

Physicians for Human Rights Forensic Team Preliminary Assessment

Jenin, April 21-23, 2002

A Report by
Physicians for Human Rights
Boston • Washington DC

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Introduction

Prompted by reports of alleged violations of human rights during the recent Israeli Defense Forces (IDF) operation in the West Bank city of Jenin and its refugee camp, Physicians for Human Rights-USA (PHR-USA) sent an assessment team to the area.

The team consisted of Dr. William Haglund, Director of PHR-USA's International Forensic Program; Dr. Nizam Peerwani, Chief Medical Examiner, Tarrant County, Texas; and Col. Brenda Hollis (USAF-ret), an attorney/investigator with senior forensic experience on the ad-hoc tribunals for the former Yugoslavia and Rwanda and who is affiliated with the newly formed Institute for International Criminal Investigation.

The goal of the assessment was to determine whether an independent international investigation of recent events in the Jenin area is necessary. Also, this assessment provides recommendations regarding investigative requirements necessary to gather information adequately and objectively in a manner that meets international standards of scrutiny.

This document is not meant to serve as a comprehensive accounting of deaths and injuries in Jenin, but instead is intended to serve as an initial assessment of the situation. It should be noted that, due to the team mandate and the limited time available, other than the direct examinations and record reviews conducted by Dr Peerwani, the team was unable to confirm by independent means the information gathered by the forensic team and included in this preliminary assessment. As a result, this preliminary assessment does not and cannot draw factual or legal conclusions with respect to responsibility for civilian deaths and injuries.

There is a strong basis to believe there were severe delays in enabling wounded people to reach a medical facility. This preliminary assessment will focus on one of the several issues raised by information gathered by the team: the issue of current medical capacity and delay or denial of access to medical care.

This assessment is based on a one and one half day presence in the Jenin area during which time the team conducted preliminary site visits, interviews with individuals in the area, including interviews pertaining to deaths and injuries occurring during and after the IDF operation, and review of hospital records of 102 injured patients. The interviews were not comprehensive as they were conducted in the hospital. The forensic pathologist on the PHR-USA team performed external examinations on two persons on April 23, 2002 in the morgue of Jenin Governmental Hospital. The first subject was a 56 year-old male whose death was attributed to crush injury due to entrapment under falling debris. The second subject was an unidentified male, approximately 18-21 years of age, who also sustained massive crush injuries due to falling debris.

Preliminary Assessment from the Jenin Hospital

There are an estimated 13,000 refugees living in the camp, most of them the offspring of the first refugees that arrived from Haifa and other northern cities after the partition of British Palestine in 1948. It is uncertain how many houses are located within the camp. By some estimates, there may be as many as 1,000 two to three story structures built haphazardly and separated by narrow and winding unpaved alleys. The Jenin Governmental Hospital is located at the eastern edge of the camp and is a 100-bed regional facility.

Built by the Jordanian government in 1961, Jenin Governmental Hospital was expanded to a 100-bed regional hospital by the Palestinian Authority and now serves not only the town of Jenin and the Jenin Refugee camp, but also 80 surrounding villages within an area of 5800 square kilometers. The approximate population served is 250,000 people. In addition, there are three small charity and private hospitals that include Al-Amal, Shifa Hospital and Al-Razi Hospital. Al-Amal is a private 10-bed hospital specializing in OB-GYN and minor surgery. Shifa Hospital is the oldest hospital in this area and has 10 beds. It is a private hospital specializing in eye diseases. Al-Razi is a 20-bed, general ward hospital run by charities and is equipped to perform minor surgeries.

The Jenin Governmental Hospital is staffed by 32 doctors, including 20 interns and residents in training. The medical staff includes four surgeons, three general surgeons and one surgeon specializing in general pediatric surgery. There are two operating rooms. Support personnel are adequate. The hospital includes a morgue; a 15-ft by 10-ft room separated from the main building, with a body cooler, which holds three bodies.

The morgue is poorly ventilated and lighted and is without laboratory support, X-Rays or even an autopsy table. There are no general pathologists or forensic pathologists on the medical staff. Prior to the arrival of the PHR-USA delegates, a visiting UK pathologist, Dr. Derrick Pounder, representing Amnesty International, performed two autopsies and three external examinations.

Physicians and house staff have poor understanding of forensic issues, little ability to evaluate trauma, or expertise in the identification of human remains or collection and preservation of evidence.

