

Israeli attacks against medical personnel and facilities in Lebanon: A violation of International Humanitarian Law

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Key points of interest:

- Israeli strikes on Lebanon's health sector from October 2023 to January 2025 formed a consistent and widespread pattern of violations of international humanitarian law.
- These actions caused the deaths of hundreds of medical workers and patients, forced the closure or partial shutdown of dozens of facilities, and crippled emergency response systems, thereby denying the population timely and essential healthcare during armed conflict.
- Such conduct breaches the core IHL principles of distinction, proportionality, precaution, and medical neutrality, which require combatants to safeguard healthcare and humanitarian actors at all times, pointing to a systematic policy that may amount to war crimes.

Abstract

Introduction. This article examines the violations of International Humanitarian Law (IHL) concerning Israeli attacks on medical personnel and facilities in Lebanon between September 23rd and October 23rd, 2024. **Method.** Based on data from the Lebanese Center for Human Rights (CLDH), the study highlights attacks on medical units, personnel, and humanitarian organisations. **Results.** The study documents more than 250 attacks on hospitals, ambulances and medical personnel, paramedics and patients. **Discussion.** The results are compared with available data from the World Health Organisation, the Ministry of Public Health and INGOs. **Conclusions.** The findings indicate severe and repeated breaches of IHL, particularly under the Geneva Conventions and Additional Protocols. This study emphasises the urgent need for accountability and the enforcement of international legal frameworks to safeguard medical neutrality in conflict zones.

Keywords: International Humanitarian Law, Geneva Conventions, war crimes, medical neutrality, Lebanon, Israeli Defence Forces

Introduction

The escalation of hostilities between Israel and Lebanon has led to significant civilian casualties and damage to essential infrastructure, including medical facilities. The conflict intensified in mid-September 2024, following heightened border skirmishes and aerial bombardments. Israeli airstrikes targeted multiple locations within southern Lebanon, including residential areas

and key civilian infrastructure, exacerbating an already fragile humanitarian crisis. The Lebanese Ministry of Health reported that, as of October 23, 2024, over 1,500 civilians had been killed, including 356 children and 214 medical workers. Additionally, more than 7,300 individuals sustained severe injuries, and at least 112,000 people were displaced due to the destruction of their homes and communities.

* The views expressed are those of the authors and do not necessarily reflect those of the Journal, the Publisher or the Editors

Beyond immediate casualties, the destruction of medical infrastructure has severely impacted Lebanon's ability to provide urgent and long-term healthcare services. Hospitals in the affected areas operated at over 250% capacity, and shortages of essential medical supplies, including anaesthetics and antibiotics, further compromised patient care. The damage to roads and transportation networks also delayed emergency response times, leaving many injured without access to life-saving interventions. The targeting of health facilities is not only a humanitarian crisis but also a grave breach of the Geneva Conventions, raising urgent concerns about compliance with IHL.

This article seeks to examine these violations through a legal framework and assess their implications for international justice. It will analyse evidence of targeted attacks against medical units, investigate the extent to which these attacks violate IHL, and explore potential avenues for legal accountability.

Methodology

The research utilises incident-specific data collected by CLDH through media reports, official records from the Lebanese Ministry of Public Health, and data from international humanitarian organisations such as the United Nations and the Red Cross. Fact-checking procedures were applied to ensure data reliability by contacting primary sources in the Health Ministry and local administrations. The study examines the documented violations concerning medical personnel and infrastructure using relevant IHL articles, including Articles 24 and 18 of the Geneva Conventions and Protocol I (ICRC, 2024) (see Table 1).

Results

Through its online monitoring and fact-checking, CLDH found there were 67 attacks on hospitals, 177 assaults on ambulances, and 19 attacks on rescue vehicles. The Israeli Forces were reported to have directly targeted medical facilities and personnel, resulting in the deaths of 16 medical personnel and 206 paramedics, with 73 and 257 others injured, respectively. Specific attacks included airstrikes on hospitals such as Salah Ghandour and Fakihi, and targeting of Red Cross and Islamic Health Authority ambulances (CLDH, 2024).

These actions violate the First and Fourth Geneva Convention articles, specifically GC I, art. 24 (Protection of medical personnel); GC IV, art. 18 (Protection of civilian hospitals); and AP I, arts. 12 (Medical units), 15 (Civilian medical & religious personnel), 21–31 (Medical transports, emblems, etc.). (ICRC, 2024).

