrence of secondary strikes on rescue scenes and attacks without effective warning demonstrates a failure to take feasible precautions to protect civilians and humanitarian actors.

The cumulative impact extends beyond physical destruction, constituting a severe interference with the fundamental human rights to life and health. The report concludes that the documented, repeated nature of these attacks against protected entities may amount to war crimes.

Urgent Recommendations: In light of these findings, the report calls for immediate action from the international community to uphold IHL and ensure accountability:

1. **For the United Nations:** The UN Human Rights Council should urgently establish an independent, international investigation into these violations. UN agencies must strengthen systematic monitoring and reporting on attacks against healthcare in Lebanon.
2. **For the International Criminal Court (ICC):** The Government of Lebanon should immediately accede to the Rome Statute of the ICC or grant it jurisdiction ad hoc to investigate and prosecute potential war crimes.
3. **For UN Member States:** States must employ all diplomatic and legal tools to ensure respect for IHL and to support independent accountability mechanisms for violations. In addition, they must provide transparent, needs-based funding as part of their responsibility to remedy harm and contribute to the restoration of Lebanon's destroyed health and civil defense infrastructure.
4. **For the Government of Lebanon:** A national process should be initiated to formally document and preserve evidence of all violations for future legal proceedings and to safeguard victims' right to justice and reparations.

Conclusion: The targeted degradation of medical and civil defense services is a grave breach of international law that has compounded civilian suffering. Decisive international action is required to investigate these acts, hold perpetrators accountable, and reaffirm the inviolable principle of medical neutrality in armed conflict.

Introduction:

Legal Framework:

This research is situated within the context of the Israeli hostilities in Lebanon and their sustained humanitarian impact on medical services and civil defense operations. Under IHL, medical personnel, medical units, transports, and civil defense organizations enjoy special protection owing to their essential role in preserving life during armed conflict¹. These protections, enshrined in the Geneva Conventions,; their Additional Protocols, and customary IHL, are anchored in the principles of medical neutrality, distinction, proportionality, and precaution.

Attacks on medical and civil defense centers are widely recognized as having a multiplier effect: beyond physical destruction, they disrupt service delivery, undermine trust in humanitarian actors, and constrain access to life-saving assistance.

Within the Lebanese context, prior documentation efforts have highlighted repeated incidents affecting medical facilities, ambulances, and civil defense teams during periods of hostilities. In March 2025, CLDH contributed to this body of work through the publication of a report documenting Israeli attacks on medical personnel and facilities, based primarily on desk-based research, online monitoring, and fact-checking. That report identified preliminary patterns of conduct and provided an initial legal assessment under IHL, raising concerns regarding potential violations of the protections afforded to medical and civil defense actors.

The existing literature on Lebanon, including CLDH's earlier work, largely relies on secondary sources, remote monitoring, and open-source material. Such approaches are essential for real-time documentation, and important to be accompanied by further documentation through field visits and testimonies, to capture the full humanitarian and operational consequences of attacks, as well as the lived experiences of affected medical and civil defense personnel and strengthen the evidence against the violations documented towards the IHL. The absence of systematic first-hand testimony had constrained the depth of the documentation, particularly when assessing issues such as loss of protection, precautionary measures, operational disruption, and the cumulative impact of repeated attacks.

The present research builds on and extends this literature by addressing these gaps through a qualitative, field-based approach focused on incidents for which direct access to affected individuals is possible. By prioritizing first-hand testimonies, the study aligns with emerging best practices in IHL documentation, which emphasize the importance of endorsing witness accounts in assessing compliance with humanitarian norms and supporting accountability processes.

¹ The Lebanese Civil Defense is an element of the national defense system mandated to prepare and deploy the necessary means to prevent and limit loss of life and property and to ensure the continuity of public life during war and natural disasters, with its functions exercised across all territories of the Republic by a specialized agency affiliated with the Ministry of Interior.

From a legal perspective, the study engages directly with core IHL obligations governing the conduct of hostilities. It examines whether attacks affecting medical and civil defense services respect the principle of **distinction**, by assessing the civilian or protected nature of targeted objects and personnel; the principle of **proportionality**, by considering the relationship between anticipated military advantage and harm to protected services; and the principle of **precaution**, including the use of warnings and measures to minimize civilian harm. Particular attention is paid to the protection of medical and civil defense services as such, and to the conditions under which this protection may be compromised under IHL.

By integrating first-hand evidence into this legal framework, the research contributes to existing literature in three key ways. First, it deepens the empirical basis for assessing violations affecting protected medical and civil defense actors in Lebanon. Second, it strengthens the legal qualification of documented incidents by linking operational impacts to specific IHL obligations. Third, it enhances the advocacy and accountability value of existing documentation by amplifying the voices of affected responders and situating their experiences within established legal standards.

In doing so, the study positions itself as a follow-up and value-added contribution to prior documentation efforts, bridging any gap might exist between remote monitoring and field-based analysis, and reinforcing the role of first-hand testimony in advancing civilian protection and accountability under IHL.

The testimonies study how the emergency and relief workers were obstructed from performing their duties, demonstrating Israel's systematic targeting of the medical and rescue sector from the onset of hostilities against Lebanon on 8 October 2023 until the ceasefire entered into force on 27 November 2024. This targeting strategy appears aimed at disabling the health system and increasing mortality by preventing emergency assistance, the evacuation of the wounded, and the retrieval of the deceased, thereby collectively punishing civilian populations and rendering affected areas unlivable.

In several instances, access to casualties was permitted only after their deaths had been confirmed, effectively denying medical care to injured civilians and combatants. Such violations have a cascading effect, blocking aid to those most in need, delaying life-saving interventions, and instilling fear among healthcare personnel, discouraging them from continuing their work. The persistence of these attacks indicates a systematic breach of medical neutrality by Israel, which, due to its deliberate and repeated nature, may amount to war crimes.