On or around April 3, 2002 and during the subsequent days, the hospital was surrounded by armored vehicles and tanks manned by IDF. The hospital power supply, oxygen supply, water

and sewer systems were badly damaged. The hospital's only ambulance and a patient transport vehicle parked in front of the hospital were both crushed by Israeli tanks. In addition, IDF soldiers stationed in a building across from the hospital reportedly fired repeated rounds of machine guns at the hospital, causing some damage to administrative offices and nurse/intern quarters. During the black out, the hospital lost its stored blood supply.

Data

Nearly 95% of injuries during the recent IDF incursions into Jenin and the Jenin Refugee Camp were treated and or examined at the hospital and the hospital treated a total of 102 patients between April 3 - 22, 2002. Details of these cases are summarized below:

Table 1: Age and Gender of Injured Patients

n = 102 (including 1/102 unknown age or gender)

Age Group (years)	Female	Male	Total	% Total
01-10	2	5	7	6.9%
11-20	3	24	27	26.5%
21-30	4	23	27	26.5%
31-40	2	12	14	13.7%
41-50	5	8	13	12.7%
>51	3	10	13	12.7%
Total	19	82	101	
Percentage Total	18.7%	80.3%	99%	99%

Comment: Over 33% of the patients injured were under the age of 20 years including one child just 2 years and 10 months old who sustained crush injuries in one of the air raids. Also 12.7% of the patients were over the age of 50 years. Finally, 18.7% of the patients were women. Women, children under 15 years and men over the age of 50 years accounted for a total of over 50% of all admissions.

Table 2: Types of Injury/Admission Diagnosis

n = 102 (including 2/102 without medical data)

Type of Injury / Admission Diagnosis	Number	% Total
1. Firearm Injury (Gunshot Wounds)	42	41.2%
2. Shrapnel Injury	27	26.5%
3. Blunt Force Trauma:		
a. Hit-by-Soldiers	13	12.8%
b. Falling debris	6	5.9%
4. Explosions / Blast Injury	6	5.9%
5. Neurosis (extreme)	4	3.9%
6. Explosion of Live Ordnance (accident)	2	1.9%
7. Unknown (not listed)	2	1.9%
	102	100%

Comment: Gunshot wounds were by far the most common injury reported or recorded by the Palestinians. Many of these patients reported that they were either shot by snipers or by IDF soldiers in helicopter gunship. Widespread shrapnel injuries reportedly due to explosives in

dense civilian areas as well as blast injuries accounted for nearly 32% of all admissions. In addition, there were 13 admissions where the civilians had suffered severe soft tissue trauma, allegedly resulting from physical assault by IDF soldiers.

Table 3: Location Where Injury Occurred

n = 102 (including 1/102 in unknown location)

Location of Injury	Number	% Total
1. Jenin Refugee Camp	70	68.7%
2. Town of Jenin	23	22.6%
3. Surrounding villages within 6km radius	8	7.8%
4. Unknown	1	0.9%
Total	102	100%

Comment: A vast majority of those admitted were injured in the Jenin Refugee Camp followed by the township of Jenin, although there were 7.8% of patients who were injured in neighboring villages.

In addition, the Jenin Governmental Hospital had processed 45 fatalities as of April 23, summarized below:

Table 4: Age and Gender of Fatalities

n = 45

Age Group (years)	Female	Male	Total	% Total
01-10	0	0	0	0%
11-20	1	9	10	22.2%
21-30	2	16	18	40%
31-40	0	7	7	15.5%
41-50	0	1	1	2.2%
>51	2	7	9	20%
Total	5	40	45	
Percentage Total	11.1%	88.9%	100%	99%

Comment: Children under the age of 15 years, women and men over the age of 50 years accounted for nearly 38% of all fatalities.

Table 5: Injury/Cause of Death

n = 45

Type of Injury / Admission Diagnosis	Number	% Total
1. Firearm Injury (Gunshot Wounds)	15	41.2%
2. Unknown (not listed)	19	26.5%
3. Crush Injury (Falling debris)	5	11.1%
4. Blunt Force Trauma of Head (Hit by soldier)	3	6.7%
5. Crushed by a Tank	1	2.2%
6. Smoke Inhalation	1	2.2%
Total	45	100%

Comment: One out of three fatalities was due to gunshot wounds with vast majority sustaining fatal wounds of head, or head and upper torso. 11% of the total fatalities were due to crush injuries in addition to a 55-year old male crushed by a tank in the township of Jenin.

