

Explosive violence: Israel and Gaza

Landmine Action Policy Brief

30 January, 2009

The pattern of violence in Gaza and Israel from December 2008 to January 2009 provides pressing evidence of the need to further stigmatise the use of explosive weapons in populated areas.

Whilst prohibitions on anti-personnel mines and cluster munitions have applied legal controls to narrow categories of technology, this paper calls for the development of a stronger precautionary orientation to the wider category of 'explosive weapons.' In doing so it challenges the 'normalisation' of explosive force in populated areas. It is not proposing new legal controls but rather, as a first step, a collective and explicit recognition that explosive weapons used in populated areas tend to result in a predictable pattern of indiscriminate and severe humanitarian harm.

A common recognition that the use of explosive weapons in populated areas consistently produces severe humanitarian harm will provide a powerful lever for future efforts to reduce the humanitarian impact of armed violence.

Introduction

Understanding and controlling the technology of violence provides a powerful mechanism to limit the impact of armed violence on civilians:¹

- In the recent Gaza conflict, the use of explosive weapons in populated areas has resulted in severe humanitarian suffering;
- The direct link between explosive weapons, populated areas and civilian harm often goes unacknowledged because the category of 'explosive weapons' is not widely used in analysis. However, a cursory examination of state practice finds that explosive weapons clearly *are* treated as a discrete category of weapons (encompassing rockets, artillery shells, aircraft bombs *et. al.* as opposed to firearms). They are widely used in armed conflicts (largely conducted outside what is considered the user's 'home territory,') but are almost universally excluded from civilian ownership or from use in domestic policing;
- By seeing these humanitarian problems as a result of weapon technology an analysis can be made that is independent of the causes of conflict and the identity of users. The analysis of the humanitarian impact of 'explosive weapons' in this paper is based on a category of weapon technology - as has proved effective in addressing anti-personnel mines and cluster munitions;
- In response to the Gaza crisis, media reports and some human rights and humanitarian organisations have focused on 'unusual' weapons and technologies such as DIME and white phosphorus.² However, by far the greatest number of deaths and injuries, psychological harm, damage to infrastructure and ongoing post-conflict health risk will have resulted from the use of conventional explosive weapons in areas of civilian population.

¹ This has been seen in the success of efforts to prohibit anti-personnel mines and cluster munitions.

² See for example: Ethan Bronner, 23 January 2009, International Herald Tribune, *Outcry over Israel's reported use of phosphorus shells are fired widely, rights group say.*

Where it focuses on ‘unusual’ weapons, current conflict media coverage and policy analysis tends to normalise this use of explosive weapons rather than working to identify it as a problem and single it out for criticism. Palestinian human rights sources have noted that, "while the international community might be horrified by the use of phosphorous, this is overlooking the issue that hundreds of half-ton bombs are being dropped on Gaza on civilian targets on a daily basis."³

This paper calls for humanitarian organisations to explicitly recognise that it is the use of explosive weapons in populated areas that has caused the most severe patterns of humanitarian suffering in the Gaza conflict.

Impact of explosive violence

Deaths and injuries

Explosive weapons were responsible for the great majority of the direct deaths and injuries in recent violence in Gaza and Israel, but few sources so far make this explicit. According to the Ministry of Health in Gaza, about 1,400 people were killed and more than 5,600 wounded during the conflict. Many of the seriously injured will be affected for life.⁴ The vast majority were killed by explosive weapons and their subsequent effects (e.g. the collapse of structures). Casualty estimates rose rapidly at the end of the conflict due to the identification of bodies that had not previously been found or identified in inaccessible areas or under rubble produced by the use of explosive weapons.⁵ In addition to casualties in Gaza, as reported by UN Office for the Coordination of Humanitarian Affairs (OCHA), the Magen David Adom national society list four Israelis killed, four critically injured, 11 moderately injured and 167 lightly injured by explosive weapon use.⁶