The destruction of medical infrastructure had a cascading impact on the broader humanitarian situation.

Table 1. *Summary of Attacks on Medical Infrastructure and Personnel*

Type of Facility	Number of Attacks	Casualties (Killed)	Casualties (Injured)
Hospitals	67	79	156
Ambulances	177	109	257
Rescue Vehicles	19	34	98
Medical Staff (General)	-	16	73

Over 47% of hospitals in affected regions ceased operations due to physical destruction or lack of medical supplies. Patients requiring intensive care, including dialysis and post-operative recovery, were forced to seek treatment in already overwhelmed facilities in Beirut. The International Red Cross reported at least 76 instances where ambulances carrying injured civilians were either delayed or prevented from reaching hospitals due to IDF checkpoints or road blockages.

Table 2. *Breakdown of Medical Facility Closures in Southern Lebanon*

Facility Type	Fully Destroyed	Partial Damage	Non-Operational Due to Lack of Supplies
Public Hospitals	12	25	31
Private Clinics	8	14	19
Ambulance Stations	6	11	20

Our data must be added to that available from other sources. According to the World Health Organization (2024) there were 137 Israeli attacks on healthcare in Lebanon between October 7, 2023 and November 21, 2024 (see Table 2). Furthermore, “47% of attacks on health care – 65 out of 137 – have proven fatal to at least one health worker or patient in Lebanon”, a proportion allegedly higher than that observed in

any contemporary war. Human Rights Watch (2024) reported multiple Israeli attacks targeting medical workers, ambulances, and facilities, such as strikes killing paramedics at a civil defence centre in Beirut and at hospitals in southern Lebanon. These attacks killed at least 163 health and rescue workers and damaged many ambulances and hospitals throughout 2024. They called for immediate cessation and investigations. Amnesty International documented at least 222 medical and civil defence personnel killed and hundreds wounded between October 2023 and late November 2024. They investigated several attacks, suggesting war crimes, and found no evidence justifying military targeting of these medical sites. They emphasised the violation of international humanitarian law protecting medical personnel and infrastructure (Amnesty International, 2025). Additionally, CNN's 2024 investigation found that the IDF's bombing campaigns targeted 107 ambulances, significantly limiting emergency medical response capabilities. Furthermore, Israeli forces had launched airstrikes in "lethal proximity" to at least 19 hospitals and within 500 meters of 24 medical facilities. Reuters also has reported on airstrikes to Rafik Hariri University Hospital, with the hospital severely damaged and 18 people killed and 60 injured. A joint Al Jazeera and United Nations report (2024) mapped Israeli attacks on Lebanon's healthcare system, illustrating the extensive destruction of hospitals, clinics, and mobile medical units across the country.

The Lebanese Ministry of Public Health (2025) issued an official comprehensive report (8 October 2023 – 27 January 2025). The report records 68 distinct attacks against hospitals across Lebanon, affecting 38 hospital facilities. As a result, eight hospitals were forcibly closed, seven were only partially operational, and two remain closed at the time of reporting. The toll includes 16 deaths, 74 injuries, and damage to 25 vehicles, including ambulances. Regarding Primary Health Care Centers (PHCs), a total of 63 centres were attacked, with 58 forcibly closed. Among these, 10 were destroyed and 50 were partially damaged. The attacks targeted both governmental centres and facilities run by associations such as Amel, Imam al-Sadr Foundation, and the Lebanese Red Cross. The report also provides extensive detail on strikes against emergency medical services, listing 237 separate attacks on EMTs, ambulance teams, and civil defence centres. These resulted in 201 deaths, 253 injuries, and the destruction or damage of 177 ambulances, 59 fire trucks, and 18 rescue vehicles. The attacks affected multiple organisations, including the Islamic Health Authority, the Lebanese General Directorate of Civil Defense, the Red Cross, and Islamic Scout Associations. Many incidents involved direct strikes on ambulances that were perfectly identified or EMT teams while on duty, demonstrating a recurrent

pattern of purposely targeting first responders. In summary, the report documents widespread and systematic assaults on Lebanon's health system: dozens of facilities damaged or destroyed, hundreds of health workers and patients killed or injured, and significant disruption of essential services. This large-scale targeting not only devastated Lebanon's health infrastructure but also severely restricted civilians' access to medical care during the Israeli Army attacks.