Table 6: Location Where Fatal Injury Occurred

n = 45

Location of Injury	Number	% Total
1. Jenin Refugee Camp	30	66.7%
2. Town of Jenin	5	11.1%
3. Surrounding villages within 6km radius	10	22.2%
Total	45	100%

Comment: Over two-thirds of fatalities examined came from the Jenin Refugee Camp with over 20% from neighboring villages. Only 11% of the fatalities were from the township of Jenin.

Information Raising Issues of Violations of Medical Neutrality

The team received information that in several instances the wounded at the Jenin Refugee Camp were denied access to medical care by IDF personnel. In some instances, the injured reported that they were unable to access medical assistance as much as seven days after sustaining life-threatening injuries. Nearly all the remaining patients still housed at the Jenin Governmental Hospital reported delays ranging from 3-7 days. Three of these patients were interviewed, examined, and their medical records were evaluated to establish consistency. The information indicates that all three patients, including a 42-year-old mother of nine children, had sustained high velocity gunshot injury.

Case No. 1

42-year-old Palestinian female

Information received relates the following: The 42-year-old Palestinian female was admitted to Jenin Governmental Hospital on April 9, 2002. She was brought to the hospital by an Israeli Defense Force vehicle.

On admission, she had a large gaping infected wound of the lateral aspect of left distal leg, proximal to the ankle with compound comminuted fractures of distal left tibia and fibula. She was in great distress with severe pain and early symptoms of shock. She was initially given 3 units of whole blood and intravenous fluids. She underwent conservative surgical intervention with debridement of the wound and closed reduction of the fractures. On April 23, 2002 (14th post-op day), she was stable, afebrile and had normal vital signs.

Independent review of the medical chart and evaluation of the patient corroborated the medical history provided by the patient and the treating physicians as to the type of injury and weapon. Review of pre-surgery X-Rays revealed shattered distal left tibia and fibula with compounded comminuted fractures. The fracture pattern was consistent with high velocity gunshot injury.

During an informal interview with the woman, she indicated her parents came to the camp in 1948 and she was born in the camp. She and her family remained in the camp during the IDF operation. She and her family were in a neighbor's house when IDF attacked them with a helicopter gunship, collapsing the top floor. She did not hear any warnings issued to them or any other residents prior to this attack. She and the others panicked. While she, her husband and their children were running for shelter from the attack, she was shot in her left leg. It

appeared the shots came from the helicopter. The pain was excruciating and she fell. Her husband dragged her into a building. One of her small children was also shot, sustaining a minor wound to the leg, which is now healing well. Her house was also attacked from the air and the second floor was demolished. For the next two days, she and her family attempted unsuccessfully to receive medical help, calling Palestinian Red Crescent and Jenin Governmental Hospital. Her husband even pleaded with the Israeli soldiers. During this time she was in agonizing pain with fever. Then on April 8, 2002, she heard IDF ask all the residents within their neighborhood to leave their homes. Thereafter, the IDF bulldozers destroyed her house as well as other houses in their neighborhood. They had no possessions left. Finally, on April 9, 2002, she and her child were transported to Jenin Governmental Hospital by an IDF vehicle.

Case No.2

42-year-old Palestinian male

Hospital records and an informal interview with the 42-year-old male set forth the following: On admission, he had infected entry and exit gunshot wounds of the left leg proximal to the ankle, the entry wound consisting of a small circular defect approximately 3/16 inch in diameter with a large blow out exit defect of the lateral aspect, slightly lower, with the trajectory within the leg following a downward course. He was in severe pain and distress. He was initially given 2 units of whole blood and intravenous fluids. He underwent conservative surgical intervention with debridement of the wound and closed reduction of the fractures. On April 23, 2002 (12th post-op day), he was stable, afebrile and had normal vital signs.

Independent review of the medical chart and evaluation of the patient corroborated the medical history provided by the patient and the treating physician as to type of injury and weapon. Review of pre-surgery X-Rays revealed shattered distal left tibia and fibula with compounded comminuted fractures. The fracture pattern was consistent with high velocity gunshot injury.