I Methodology:

2.1 Research Design

This report employs a qualitative, descriptive, and analytical design, focusing on documented incidents affecting medical and civil defense actors during hostilities in Lebanon. The study combines systematic incident documentation with thematic coding, enabling the identification of patterns, operational impacts, and legal-analytical implications under IHL. It draws on a total of twenty testimonies, including two focus group discussions, seven key informant interviews, and three individual case testimonies. The numbered 'testimonies' presented in this report are not single-person interviews but incident-based case files, each of which draws on multiple sources, including key informant interviews, focus group discussions, field documentation, and verified open-source material.

Rather than evaluating individual incidents in isolation, the methodology is designed to identify patterns of conduct across multiple documented events. This approach enables an assessment of whether harm to protected actors reflects incidental damage within hostilities or reveals recurrent features indicative of systematic targeting of life-preserving services.

2.2 Data Sources and Collection

Data were collected from multiple primary and secondary sources to ensure triangulation and reliability:

- **Primary sources:** First-hand accounts from medical and civil defense personnel, internal incident reports, and NGO field observations.
- **Secondary sources:** Open-source media reports, NGO publications, and official statements documenting attacks on protected sites or personnel.

All data collection adhered to ethical standards, prioritizing the safety, anonymity, and informed consent of all human subjects.

Testimonies from civilians, as well as medical and civil defense personnel, constitute a primary qualitative data source in this study. These narratives were systematically analyzed and coded using the predefined codebook, rather than treated as standalone accounts. Only testimonies containing verifiable details, such as the nature of the incident, location, timing, or operational consequences, were included in the analytical dataset.

Testimonies were anonymized and used in two ways: first, as inputs for thematic coding and pattern identification; and second, as illustrative excerpts embedded in the findings section to contextualize and substantiate analytical observations.

2.3 Coding and Data Analysis

A structured codebook was developed to systematically classify incidents according to key variables. The codebook comprises four families:

1. **Characteristics:** nature, location, and timing of attacks.
2. **Protected Status:** assessing visibility of emblems and recognition of civilian/medical function.
3. **Human Impact and Operational Impact:** recording casualties, psychological effects, service disruption, and infrastructure damage.
4. **IHL Assessment and Accountability:** evaluating distinction, proportionality, precaution, and documentation barriers.

Each incident was reviewed independently and coded based on explicit references in the source material.

Data analysis followed a thematic approach, aggregating coded incidents to identify:

- *Operational disruptions and cumulative humanitarian impact*
- *Potential non-compliance with IHL principles.*

Patterns were interpreted with caution, emphasizing evidence-based observations rather than attributing intent. Coding and analysis were conducted using both manual review and spreadsheet-based aggregation to ensure transparency, reproducibility, and traceability.

2.4 Reliability and Limitations

To enhance reliability:

- *Coding decisions were cross-checked for consistency.*
- *Multiple sources were consulted to triangulate incidents.*
- *All coding definitions were strictly applied to minimize interpretive bias.*

Limitations include potential underreporting due to access constraints, the sensitivity of sources, and incomplete information in open-source reporting. While these limitations may affect the comprehensiveness of the dataset, the methodology ensures a robust qualitative assessment of documented patterns affecting medical and civil defense infrastructure.

Research Findings, Analysis, and Discussion:

This section presents the empirical findings derived from the systematic coding of documented incidents affecting medical and civil defense personnel and facilities in Lebanon. Drawing on the codebook framework outlined in the methodology section, the analysis identifies recurring patterns of attack, assesses their humanitarian and operational consequences, and situates the findings within an IHL analytical lens.

Testimony 1

A residential neighborhood in Bint Jbeil, South Lebanon, was struck by an Israeli airstrike, resulting in civilian casualties. The Lebanese Civil Defense received an official distress call, following which an ambulance was dispatched to the site. The ambulance was clearly marked with visible ambulance signage, and its warning lights were activated.

While the wounded were receiving treatment and evacuation was underway, the ambulance was struck by a second attack, either directly or in very close proximity. This second strike resulted in the killing of an ambulance crew member, injuries to other responders, and exposed wounded civilians inside the ambulance to a risk of death. No military targets or armed clashes were reported in the vicinity at the time of the attack.

The victims included members of the Lebanese Civil Defense ambulance crew as well as injured civilians, including a child. The circumstances of the incident indicate a dangerous pattern of targeting medical and humanitarian operations.

This attack cannot be characterized as collateral damage but rather constitutes a deliberate breach of the legal protections afforded to medical personnel and medical transport. The incident underscores the urgent need for an independent international investigation, accountability for those responsible, and strengthened measures to ensure the protection of humanitarian workers in future hostilities. This testimony is based on accounts from Lebanese Civil Defense teams, residents, field visual materials, Lebanese media reports, official emergency records, and documented field testimonies.

Testimony 2

The Amel Primary Healthcare Center in Khiam, South Lebanon, an identifiable civilian medical facility protected under international humanitarian law, was subjected to repeated Israeli strikes. *Accounts from witnesses and organizational reports indicate extensive structural damage, including collapsed walls, destroyed medical equipment, and medical records buried under the rubble. Following the attacks, the center was heavily damaged and rendered inoperable.*

The initial strikes occurred on 17 and 19 June 2024, causing limited damage. Subsequent attacks after June 2024 led to the destruction of the healthcare center, though the exact dates of these later strikes are not publicly documented. The repeated targeting of the facility cannot be considered collateral damage and constitutes deliberate destruction.

The attacks had significant psychosocial effects on staff and the surrounding community. In response, working modalities were adjusted, including reliance on mobile medical units to ensure continuity of healthcare services. These strikes severely undermined access to healthcare for Lebanon's most vulnerable populations.

Testimony 3

The attack on the regional civil defense center in Baalbek, Douris, was described as part of a broader Israeli strategy aimed at destroying and disrupting the relief and emergency response sector in Lebanon. Testimony indicates that Israel had been attempting to prevent essential relief services from reaching critical locations, thereby undermining emergency response and humanitarian assistance efforts.