Human Rights Watch noted specifically that the use of artillery in populated areas was problematic and liable to cause indiscriminate harm to the civilian population.⁷ According to an ABC media report the president of the ICRC, Jakob Kellenberger, has said that the nature of the injuries he saw in hospitals in Gaza shows the Israeli military used very heavy weaponry, which would have made it virtually impossible to distinguish between civilians and combatants.⁸

Psychological harm

Explosive weapons are particularly associated with psychological trauma. According to a report in the Washington Post, “even the children who escaped physical injury face the psychological consequences of having lived under near-constant bombardment for 22 days and nights ... mental health experts, human rights advocates and parents say they worry that this generation of Palestinian children will suffer the effects of the war for decades to come.”⁹ According to an AP report, a wartime study among hundreds of Gaza children showed a rise

³ Raji Sourani, Head of the Palestinian Center for Human Rights in Gaza. *Mideast: Israel using phosphorus bombs in Gaza, observers say*, 12 January 2009, Inter Press Service.

⁴ ICRC online statement, 23 January 2009 <http://www.icrc.org/web/eng/siteeng0.nsf/html/palestine-israel-news-230109!OpenDocument>

⁵ See WHO situation reports, e.g. http://www.ochaopt.org/gazacrisis/admin/output/files/ocha_opt_who_gaza_situation_report_2009_01_14_english.pdf

⁶ United Nations Office for the Coordination of Humanitarian Affairs, 20-21 January 2009, 1700 hours, *Field update on Gaza from the Humanitarian Coordinator*.

⁷ Human Rights Watch, January 16, 2009, *Israel: Stop Shelling Crowded Gaza City: Effect of 155mm Artillery Indiscriminate in Populated Areas*, online at <http://www.hrw.org/en/news/2009/01/16/israel-stop-shelling-crowded-gaza-city>

⁸ ABC News, *UN schools reopen in the wake of Gaza war*, Posted January 25, 2009 01:27:00, <http://www.abc.net.au/news/stories/2009/01/25/2473769.htm>

⁹ Griff Witte, Washington Post Foreign Service, 26 January 2009, *For Children of Gaza, Scars to Last a Lifetime; Many Fear That Young Will Suffer Psychological Effects of War for Decades*

in nightmares, bedwetting and other signs of trauma.¹⁰ Psychosocial support was identified as a vital need by a number of organisations including the UN OCHA¹¹ and the Disasters Emergency Committee (DEC). The latter noted that children have been severely affected and traumatised by recent events and that they consider child protection, establishing safe play areas and providing psychosocial support as an immediate priority.¹² A number of reports have recognised the psychological impact of Hamas rocket attacks into southern Israel.¹³ There is now a considerable body of evidence of long-term psychological effects of exposure to explosive violence.¹⁴ The actual impact of explosive weapons is much wider and longer-lasting than the immediate, visible and catastrophic effects¹⁵ – including Post-Traumatic Stress Disorder (PTSD);¹⁶ impairment of occupational functioning (with consequences for income, household livelihoods etc); elevated risk of chronic disease and long-term disability; and impairment of social functioning.

Damage to infrastructure

The level of destruction throughout Gaza has yet to be fully assessed.¹⁷ UNOSAT have produced analysis of satellite data pointing to over 1,000 specific indicators of damage from explosive weapons across this predominantly urban area.¹⁸ Most damage to infrastructure can be attributed specifically to explosive weapons.