During the interview the man related that he was a schoolteacher employed by UNRWA, teaching in an elementary school in a nearby village. His parents came to the camp in 1948 and he was born and lived in the camp. He commuted to work every day. On the evening of April 4, 2002, when he went to the second floor of his two-story dwelling to get milk for his young child, he was shot, reportedly by an IDF sniper. The bullet struck his left leg above the ankle along the inner side and there was a dark hole on the outer surface of his left leg. According to this report, he collapsed and his wife dragged him down to the lower floor, He had no painkillers or antibiotics, but he applied a tight homemade bandage. He made many attempts to obtain help from the Palestinian Red Crescent and the Jenin Hospital but, because the camp was sealed off, no one could come to help him. He even begged an Israeli foot soldier to help him, showing him his UNRWA identity card. The soldier told him that if he needed help he should call Kofi Annan. After his house was demolished, he was allowed to go to Jenin Hospital by Red Crescent ambulance on April 11, 2002.

Case No. 3

17-year-old Palestinian male

On admission, he had an infected gunshot defect of the right supra-clavicular area (above the collarbone) measuring approximately 3/16 inch in diameter with no exit wound. He was in severe pain especially on breathing and in distress. He was initially given 2 units of whole blood and intravenous fluids. He underwent conservative surgical intervention that included insertion of right chest tube, draining of blood in the right chest cavity and re-inflation of lung. He was also placed on antibiotics. On April 23, 2002 (12th post-op day), he was stable, afebrile and had normal vital signs.

Independent review of the medical chart and evaluation of the patient corroborated the medical history provided by the patient and the treating physician. Review of pre-surgery X-Rays revealed shattered right collarbone along with fracture of 5th right anterior rib. Multiple bullet fragments were present in the lung along with the tip of the bullet lodged in the right lower pulmonary lobes. The right lung is collapsed and there is right hemothorax (blood in right chest cavity) with slight shift of mediastinum into the left chest cavity. Early bony calluses of right collars and 5th right rib were noted on more recent X-Rays along with patchy areas of atelectasis (non-aerated) of the right lung parenchyma associated with presence of bullet fragments.

During the interview, the 17-year old boy related that his grandparents came to the Jenin Refugee Camp in 1948. He was born in the camp where he currently lived with his parents and siblings. On April 7, 2002 he was standing at the threshold of his house when he suddenly felt a sharp and excruciating pain in his right chest. He could barely speak, and then realized that he was shot. He was not sure how he was shot since he did not see the shooter. He yelled at his mother and brothers, who took him in. They desperately tried to take him to the hospital, but could not move out of the house due to helicopters above the house, armored cars and soldiers all around. His family called the Palestinian Red Crescent and Jenin Hospital, but they couldn't help him since the camp was sealed. Finally, on April 11, he was allowed to be transported with other injured persons by the Red Crescent.

Comment:

The preliminary assessment raises several serious issues, including those relating to the shooting of civilians and access to medical care. These issues warrant an investigation to determine the exact circumstances relating to them. The informal interviews conducted by the PHR-USA team indicate multiple-day delays in enabling wounded people to reach a medical facility. The information received by the assessment team calls into question Israeli public statements that it seeks to provide assistance to the wounded on both sides.

The team was unable to determine the exact context and chain of events that led to the injuries and fatalities reported in this preliminary assessment. Until a thorough and impartial investigation takes place, factual and legal conclusions about responsibility cannot be reached.

Regardless of the legal characterization of the IDF actions in Jenin, the fundamental principles of medical neutrality and access to medical care for the sick and wounded apply.

Physicians for Human Rights (USA), previously sent a team to Israel and the Occupied West Bank and Gaza in October 2000 at the start of the second Intifada and PHR (USA) has previously reported that IDF personnel have violated medical neutrality in several incidents.

Israeli officials acknowledge the immunity of ambulances and medical teams, and the duty to allow evacuation of wounded. International humanitarian law recognizes exceptions to these rules. The first exception cited is that the "protection to which civilian hospitals are entitled shall not cease unless they are used to commit, outside their humanitarian duties, acts harmful to the enemy." The second exception cited by the Israeli government relates to delay in evacuating wounded, and states that, in extremely exceptional circumstances, when hostilities and military considerations do not enable medical teams to enter the area and evacuate the wounded, a party is allowed to delay the evacuation of wounded. However, the delay must be as short as possible.