Testimony 4

During the recent escalation, Nabatieh Governmental Hospital, a functioning public medical facility, was exposed to grave risk when nighttime airstrikes struck its immediate vicinity, including a municipal garage located directly adjacent to the hospital complex.

At the time of the attack, the hospital was fully operational, with medical and nursing staff on duty, patients receiving care in emergency and intensive care units, and ambulances stationed nearby. Despite the hospital's clear identification as a civilian medical facility in accordance with internationally recognized standards, the blasts caused structural damage to the building, disrupted sensitive medical equipment through powerful vibrations, and endangered patients, staff, and first responders.

No advance warning was issued prior to the strike, and no military activity was present within or around the hospital that could have justified exposing the facility to such risk. As a result of the incident, the hospital was forced to activate its internal emergency protocols, reorganize emergency services, and postpone the reception of non-critical cases, thereby impairing its operational capacity at a moment of acute humanitarian need.

Testimony 5

During a period of heightened hostilities, Sheikh Ragheb Harb Hospital in Toul was exposed to a serious security incident when an airstrike detonated in its immediate vicinity during nighttime hours, while patients, medical staff, and ambulances were present on site. The hospital, which is clearly marked as a civilian medical facility in accordance with IHL, was subjected to intense shockwaves from the explosion, triggering panic among patients and staff, causing psychological trauma, and disrupting sensitive medical equipment. Several ambulances parked near the facility also sustained minor damage.

Emergency medical operations were significantly hampered by the continued presence of warplanes overhead and the fear of repeated strikes, which restricted the movement of ambulances and delayed the response of emergency teams. No advance warning was issued prior to the attack, and no military activity was present in or around the hospital that could have justified exposing a protected medical facility to such danger. The incident resulted not only in immediate operational disruption but also in lasting psychological and financial strain on the hospital and the surrounding community.

Testimony 6

During rescue operations in the city of Tyre, Lebanese Civil Defense ambulance crews were exposed to airstrikes while actively evacuating wounded civilians from residential neighborhoods.

The ambulances, which were clearly marked as civil defense and medical vehicles in accordance with internationally recognized standards, came under shelling that damaged at least one vehicle and caused several paramedics to sustain injuries from shrapnel and blast pressure.

The attack occurred without any advance warning and in a purely civilian environment, with no military activity present in the vicinity of the ambulance or rescue teams. As a result, the incident significantly degraded emergency response capacity by reducing the number of operational ambulances, increasing pressure on remaining crews, and inflicting lasting psychological strain on first responders who continued to operate under the threat of further attacks.

Testimony 7

During a purely humanitarian ambulance mission on the Deir al-Zahrani road in southern Lebanon, an ambulance belonging to the Al-Risala Association for Health Aid – Kafr Sir Center was directly struck by an air-delivered weapon, most likely launched from a drone. The ambulance was clearly marked with internationally recognized medical and humanitarian emblems, and its crew was wearing identifiable uniforms. At the time of the attack, no military activity was present in the area, and the vehicle was engaged exclusively in the evacuation and assistance of civilians.

The strike resulted in the killing of paramedic Ali Skaf while he was performing his humanitarian duties and caused severe destruction to the ambulance and its medical equipment, rendering the vehicle inoperable. The precision of the strike and the circumstances in which it occurred indicate a deliberate targeting of a protected medical unit, rather than incidental or collateral damage.

The attack had far-reaching consequences beyond the immediate loss of life. It undermined the safety of medical personnel, reduced the operational capacity of ambulance services in the region, and created a persistent climate of fear among humanitarian workers, thereby endangering civilian lives by obstructing access to emergency medical care. The incident has been documented through crew affidavits, field reports, and physical evidence of damage and has been made available to the competent authorities for accountability purposes.

Testimony 8

On 4 October 2024, medical and ambulance teams of the Islamic Health Authority were subjected to direct aerial attacks while carrying out humanitarian and emergency duties in southern Lebanon. The strikes targeted two clearly identifiable medical facilities, the Chakra Ambulance Center and the Khirbet Salam (Bir al-Salasil) Center, both of which were operating as civilian emergency response hubs at the time of the attacks. The facilities and ambulances bore internationally recognized medical and humanitarian markings, and no military activity was present in or around either location.

The airstrikes resulted in the killing of multiple paramedics while they were performing their medical duties, including Mohamed Jaafar Harish, Jaafar Dawi, Hussein Sweid, Mohamed Hassan, Abbas Tarraf, Ali Gharib, Ali Munther, Moeen Tamim, Mustafa Ali Theeb, Abbas Fattouni, and Hamza Al-Tawil. In addition to the loss of life, the attacks caused severe destruction to both ambulance centers, extensive damage to ambulances, medical equipment, and communications systems, and rendered the facilities partially or wholly inoperable.

The consequences for emergency service delivery were immediate and severe. Large areas of southern Lebanon were deprived of rapid ambulance response, while surviving centers were forced to absorb demand far beyond their operational capacity. Medical personnel who survived were subjected to acute psychological trauma and ongoing fear of renewed targeting, significantly constraining their ability to operate safely in the field. Rescue and evacuation efforts were further hampered by continued aerial threats, restricted access to affected sites, and the risk of secondary strikes.

The incidents were documented through photographs, video recordings, field reports, and official statements submitted to competent authorities and humanitarian and human rights organizations. The attacks have had lasting effects on the region's medical infrastructure, the morale and safety of health workers, and the community's confidence in the protection of medical facilities, constituting a grave breach of the principles of medical neutrality and the protections afforded to medical units and personnel under IHL and the Geneva Conventions.

Testimony 9

On May 25, 2024, Martyr Salah Ghandour Hospital in the city of Bint Jbeil, a well-established civilian medical facility providing emergency and routine health care to the local population, was subjected to direct military attack. The hospital and its immediate surroundings were struck by four artillery shells, while a drone fired two missiles at a civilian vehicle located near the hospital's perimeter. At the time of the attack, medical, nursing, and administrative staff were on duty, and civilians were present in and around the facility.