Each of these studies uses different methodologies and has a different scope. For instance, while WHO data counts attacks on healthcare and casualties within those incidents, the MoPH has emphasised impacts on the national health system and infrastructure. Human Rights Watch, Amnesty International, and our own study do not aim to be exhaustive, but rather analyse a concrete, cross-sectional, and verified subset of incidents to facilitate a legal analysis with conclusions and recommendations in humanitarian and accountability terms. The figures of each source are not expected to match perfectly.

But, overall, the overwhelming evidence supports the assertion that IDF actions have severely impaired Lebanon's medical system. These attacks disrupt essential medical services, endanger civilian lives, and create long-term humanitarian consequences.

Discussion

Article 24 of the First Geneva Convention unequivocally protects medical personnel attached to the armed forces, as well as civilians working under their direction, when performing medical tasks. The article also covers certain civilians working under the auspices of the armed forces in the field. These people, whether they are doctors, nurses, ambulance workers, or volunteers, are protected from direct attacks. The core requirement is that such personnel abstain from direct participation in hostilities; as long as they remain within the humanitarian sphere, they must be respected and shielded from violence. Any deliberate attack against them not only violates Article 24 but also undermines the principle of medical neutrality, which is foundational to International Humanitarian Law (IHL).

Article 15 of Additional Protocol I broadens this protection to include civilian medical and religious personnel. Unlike the original convention, which primarily safeguarded military medical staff and staff of civilian hospitals, Article 15 recognises the essential role of civilian actors, particularly in conflicts where state and non-state systems often overlap. This includes not only guaranteeing their respect and protection but also providing assistance in situations where it is needed.

Thus, respect and protection are granted to all civilian medical personnel and civilian religious personnel, as defined

in Article 8 of the Protocol, sub-paragraphs (c) and (d), whereas such protections are traditionally offered in the conventions only to military medical and religious personnel and to medical staff at civilian hospitals. This extension of protection is strongly justified, as many countries today plan for cooperation or coordination between military and civilian medical services during armed conflict.

The earlier presented data under the provision of Article 15 highlights attacks on medical personnel, resulting in numerous casualties, including fatalities. These attacks on medical personnel violate the principle of “medical neutrality” under IHL.

Medical personnel at the Red Cross, Islamic Health Authority Centres, civil defence and hospitals are protected under Article 15. Thus, Israel’s targeting of medical professionals violates Article 15 while also causing secondary injury by impeding the care of injured civilians and combatants. These violations have a domino effect, blocking aid from reaching people most in need, delaying important life-saving procedures, and instilling dread in other healthcare personnel, making them hesitant to continue their job. The persistence of these attacks implies a systemic Israeli breach of medical neutrality, which could amount to war crimes given the purposeful and recurrent character of the violations.

On the other hand, Article 18 of the Fourth Geneva Convention provides immediate protection to civilian hospitals. These hospitals are safeguarded and deemed inviolable, unless they are used to conduct hostile acts against the enemy, in addition to their humanitarian functions. Even then, warnings must be issued before any action is taken.

Hospitals should never be attacked or threatened with violence, and they should always be properly labelled as medical facilities. As the data presented earlier shows, Israeli airstrikes have attacked Ghandour and Fakih hospitals and damaged Ablah hospital throughout October 2024. Hospitals serve as safe havens in conflict zones, providing care to civilians and combatants who have ceased to participate in hostilities. Attacking such facilities constitutes a breach of the fundamental principles outlined in Article 18, which requires the complete security of civilian hospitals. The continuous attack on hospitals indicates an Israeli possible systematic targeting of hospitals while denying their protected status (Amnesty International, 2025, Human Right Watch, 2024).

Article 18 states that hospitals lose their protection if they are used for military reasons. However, it is evident that the hospitals targeted by the Israeli airstrikes were not used for such purposes. The attacks breach the principle of distinction, which requires warring parties to distinguish between military and civilian targets. Even if a hospital is near a military target,

indiscriminate strikes are prohibited under IHL. The claimed strikes on these facilities would not only violate the Geneva Conventions. Still, they would also have long-term humanitarian effects, such as the inability of civilians to receive care and the loss of essential infrastructure.