Housing and shelter

Explosive weapons caused damage to housing and population displacement. According to ICRC preliminary findings, over 880 houses were fully destroyed and a further 650 partially destroyed across areas many areas of Gaza City as well as in Khan Younis, Rafah and Khozaa in southern Gaza.¹⁹ Many of these will have been destroyed by impact from explosive weapons. Population displacement had left over 18,600 people still being accommodated in 33 UNRWA shelters throughout the Strip as of the morning of 21 January, according to ICRC reports.²⁰ However, by 26 January reports from UNOCHA suggest that this number had fallen rapidly with most Gazans who had been displaced living with overstretched host families.²¹

Power infrastructure

Explosive weapons damaged power infrastructure. According to ICRC assessment as at 25 January 2009, while the main power lines in northern Gaza have been repaired, the low-

¹⁰ Karin Laub The Associated Press 26 January 2009, *Gaza children scarred, experts say - Fighting may produce long-term psychological effects, promote militancy, counsellors fear.*

¹¹ United Nations Office for the Coordination of Humanitarian Affairs, 24-26 January 2009, 1700 hours, *Field update on Gaza from the Humanitarian Coordinator.*

¹² DEC appeal, online at <http://www.dec.org.uk/cgi-bin/item.cgi?ap=1&id=319>

¹³ For example: Stewart Bell, National Post, 22 January 2009, *Hamas rocket attack impact 'primarily psychological'*; Csis Report; National Public Radio (NPR): All Things Considered, 16 January 2009, *Life on a Kibbutz, In the Shadow of Gaza*; Haviv Rettig Gur, 14 January 2009, The Jerusalem Post, *Funds to help rocket-battered towns pour in from Diaspora.*

¹⁴ See, e.g. <http://www.mhf.org.uk/information/news/?entryid17=45682&p=115>. Vietnam veterans with PTSD experience relatively elevated risk of heart disease 15-20 years after the end of service (Levin, 2008).

¹⁵ 'Closed-head concussions or "blast injuries" resulting from the shock wave of a nearby explosion are by far the most common type of injury in Iraq and Afghanistan... Traumatic brain injury has become known as the signature injury of the current conflicts in Iraq and Afghanistan, yet it may represent just the tip of the iceberg when it comes to the long-term neurological and financial costs of the wars.' <http://annalsofneurology.wordpress.com/2009/01/27/ana-symposium-examines-costs-lessons-of-iraq-conflict/>

¹⁶ Goodchild, S (2005) *Psychological trauma may last for years*, Independent, 8 July, 2005. Research has established the long-term nature of PTSD: e.g. 'high prevalence of PTSD 2.6 years on average after a terrorist attack' (Verger et al. 2004).

¹⁷ It is also worth noting that the pre-existing degraded state of infrastructure (e.g. water/sanitation, food, power, fuel etc) and its further degradation has implications for future dependency of Gaza on external aid and support.

¹⁸ See maps online at: http://unosat.web.cern.ch/unosat/asp/prod_free.asp?id=120

¹⁹ ICRC online statement, 25th January 2009 <http://www.icrc.org/web/eng/siteeng0.nsf/html/palestine-update-250109>

²⁰ ICRC online statement, 21 January 2009 <http://www.icrc.org/Web/Eng/siteeng0.nsf/html/palestine-update-210109!OpenDocument>

²¹ United Nations Office for the Coordination of Humanitarian Affairs, 24-26 January 2009, 1700 hours, *Field update on Gaza from the Humanitarian Coordinator.*

voltage lines taking electricity directly to households are still not working in Jabalia, Zaytun and Sudania. This also affected water-distribution networks in those areas.²² According to UN OCHA as of 26 January “most of the Gaza Strip receives only intermittent electricity, with Gaza Governorate and North Gaza receiving an average of 12 hours of electricity every day, though some areas still do not have power due to localized damage.”

Water and sanitation

Explosive weapons damaged water and sanitation services. According to ICRC on 23 January, about 300,000 had no access to piped water and the sewerage network in parts of Gaza had been badly damaged.²³ According to UN OCHA the water and sanitation situation was improving as of 26 January, although UNICEF were warning that a continued shortage of drinking water and overflowing sewage in residential areas poses serious public health risks.²⁴

Health infrastructure

Explosive weapons damaged the health system infrastructure. According to initial assessments carried out by the ICRC, the three most damaged hospitals in Gaza are Al Wafa Rehabilitation Hospital and Nursing Home, Al Dorra Paediatric Hospital and the Palestine Red Crescent's Al Quds Hospital, all of which took direct hits during the conflict. Other hospitals, including Nasr Paediatric Hospital, the Ophthalmic Hospital, Al Awda Hospital, and Tel Al-Islam Hospital, also suffered damage, mostly shattered windows from air strikes on neighbouring targets.²⁵ NGO funded clinics are also reported to have been destroyed.²⁶

Schools

Schools have been reported to have been severely damaged by attacks with explosive weapons²⁷ and are considered a priority for reconstruction.