The bombardment resulted in serious injuries to nine members of the medical and nursing staff, many of whom sustained severe wounds, as well as injuries to seven civilians when the nearby vehicle was struck. The shelling caused damage to hospital buildings and infrastructure, created a direct threat to medical equipment, and inflicted additional destruction in the hospital's immediate vicinity.

As a result of the attack, the hospital was largely evacuated, with most medical and nursing staff forced to leave due to the security threat, leading to a severe interruption of health services for the population of Bint Jbeil and surrounding areas. Only a minimal number of personnel remained on site to safeguard the hospital's property, leaving the community with sharply reduced access to medical care.

Emergency response was carried out by the Lebanese Red Cross and Lebanese Civil Defense, but operations were significantly constrained by ongoing military threats and continued shelling, which restricted staff mobility and created persistent fear of further attacks. Although the hospital administration had received an advance warning to evacuate prior to the bombardment, no military activity was present inside the hospital, which remained a civilian medical facility at all times. The incident was documented through official hospital statements and records of injuries and damage.

The attack has had lasting physical and psychological consequences for medical staff, caused a sharp decline in available health services in the region, increased pressure on neighboring facilities, and contributed to a generalized sense of insecurity among healthcare workers and the civilian population.

Taken together, these nine testimonies establish a pattern of conduct characterized by the repeated and foreseeable exposure of medical personnel, transport, and facilities to lethal force in the absence of military necessity. The cumulative effect of these actions is the systematic dismantling of civilian medical and emergency response capacity in large areas of Lebanon. Under IHL, such a pattern constitutes prima facie evidence of grave breaches, including attacks against protected persons and objects, the denial of humanitarian assistance, and the use of violence to terrorize the civilian population. This pattern therefore triggers not only state responsibility but also individual criminal liability under international law, requiring urgent international investigation, preservation of evidence, and accountability mechanisms.

3.1 Incident Characteristics: Nature, Location, and Timing of Attacks

The coded data reveals a predominance of direct military strikes, including airstrikes and drone strikes, affecting medical and civil defense sites and personnel. **Several incidents involved secondary strikes occurring during emergency response activities, particularly when ambulances or fire and rescue teams were already present at the scene.** This pattern is analytically significant, as it indicates that harm was not limited to incidental exposure during generalized hostilities but occurred in contexts where the function of responders was actively underway².

3.2 Protected Status: Visibility and Civilian Function of Targeted Sites

Across the dataset, a substantial proportion of incidents explicitly reference the visibility of medical or civil defense markings, including uniforms, emblems, marked vehicles, and identifiable facilities. Coding under this category confirms that, in many cases, the protected status of the personnel or site was not ambiguous but clearly discernible at the time of the attack.

In parallel, the data consistently affirm the known civilian and humanitarian function of the targeted sites. Clinics, ambulances, and civil defense centers were repeatedly described as having no military role, with testimonies emphasizing their exclusive use for medical treatment, rescue operations, or emergency response. The convergence of visible protective emblems and widely recognized civilian function significantly strengthens the analytical basis for assessing compliance with IHL protections³.

3.3 Human Impact: Casualties and Psychological Harm

While the human cost of these attacks is reflected in the physical injuries and fatalities among medical and civil defense personnel, there is a less visible yet pervasive psychological impact on responders. Numerous accounts describe heightened fear, stress, and trauma following incidents, with personnel expressing reluctance to respond to subsequent emergencies due to safety concerns.

This psychological dimension is analytically important, as it illustrates how attacks generate deterrent effects that extend beyond immediate casualties. Even in cases where physical harm was limited, the persistent threat environment undermined the willingness and capacity of responders to operate effectively, thereby amplifying civilian vulnerability and their exposure to threats.

² "Lebanon: Israeli attacks on healthcare providers must be investigated as war crimes", Amnesty International, 5 March 2025, <https://www.amnesty.org/en/documents/mde18/9062/2025/en/>

³ "Amel Association International: We are saddened and outraged by the Israeli strikes that have damaged two of Amel's primary healthcare centers in South Lebanon", Amel Association International, 20 June 2024, <https://amel.org/amel-association-international-we-are-saddened-and-outraged-by-the-israeli-strikes-that-have-damaged-two-of-amels-primary-healthcare-centers-in-south-lebanon/>

3.4 Operational Impact: Disruption of Life-Saving Services

Operational disruption emerged as one of the most consistent findings across coded incidents. Medical facilities and civil defense centers were temporarily or, in some cases, repeatedly rendered non-operational following attacks. Service suspensions ranged from several hours to multiple days, directly affecting emergency response times and access to medical care.

Additionally, significant damage to infrastructure and equipment, including ambulances, fire trucks, and medical facilities, was documented. The destruction or incapacitation of such assets had cascading effects, reducing overall response capacity in already resource-constrained settings. These findings underscore how attacks on protected objects function not only as isolated incidents but as structural disruptions to civilian survival mechanisms.

3.5 IHL Analytical Assessment: Distinction, Proportionality, and Precaution

Applying IHL principles as an analytical framework, the findings raise serious concerns regarding distinction, particularly in incidents where strikes affected clearly marked medical or civil defense sites with no apparent military presence in the vicinity. The repeated nature of such incidents, combined with the clarity of civilian function, challenges interpretations that frame the harm as purely incidental.

Concerns related to proportionality also emerge, as the scale of operational and humanitarian harm documented in multiple incidents appears excessive relative to any discernible military advantage. The disabling of emergency services, even temporarily, resulted in a broader civilian risk that extends beyond the immediate strike.

Finally, the data point to recurring failures to take feasible precautions, including the absence of warnings before strikes and the timing of attacks during active rescue operations. These patterns suggest systemic shortcomings in harm mitigation rather than isolated lapses.