During an armed conflict, ambulances and other medical transportation are critical. Attacks on these units violate Articles 19, 21 –22 and Article 35 of the first Geneva convention, Articles 22 and 38-39 of the second Geneva convention, Article 18 of the fourth Geneva convention, Articles 12, 13 and 21-31 of the additional Protocol I, Article 11 of the additional Protocol II, and rules 28 and 29 of the customary international humanitarian law which require the respect and security of medical units like hospitals and other facilities dedicated solely to medical purposes must be respected and protected under all circumstances. Medical units cannot be attacked, and their access cannot be restricted. Additionally, the above articles grant respect and protection to any means of transportation assigned exclusively to the conveyance of the wounded and sick, medical personnel, and/or medical equipment or supplies, in the same manner as medical units. The attack on ambulances, especially when combined with specific threats⁶⁸ (October 12), is a serious infringement of IHL because these vehicles are clearly identified for medical purposes and are part of a humanitarian mission. The timing of the attacks that were initiated during patient transportation or evacuation attempts, and the planned nature of the threats, indicate a violation of the standards of proportionality and precaution. These principles compel combatants to avoid using disproportionate force that could endanger civilians or medical personnel, and to ensure that any military advantage gained is not offset by the damage done to civilian life and infrastructure. Targeting ambulances jeopardises both the present and future ability to care for the injured, a breach that contradicts the core principles of IHL.

Aside from breaching the conventions and Protocols, the attacks on the Red Cross, Islamic Health Authority Centres, civil defence, civilian hospitals, and ambulances violate Rules 25, 26, 28 and 29 of customary IHL. Furthermore, because they intentionally target individuals and facilities protected by IHL, these acts may be classified as “war crimes” under international law. In-depth analysis of these breaches demonstrates that beyond the immediate harm of killing or wounding medical personnel, these violations have long-term impacts. They inhibit the delivery of essential health services to civilian populations, cause disruptions in public health systems, and inflict psychological terror on communities reliant on these services.

Civil defence organisations are officially designated as protected organisations during armed conflict under the Geneva

Convention Protocol I (Article 62)⁶⁹. Civil defence workers are protected as long as they remain neutral and perform only humanitarian tasks such as rescue operations, firefighting, medical support, and relief efforts⁷⁰.

Article 62 - General protection⁷¹ dictates:

“1. Civilian civil defense organizations and their personnel shall be respected and protected, subject to the provisions of this Protocol, particularly the provisions of this Section. They shall be entitled to perform their civil defense tasks except in case of imperative military necessity.”

“2. Buildings and ‘matériel’ used for civil defense purposes and shelters provided for the civilian population are covered by Article 52. Objects used for civil defense purposes may not be destroyed or diverted from their proper use except by the Party to which they belong.”

Customary IHL Rule 31 states that civil defence personnel, equipment, and structures (such as civil defence facilities) should not be targeted. Attacking these individuals or facilities without a legitimate military objective violates this norm, particularly in situations where their activities focus on relief and rescue. Thus, based on the data, attacks on civil defence members and their centres in places like Tyre, Nabatiyeh, and Baraachit are apparent breaches of these provisions.

Under the Convention on the Safety of United Nations and Associated Personnel (1994), UN staff are entitled to protection from direct attacks in conflict zones. This extends to personnel involved in humanitarian relief, peacekeeping, and refugee assistance, such as UNHCR and UNIFIL workers. Furthermore, UN sites are frequently identified by distinctive signs or flags. Attacks on these places, such as the UNIFIL facility, are only lawful if they are directly involved in combat or military operations, which is usually forbidden. Thus, the murder of a UNHCR worker in Beqaa and the injury of 15 UNIFIL troops during an Israeli airstrike on their complex suggest a probable violation of the 1994 Convention, as such individuals are explicitly protected when engaged in non-combat tasks. Without proof of their engagement in hostilities, these attacks represent Israeli violations¹.

Conclusion

This report underscores grave violations of IHL principles and protections. Article 24 of the First Geneva Convention and Ad-

ditional Protocol I ensures the protection of medical personnel and humanitarian personnel, explicitly safeguarding individuals who provide care to the injured and sick without participating in hostilities, including both military and civilian staff. The documented assaults on medical personnel and paramedics from the Red Cross and Islamic Health Authority Centres, civil defence and health centres directly contravene this provision, violating the core principle of “medical neutrality” upheld by IHL. Not only do these attacks result in immediate harm, but they also obstruct life-saving care for civilians and combatants, instilling fear among medical personnel and creating long-term detriments to health care delivery in conflict zones.