PHR-USA and the Israeli human rights group B'tselem have previously decried these violations of international humanitarian law when they have occurred in the past. Because similar incidents continue to happen, it is clear that this pattern of abuses has not been addressed by the IDF. Though exceptions to these international humanitarian laws exist, it is the stated position of

PHR-USA that these exceptions do not obviate the obligation to evacuate the wounded as soon as possible. IDF must put in place procedures to ensure that the wounded can expediently receive necessary medical care during situations such as occurred in the Jenin area. Only with further investigation can it be accurately determined when, how and under what circumstances these rules were breached.

Summary of Key Points

The assessment team's preliminary observations, information received from individuals and medical records examined indicates the following:

- Children under the age of 15 years, women and men over the age of 50 years accounted for nearly 38% of all reported fatalities.
- One out of three reported fatalities was due to gunshot wounds with vast majority sustaining fatal wounds of head, or head and upper torso. 11% of the total reported fatalities were due to crush injuries in addition to a 55-year old male crushed by a tank in the township of Jenin.
- Over two-third of fatalities examined came from the Jenin Refugee Camp with over 20% from neighboring villages. Only 11% of the fatalities were from the township of Jenin.
- An unknown number of patients have been unable to receive timely access to medical care regardless of the seriousness of their injury. The information received indicates that wounded individuals reported waiting 3-4 days after being seriously injured before they received medical care.
- Patients and hospital staff allege that serious damage and gunfire was inflicted on the Jenin Governmental Hospital and medical vehicles were destroyed. Preliminary examination of the facilities shows the presence of destroyed medical vehicles and some damage to the hospital.
- According to hospital records reviewed by the PHR-USA team, over 33% of the patients were under the age of 20 years, including a two-year-old child presenting with crush injuries. 12.7% of the patients were over the age of 50 years. 18.7% of the patients were women. Women, children under 15 years, and men over the age of 50 years accounted for over 50% of all admissions
- Gunshot wounds were by far the most common injury reported or recorded. Many of these patients reported that they were either shot by IDF snipers or by IDF soldiers from helicopter gunship. Shrapnel injuries and blast injuries accounted for nearly 32% of all admissions. In addition, 13 admissions were civilians suffering severe soft tissue trauma reported by the patients to have resulted from their being beaten by IDF soldiers.
- The vast majority of the admitted were reportedly injured in the Jenin Refugee Camp; other injured were from the township of Jenin, and 7.8% of patients were injured in neighboring villages.

Recommendations

1. Based on this preliminary assessment, PHR (USA) strongly recommends a thorough, objective, and comprehensive investigation of the IDF operation in Jenin and its refugee camp that commenced on or about April 3, 2002. This investigation should have a forensic component.
2. The investigation should be conducted by personnel who have the required expertise to identify, collect and preserve all relevant information, including forensic and military specialists and other experts who have the ability to identify and interview witnesses, identify, record, collect and preserve physical items; record scenes where incidents are

- alleged to have occurred; and carry out all other required actions. Interpreters capable of participating in this type of investigation would also be needed.
3. In addition, because it is reported that currently one to two bodies are being recovered each day, at least one experienced forensic pathologist and at least one forensic anthropologist who can provide assistance with the recovery of remains from the rubble should be stationed at the Jenin Governmental Hospital.
 4. The investigative team must have necessary logistical and administrative support, including work and storage space, computers, communications equipment, and transport.
 5. PHR (USA) strongly advises that security at the site be an immediate priority. A trained, politically neutral force should be quickly deployed to Jenin camp to secure the perimeter of the site and stop the haphazard removal of remains and personal property from the rubble. Unexploded ordinance in the area is continuing to endanger civilians and local authorities present at the site. PHR-USA believes that a substantive and thorough investigation will be impeded as long as the site is left unsecured by an outside force.
 6. The Jenin Governmental Hospital and its staff are currently unable to accommodate such an investigation because of a lack of appropriate infrastructure and adequately trained personnel. Work, autopsy and storage space, as well as storage and retrieval specialists, are needed to examine evidence and ensure its integrity.

Founded in 1986, Physicians for Human Rights (PHR) mobilizes the health professions to promote health by protecting human rights. The International Forensic Program of PHR has conducted scientific investigations in over a dozen countries, including several efforts in Rwanda and the Former Yugoslavia on behalf of International Criminal Tribunals. PHR shared the 1997 Nobel Peace Prize for its role as a founding member of the International Campaign to Ban Landmines.

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