3.6 Accountability and Documentation Constraints

Despite operating in a highly insecure environment, substantial efforts have been undertaken to systematically document attacks and violations affecting medical personnel, facilities, and emergency responders. Documentation has included internal incident reports, photographic and video evidence, geospatial data, and coordination with national and international non-governmental organisations, as well as relevant UN mechanisms.

These documentation practices play a critical role in supporting advocacy initiatives, strengthening accountability processes, and informing policy measures aimed at safeguarding health infrastructure and medical personnel in conflict settings⁴.

Nonetheless, persistent challenges remain. Ongoing hostilities, access constraints, and security risks for first responders and monitors have, in some cases, limited the comprehensiveness of reporting and verification. As a result, while the dataset constitutes a robust and methodologically grounded body of evidence, it likely represents a conservative estimate of the overall harm, as it captures only specific incidents rather than the full extent of damage inflicted on healthcare systems and medical professionals. Importantly, the existence of systematic documentation enhances the evidentiary basis for legal review, international advocacy, and preventive policy interventions, reinforcing the imperative to protect healthcare services and uphold medical neutrality during armed conflict.

3.7 Synthesis: From Discrete Incidents to Systematic Patterns

Taken together, the coded findings reveal a pattern in which attacks on medical and civil defense actors are recurrent, operationally disruptive, and psychologically deterrent. While this report does not assess intent, the analysis identifies patterns of systematic harm to essential services, including healthcare, with serious implications for civilian protection in Lebanon.

According to a focused group discussion, before the war on Lebanon and during its initial phase, medical teams were operating normally and responding to strikes. However, as the intensity of the war increased, their schedules became more compact, and fewer staff were able to respond due to the severity of the conditions. Nevertheless, the remaining teams were able to persevere and carry out their rescue operations with full dedication.

Initially, segments of the community were reluctant to accept assistance from certain medical teams, and their presence was met with hesitation. However, as these teams demonstrated their impartial and indispensable role in rescuing the wounded, the community became increasingly reliant on and accepting of their work, which in turn strengthened social cohesion and reinforced the role of medical teams. Trust in them, along with the protection they provided and their freedom of movement, earned the confidence of residents.

The operating environment for medical teams has been particularly unsafe and distressing, as they lack safety guarantees while performing their duties. Personnel dispatched to rescue the wounded are not assured of returning safely to their centers, especially following the targeting of the regional civil defense center in Baalbek. Some responders expressed the belief that their protected status under IHL had effectively ceased to exist during the conflict, resulting in heightened confusion and distress.

⁴ "Lebanon: NGOs call for emergency session at UN rights body to investigate "catastrophic" destruction and targeting of civilians", MENA Rights Group, 18 November 2024, <https://menarights.org/en/articles/lebanon-ngos-call-emergency-session-un-rights-body-investigate-catastrophic-destruction>

Among the uncertainties faced by medical teams upon arriving at strike locations is the lack of protection afforded to them while performing their duties, despite the protections guaranteed under IHL. Medical convoys have been struck by Israel even when accompanied by the LAF and the Lebanese Red Cross⁵.

The health sector in border towns has been significantly impacted, as coordination between medical teams, the Lebanese Government, and UNIFIL was at times required, resulting in delays in authorizing ambulance dispatches to secure protection. Despite these measures, such protection was repeatedly violated by Israel without justification, even when convoys were clearly marked as medical teams with designated license plate numbers⁶.

In spite of the atrocities caused by the war, social cohesion has noticeably strengthened, and communities have become more resilient and increasingly aware of the vital roles played by different medical teams. In defiance of the severely limited resources, medical teams were able to complete all assigned tasks. The role that the various medical teams have played during the war crystallized into an appreciated and valued function by society, symbolized by perseverance and resilience, and the duty to serve the people in all circumstances.

Pattern of Terrorism and Intimidation

Testimonies highlighted the call for the evacuation of Baalbek as an act of terrorism and intimidation. This measure was widely perceived as humiliating and demeaning, particularly as it included instructions specifying evacuation routes and timing despite the fact that only eleven strikes had occurred. The exaggerated nature of this directive was understood as an attempt to instill fear and impose collective humiliation on the civilian population, according to testimonies. Some testimonies revealed the extent of the threat faced by responders, noting that certain medical personnel were compelled to remove their paramedic uniforms to avoid being targeted and to continue assisting the injured.

According to a focused group discussion, the regional Lebanese Civil Defense center in Baalbek is staffed by volunteers who have continued to assist with unwavering commitment and dedication despite the conditions of war. Their work persisted even after the direct targeting of their center, an attack that resulted in the death of fourteen members and the destruction of critical heavy machinery, including three fire extinguishers and an excavator, equipment essential for clearing debris and conducting rescue operations⁷. Despite these losses, the regional civil defense center in Baalbek has continued to provide extensive coverage across a wide geographic area with the limited manpower and equipment available.

⁵ "Lebanese soldier killed, several injured in Israeli attack on Red Cross and army convoy near Tyre", LBC Group, 3 October 2024, <https://www.lbcgroup.tv/news/lebanon-news/801489/lebanese-soldier-killed-several-injured-in-israeli-attack-on-red-cross/en>

⁶ "Attacks on Health Care in Lebanon: 30 October – 12 November 2024", Insecurity Insight, 21 November 2024, <https://reliefweb.int/report/lebanon/attacks-health-care-lebanon-30-october-12-november-2024>

⁷ "War crime alert no. 14: Attack on the Baalbek civil defense regional center and its staff", Legal Agenda, 18 November 2024, <https://english.legal-agenda.com/war-crime-alert-no-14-attack-on-the-baalbek-civil-defense-regional-center-and-its-staff/02>

Testimonies indicated that, as the intensity of attacks increased, standard protocols requiring prior authorization to carry out search and rescue operations were no longer followed due to the extreme urgency of the situation. Rescue efforts were conducted continuously, on a 24/7 basis, beginning with the pager-related incident, and respondents emphasized that operations were carried out beyond full capacity, described as exceeding “100 percent” of their operational limits.