Similarly, Article 18 of the Fourth Geneva Convention provides clear protection to civilian hospitals if they are not used for military purposes. Data presented earlier on the Israeli attacks on Ghandour, Fakihi, and Ablah hospitals point to significant breaches of this article, with no evidence suggesting these facilities were used for hostile purposes. These actions disregard the principle of distinction, which obligates combatants to differentiate between civilian and military targets, leading to further disruption of essential health services and loss of civilian lives.

Moreover, attacks on medical transportation and ambulances violate Articles 35 of the First Geneva Convention, Articles 21-31 of Protocol I, Article 11 of Protocol II, which mandate respect and protection for medical vehicles. Strikes on ambulances, especially during patient transport, reveal violations of the principles of proportionality and precaution, as these actions unnecessarily endanger civilians and medical personnel while compromising immediate medical response capabilities.

Additionally, the attacks on civil defence and humanitarian personnel and facilities breach Articles 62 and 52 of the Geneva Convention Protocol I, which ensure protection for civil defence organisations engaged in purely humanitarian functions. Customary IHL Rule 31 further reinforces the protection of civil defence assets and personnel, yet the strikes on civil defence members in Tyre, Nabatiyeh, and Baraachit reflect serious violations of these norms. The targeting of UN staff and facilities contravenes the 1994 Convention on the Safety of United Nations and Associated Personnel, an agreement that explicitly prohibits attacks on UN personnel engaged in peacekeeping or humanitarian tasks.

These patterns of attacks not only breach established IHL norms but may also amount to war crimes under international law. The documented violations against medical, civil defence, and humanitarian personnel disrupt essential services, endanger civilian lives, and perpetuate a climate of fear that hinders

1 UNHCR. (2024, September 24). *UNHCR mourns killing of beloved staff member and contractor staff in Lebanon*. <https://www.unhcr.org/lb/news/unhcr-mourns-killing-beloved-staff-member-and-contractor-staff-lebano>

the operation of humanitarian efforts. Considering this evidence, there is a pressing need for accountability and adherence to IHL standards to ensure the protection of civilians and humanitarian actors in conflict zones, as well as to ensure that no entity is granted immunity from adherence to universal frameworks. Moreover, it is crucial to emphasise the need for the Government of Lebanon to take actionable steps to prevent similar violations in both current and future conflicts, ensuring that effective measures are put in place to safeguard humanitarian efforts and uphold international law and that accountability is granted.

Recommendations:

- The Government of Lebanon should utilise its Universal Jurisdiction on Foreigners in National Courts by instructing the Minister of Justice to request the Prosecutor General at the cassation court to initiate a public action before the regular judiciary. This action aims to hold Israel accountable for its violations.
- The Government of Lebanon should move forward with acceding to the Rome Statute of the International Criminal Court (ICC). Alternatively, you may proceed with a declaration under Article 12(3) of the ICC without parliamentary ratification. This would enable Lebanon to bring a case related to the Israel Defense Forces' (IDF) potential war crimes, specifically in relation to the targeting of civilian infrastructure and humanitarian workers.
- The government of Lebanon should make use of Article 8 of The Convention on the Prevention and Punishment of the Crime of Genocide, which allows any contracting party to request that the appropriate UN bodies take measures, in accordance with the UN Charter, to prevent and suppress acts of genocide.
- The United Nations Security Council should establish an international investigation mechanism to thoroughly examine Israel's systematic targeting of humanitarian and medical workers in Lebanon. This investigation should focus on documenting evidence of violations of International Humanitarian Law (IHL) and ensure accountability for those responsible.
- State institutions, as well as national and international non-governmental organisations, must intensify advocacy efforts to ensure full adherence to IHL, emphasising the protection of medical teams, ambulances, hospitals, medical facilities, and humanitarian workers in Lebanon. This should include the creation of public awareness campaigns, as well as targeted diplomatic and legal advocacy at the international level, particularly within the UN system, to pressure Israel to comply with its obligations under IHL.

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Submitted 20th of May 2025

Accepted 24th of Sep. 2025