Undermining past humanitarian assistance

Altogether the impact of explosive weapons on infrastructure is likely to have undermined millions of dollars of humanitarian aid investment made over previous years. The World Bank, for example, has been implementing a US\$23 million water and sanitation project in Gaza.²⁸ The extent to which past infrastructure investments have been lost is yet to be determined.

Ongoing humanitarian risk

Unexploded explosive ordnance presents an ongoing risk to the civilian population. According to the ICRC, “it is becoming clear that unexploded munitions scattered in civilian areas represent another major new danger. On 20 January, two children were killed by unexploded ordnance in the Shaaf area, near Jabaliya, east of Gaza City.” They noted that “the contamination represents a major threat for the population and for rescue teams now working in the field. It could hold back the pace of humanitarian work.”²⁹ Ongoing clearance of unexploded ordnance will need to be funded from humanitarian budgets.³⁰

²² ICRC online statement, 25th January 2009 <http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/palestine-update-250109>

²³ ICRC online statement, 23 January 2009 <http://www.icrc.org/web/eng/siteeng0.nsf/html/palestine-israel-news-230109!OpenDocument>

²⁴ United Nations Office for the Coordination of Humanitarian Affairs, 24-26 January 2009, 1700 hours, *Field update on Gaza from the Humanitarian Coordinator*.

²⁵ ICRC online statement, 27 January 2009 <http://www.icrc.org/web/eng/siteeng0.nsf/html/israel-palestine-news-270109!OpenDocument>

²⁶ e.g. 12 Jan 2009: A primary health care clinic in Gaza city, funded by Christian Aid has been destroyed by Israeli missile fire, <http://www.ekklesia.co.uk/node/8308>

²⁷ See UN OCHA reports in general, and specifically:

http://www.ochaopt.org/gazacrisis/admin/output/files/ocha_opt_gaza_situation_report_2009_01_03_english.pdf

²⁸ Online project documents:

<http://web.worldbank.org/external/projects/main?pagePK=64283627&piPK=73230&theSitePK=294365&menuPK=294396&Projectid=P065920>

²⁹ ICRC online statement, 21 January 2009 <http://www.icrc.org/Web/Eng/siteeng0.nsf/html/palestine-update-210109!OpenDocument>

³⁰ See for example: http://news.bbc.co.uk/1/hi/uk_politics/7835937.stm

Conclusions

Humanitarian organisations should start to build recognition of the specific problems arising from the use of explosive weapons in populated areas. The alternative is a continued acceptance, and perhaps inadvertent reinforcement, that such a technological pattern of force is normal, conventional, unexceptional and unproblematic.

Where the users of violence are accountable to the population amongst whom they operate, explosive weapons are rarely considered acceptable. Explosive weapons are almost universally excluded from civilian ownership or from use in domestic policing. States assert a monopoly over the control of explosive weapons and in their practice almost all affirm that the use of such weapons amongst their own civilian populations is unacceptable.

Focusing on the relationship between categories of weapon technology and humanitarian harm risks exculpating the individuals and political entities immediately responsible for decision making about the application of force. However, where the international mechanisms to secure accountability are insufficient, a focus on the technological causes of civilian harm can shape the public and political discourse about what is right and wrong.

Use of explosive weapons in areas of civilian concentration consistently causes a predictable pattern of indiscriminate and severe humanitarian harm.