Several attacks reportedly occurred only a few meters away from Baalbek Governmental Hospital, causing damage to the facility and further endangering medical personnel and patients⁸. According to a key informant interviewed, strikes occurring approximately 40–50 meters from Baalbek Governmental Hospital caused significant damage to the facility. Despite this, medical teams were able to resume operations rapidly. However, the proximity and intensity of the strikes posed direct threats to the lives and well-being of medical personnel, particularly given the lack of guarantees for their safety during missions and their return to base. The continuous and virulent nature of the attacks created an environment of persistent risk for healthcare workers. The strikes, which harmed the hospital and threatened its operations and occupants, raise serious concerns under IHL regarding the protection of medical facilities and civilians. As a result of fear and insecurity, shortages in human resources became evident. Nevertheless, staff continued to report regularly to the hospital to serve the population. Many personnel remained on-site for consecutive days without returning home in order to cover shifts and ensure continuity of patient care, demonstrating a high level of dedication and commitment to their duties. Given the sustained exposure to violence and stress, the need for psychosocial support for medical teams was identified as urgent.

The attack on the regional civil defense center caused devastating human losses that continue to be deeply felt throughout the community. According to a focus group discussion, beyond the immediate human toll, the center now faces severe resource shortages that significantly limit its ability to respond effectively to emergencies across its broad area of responsibility. There is an urgent need to establish a new facility to house volunteers, as well as to replace essential equipment and machinery to restore full operational capacity.

Compensation for the damage sustained is equally urgent. Furthermore, the distribution of funds and grants must be fair, transparent, and needs-based, as Baalbek continues to suffer from persistent inequities. Testimonies highlight that resources should be directed to the regional civil defense center in a way that reflects the extensive area it serves, ensuring aid reaches the locations where it is most urgently needed.

In addition, participants underscored the urgent need to file a complaint with the UN and to initiate an international investigation into the war crimes committed by Israel. The Government of Lebanon was also called upon to formally condemn and denounce the Israeli attacks targeting medical teams and civil defense personnel across Lebanon.

⁸ “Baalbek hospital director reassures residents after Israeli airstrike near facility”, LBC Group, November 3, 2024, <https://www.lbcgroup.tv/news/lebanon-news/812350/baalbek-hospital-director-reassures-residents-after-israeli-airstrike/en>

3.8 Targeting of Lebanon’s Medical Sector: Human Rights and International Legal Framework

Documented Impact on the Medical Sector

According to the **Lebanese Ministry of Public Health’s cumulative report (8 October 2023–27 January 2025)**, the health sector in Lebanon has endured extensive attacks⁹:

Category	Incidents	Deaths	Injuries	Facilities/Assets Affected
Emergency Medical Teams (EMTs)	237 attacks	201 killed	253 injured	67 centers; 177 ambulances; 59 fire trucks; 18 rescue vehicles
Hospitals	68 attacks	16 killed	74 injured	38 facilities attacked; 8 forced closures; 7 partial operations; 25 vehicles damaged
Primary Healthcare Centers	63 attacks	(included in EMT figures)	(included)	58 forced closures; 10 destroyed; 50 partially damaged

These data underscore not only the frequency of strikes on health infrastructure and services but also the lethal toll on medical personnel and patients. They include ambulances, fire and rescue vehicles, hospital buildings, and primary care centres, components essential to emergency response and routine health care.

⁹ "Israeli Attacks on Lebanon’s Health Sector – hospitals -primary health care centers – ambulatory associations", MoPH, 30 January 2025, <https://www.moph.gov.lb/userfiles/files/News/30-1-2025%20Cumulative%20Report%20on%20Enemy%20Attacks/Israeli%20Attacks%20on%20Lebanon’s%20Health%20Sector-compressed-english.pdf>

Human Rights and International Humanitarian Law Obligations Violated

1. Right to Health

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including access to medical services and health-related infrastructure. Any action that substantially impairs access to health care, such as direct attacks on health facilities and ambulances, can constitute a violation of this right.

2. Protection of Medical Personnel and Facilities

Units and individuals engaged in medical services, whether hospitals, ambulances, civil defense, or humanitarian actors like the Red Cross/Red Crescent, fall under the protected categories of IHL during armed conflict:

- Common Article 3 of the Geneva Conventions and Additional Protocol I (Articles 12–16) mandate the protection of medical personnel, hospitals, and ambulances, and prohibit attacks against them unless they are being used to commit acts harmful to the enemy outside their humanitarian function.
- Customary International Humanitarian Law (Rule 28) affirms that medical units must be respected and protected in all circumstances and cannot be attacked or destroyed.

These protections derive from the essential humanitarian role such actors play and their neutral status in conflict zones.

3. Principles of Distinction and Proportionality

Under IHL, parties to an armed conflict must distinguish, at all times, between combatants and civilians, and between military objectives and civilian objects (Principle of Distinction). Attacks on civilian objects, such as hospitals, ambulances, and civil defense units with no verified military use, are prohibited. Attacks must also comply with the Principle of Proportionality, which forbids attacks expected to cause excessive civilian harm relative to the concrete and direct military advantage anticipated.

MoPH's report explicitly characterizes the documented strikes as violating the principles of distinction and proportionality and "flagrant violations of IHL," given the neutral nature of the facilities and personnel targeted and the absence of evidence showing their conversion into military objectives.

Human Rights Implications

- **Right to Life (Article 6, ICCPR):** Repeated attacks that result in deaths of medical personnel and patients constitute serious infringements of the right to life and physical security.
- **Right to Access Essential Services:** The destruction or incapacitation of emergency responders and health facilities denies populations in conflict zones access to urgent and routine care, exacerbating morbidity and mortality from both conflict-related and non-conflict health needs.
- **Accountability and Remedies:** Human rights frameworks necessitate accountability for violations. Organizations such as Amnesty International have urged independent investigations into these attacks as potential war crimes, noting the absence of sufficient evidence that targeted medical facilities were being used for military purposes at the time of attack, a key factor under IHL for lawful engagement.

The cumulative evidence of attacks against hospitals, ambulances, emergency medical teams, and primary care centres in Lebanon reflects a systemic erosion of the right to health and to life within conflict settings. The documented figures from the MoPH report, when juxtaposed with international legal protections, illustrate a pattern that raises serious concerns under both human rights law and international humanitarian law.

These incidents not only disrupt vital health services but also place Lebanon's already fragile health infrastructure at risk of collapse, with long-term consequences for population health. Ensuring accountability, reinforcing humanitarian protections, and safeguarding health workers and facilities are essential steps in upholding legal and ethical standards in conflict.

Recommendations

Based on the testimonies collected through focus group discussions, key informant interviews, and documented field accounts, the following recommendations are proposed. These measures are intended to address the immediate and long-term impacts of the hostilities on civilians, medical personnel, and civil defense operations, ensure accountability for violations of IHL, and strengthen the resilience of Lebanon's emergency response and healthcare systems. They reflect both the legal obligations of states and armed actors under IHL, and the practical needs identified by those directly affected during the recent conflict.

1. International Legal Accountability

- The Government of Lebanon should grant the International Criminal Court jurisdiction to investigate and prosecute crimes falling under the Rome Statute committed on Lebanese territory and take measures to protect victims' rights to effective remedies, including by calling on Israel to provide reparations for grave violations of international humanitarian law for which it bears responsibility.
- The Government of Lebanon should initiate a comprehensive judicial documentation process to systematically collect, verify, and preserve evidence related to attacks on civilians and civilian objects, with a view to enabling future legal accountability, safeguarding victims' rights to truth and justice, and ensuring that potential violations of international humanitarian law can be effectively investigated and prosecuted before competent domestic or international mechanisms.
- The United Nations, with the support of its member states, should urgently establish an international investigation into the hostilities in Lebanon and northern Israel, ensuring immediate deployment to collect evidence, assess violations of international law, and issue recommendations for accountability.
- States and international actors should reaffirm that, in the absence of military necessity, attacks on medical facilities and personnel are unlawful under IHL and, when carried out intentionally or with disregard, constitute war crimes. This obligation aligns with UNSC Resolution 2286's condemnation of attacks against the wounded, sick, medical personnel, and facilities and its recall that such acts may amount to war crimes under international law, thereby reinforcing the legal imperative to respect and protect healthcare services in armed conflict¹⁰.
- In accordance with Resolution 2286's emphasis on states' responsibility to combat impunity and ensure accountability for serious IHL violations, States and the international community should ensure that violations against the health sector are investigated promptly, independently, impartially, and effectively, and that perpetrators are brought to justice. Without meaningful accountability as envisioned by the resolution, impunity will persist, jeopardizing civilian protection and undermining efforts to prevent further unlawful attacks on healthcare¹¹.

¹⁰ United Nations Security Council, Resolution 2286 (2016), S/RES/2286 (3 May 2016), [tv](#)

¹¹ Ibid.

2. Protection of Civil Defense and Medical Personnel

- The Lebanese Government and international partners should ensure adequate protection, equipment, and secure facilities for civil defense and medical personnel.
- Emergency protocols should be reviewed by the Lebanese Government to safeguard responders during attacks, including reinforced communication, rapid evacuation plans, and protective measures in line with IHL.

3. Compensation and Equitable Allocation of Resources

- Funds and grants for reconstruction and operational support should be allocated transparently and based on need, either by the donors or the Lebanese Government, with priority given to the areas and facilities most affected by the hostilities, such as Baalbek, Bint Jbeil, and Khiam.
- Essential equipment, heavy machinery, and medical supplies should be replenished to restore full operational capacity for emergency response and healthcare delivery.

4. Psychosocial Support and Workforce Sustainability

- The Government of Lebanon should provide structured psychosocial support programs for medical and civil defense personnel exposed to trauma during hostilities.
- Programs should include mental health counseling, rest rotations, and training to strengthen resilience in high-risk operational environments.

5. National Oversight and Documentation

- Lebanon should document and preserve evidence of attacks on civilians, hospitals, and civil defense centers to support future legal accountability and reparative actions.
- An independent national oversight mechanism should be established to investigate violations against medical teams and civil defense personnel.

6. Community Engagement and Awareness

- Local communities should be engaged in awareness campaigns about the protected status of medical personnel and facilities under IHL.
- Initiatives should be implemented to strengthen trust and collaboration between medical teams and local communities, thereby improving preparedness and resilience in emergencies.

I Conclusion

This report documents a systematic pattern of attacks on Lebanon's medical and civil defense infrastructure, resulting in deaths, injuries, and severe disruption of emergency services. The evidence indicates repeated violations of IHL, including breaches of distinction, proportionality, and precaution, which may constitute war crimes.

Urgent action is required: independent investigations, accountability mechanisms, equitable resource allocation, and measures to protect and support medical and civil defense personnel are essential. The dedication of Lebanon's responders under extreme conditions underscores the vital importance of upholding medical neutrality and safeguarding civilians in conflict.

References

“Amel Association International: We are saddened and outraged by the Israeli strikes that have damaged two of Amel’s primary healthcare centers in South Lebanon”, Amel, 20 June, 2024, <https://amel.org/amel-association-international-we-are-saddened-and-outraged-by-the-israeli-strikes-that-have-damaged-two-of-amels-primary-healthcare-centers-in-south-lebanon/>

“Attacks on Health Care in Lebanon: 30 October-12 November 2024”, Insecurity Insight, 21 November, 2024, <https://reliefweb.int/report/lebanon/attacks-health-care-lebanon-30-october-12-november-2024>

“Baalbek hospital director reassures residents after Israeli airstrike near facility”, LBC Group, November 3, 2024, <https://www.lbcgroup.tv/news/lebanon-news/812350/baalbek-hospital-director-reassures-residents-after-israeli-airstrike/en>

“Lebanese soldier killed, several injured in Israeli attack on Red Cross and army convoy near Tyre”, LBC Group, 3 October, 2024, <https://www.lbcgroup.tv/news/lebanon-news/801489/lebanese-soldier-killed-several-injured-in-israeli-attack-on-red-cross/en>

“Lebanon: Israeli attacks on healthcare providers must be investigated as war crimes”, Amnesty International, 5 March, 2025, <https://www.amnesty.org/en/documents/mde18/9062/2025/en/>

“Lebanon: NGOs call for emergency session at UN rights body to investigate “catastrophic” destruction and targeting of civilians”, MENA Rights Group, November 18, 2024, <https://menarights.org/en/articles/lebanon-ngos-call-emergency-session-un-rights-body-investigate-catastrophic-destruction>

“Israeli Attacks on Lebanon’s Health Sector”, Ministry of Public Health, January 30, 2025, <https://www.moph.gov.lb/userfiles/files/News/30-1-2025%20Cumulative%20Report%20on%20Enemy%20Attacks/Israeli%20Attacks%20on%20Lebanon’s%20Health%20Sector-compressed-english.pdf>

“War Crime Alert No. 14: Attack on the Baalbek Civil Defense Regional Center and Its Staff”, The Legal Agenda, November 18, 2024, <https://english.legal-agenda.com/war-crime-alert-no-14-attack-on-the-baalbek-civil-defense-regional-center-and-its-staff/>

United Nations Security Council. (2016). Resolution 2286 (2016): On protection of medical personnel in conflict situations (S/RES/2286). United Nations. [https://docs.un.org/en/s/res/2286\(2016\)](https://docs.un.org/en/s/res/2286(2016))

Annex

Codebook

Code Family	Code Name	Definition	Inclusion Criteria	Exclusion Criteria	Example	Analytical purpose
Incident Characteristics	Type of Attack	Nature of the military action affecting the site or personnel	References to airstrikes, drone strikes, shelling, secondary strikes	General references to insecurity without a specific attack	"The ambulance was hit by a drone while responding to a fire."	Identify patterns in the type and frequency of attacks on protected actors.
Incident Characteristics	Location & Timing	Spatial and temporal details of the incident	Village, neighborhood, date, time of day	Vague references without identifiable context	"The strike occurred at night near the civil defense center in the village."	Examine geographic clustering and temporal trends in attacks.
Protected Status	Medical/Civil Defense Markings	Visibility of emblems or identification of protected status	Mentions of uniforms, emblems, marked vehicles or facilities	Attacks where protected status is unknown or unclear	"The vehicle was clearly marked with a red cross."	Assess whether protected status was clearly discernible at the time of attack.
Protected Status	Known Civilian Function	Recognition that the site or personnel served a medical or rescue role	Statements confirming non-military function	Dual-use or ambiguous sites unless clarified	"Everyone knew this building was a clinic."	Confirm civilian and humanitarian function of targeted sites for IHL analysis.
Human Impact	Staff Casualties	Physical harm to medical or civil defense personnel	Injuries or deaths of responders	Civilian casualties unrelated to responders	"Two paramedics were injured during the strike."	Measure direct human cost to responders.
Human Impact	Psychological Impact	Emotional or mental health effects on staff	Fear, trauma, stress, burnout	General morale issues unrelated to attacks	"After the incident, staff were afraid to respond to calls."	Evaluate deterrent effects and operational stress on personnel.
Operational Impact	Service Disruption	Interruption or suspension of services	Facility closure, halted responses, delayed care	Long-term systemic collapse unrelated to the incident	"The center stopped operating for three days."	Assess operational consequences and impact on civilian access to emergency services.

Code Family	Code Name	Definition	Inclusion Criteria	Exclusion Criteria	Example	Analytical purpose
Operational Impact	Equipment & Infrastructure Damage	Damage to buildings, vehicles, or equipment	Destroyed ambulances, damaged facilities	Minor wear unrelated to hostilities	"The fire truck was rendered unusable."	Examine material impacts and cascading operational effects.
IHL Assessment	Distinction	Failure to distinguish between civilian/protected and military objects	Attacks on clearly civilian or protected sites	Lawful military targets with collateral mention only	"There were no fighters or weapons nearby."	Identify potential violations of IHL principle of distinction.
IHL Assessment	Proportionality	Excessive harm relative to military advantage	Disproportionate civilian or operational harm	No mention of harm magnitude	"The damage far exceeded any military justification."	Assess whether attacks caused harm exceeding any legitimate military objective.
IHL Assessment	Precaution	Lack of measures to minimize civilian harm	No warnings, repeated strikes, timing concerns	Cases where warnings were clearly issued	"No warning was given before the strike."	Evaluate compliance with precautionary obligations under IHL.
Accountability	Documentation Efforts	Actions taken to record or report the incident	Reports filed, photos taken, NGOs contacted	Informal complaints without documentation	"We submitted a report to the authorities."	Track evidence collection and reporting practices.
Accountability	Barriers to Reporting	Obstacles to documentation or accountability	Fear of retaliation, lack of access, insecurity	Administrative delays unrelated to safety	"We were afraid to speak publicly about it."	Identify constraints affecting data reliability and accountability processes.
Operational Impact	Service Disruption	Interruption or suspension of services	Facility closure, halted responses, delayed care	Long-term systemic collapse unrelated to the incident	"The center stopped operating for three days."	Assess operational consequences and impact on civilian access to emergency services.



Israeli Systematic Elimination of life:

A focus on attacks on Medical and Civil Defense Centers in Lebanon Between 8 October 2023 and 27 November 2024.

The Lebanese Center for Human Rights produced this report in partnership with Oxfam in Lebanon.