

# **amnesty international**

## **ISRAEL AND THE OCCUPIED TERRITORIES**

### **THE MISUSE OF TEAR GAS BY ISRAELI ARMY PERSONNEL IN THE ISRAELI OCCUPIED TERRITORIES**

**JUNE 1988**

**SUMMARY**

**AI INDEX: MDE/15/26/88**

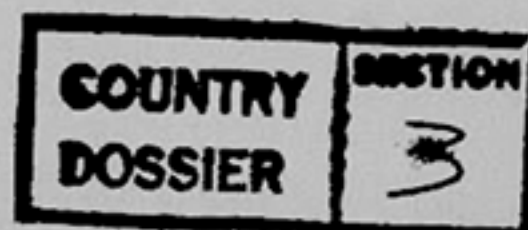
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Israeli soldiers in the Occupied Territories are reported to have deliberately misused tear-gas. Although a riot control agent intended for use in the open air, it has been thrown into houses, clinics, schools, hospitals and mosques, and has frequently been used in high concentrations in residential areas where it can drift into people's homes.

Local medical personnel have reported that since December 1987 more than 40 people have died following tear-gas inhalation and that the victims belonged to sections of the population who were especially vulnerable to tear-gas inhalation: babies and elderly and sick people, particularly those already suffering from respiratory diseases. The paper details the cases of seven people who are reported to have died in this way.

Amnesty International is concerned that the deliberate misuse of tear-gas in the Occupied Territories may have caused or been a contributory factor in the deaths of a number of Palestinians. The organization is concerned also that, by their lack of action, the Israeli military authorities have at the very least been negligent in preventing the misuse of tear-gas as a riot control method and have thereby tolerated if not encouraged its misuse.

This summarizes a six-page document, Israel and the Occupied Territories - The Misuse of Tear-Gas by Israeli Army Personnel in the Israeli Occupied Territories (AI Index: MDE/15/26/88), issued by Amnesty International in June 1988. Anyone wanting further details or to take action on this issue should consult the full document.



**INTERNATIONAL SECRETARIAT, 1 EASTON STREET, LONDON WC1X 8DJ, UNITED KINGDOM**



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International Secretariat  
1 Easton Street  
London WC1X 8DJ  
United Kingdom

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ISRAEL AND THE OCCUPIED TERRITORIESTHE MISUSE OF TEAR-GASBY ISRAELI ARMY PERSONNEL IN THE ISRAELI OCCUPIED TERRITORIES

Amnesty International takes no position on the use of tear-gas or other kinds of riot control agents per se. Its concerns are limited to those instances in which such agents appear to be used in a manner which is inconsistent with the recommended usage and deliberately inflicts severe suffering or death.

Tear-gas has frequently been used by members of the Israel Defence Force (IDF) over the past five months to disperse demonstrators in the West Bank, Gaza and East Jerusalem. Amnesty International has received many reports from different sources that Israeli soldiers are employing it also in such a way as to constitute a punitive measure, to harass and intimidate Palestinian residents in the Occupied Territories. Tear-gas has often been used, in high concentrations, in residential areas where the gas can drift into people's homes and where it is difficult for people to escape from the centres of concentration quickly, either because they are in densely built-up areas or because, being babies, elderly or sick people, they are less mobile. It is reported that tear-gas containers have been deliberately thrown or fired by Israeli soldiers into people's homes, health clinics, schools and mosques, even though they are meant only to be used outdoors. The gas has sometimes been used at night as a punitive measure against residents of villages or refugee camps who had clashed earlier in the day with Israeli army soldiers. It has been used when Israeli soldiers have been pursuing demonstrators, often when they have taken refuge in hospitals or near people's homes. There has been at least one case in which an individual was deliberately shut in a room which was then sprayed with tear-gas.

Local medical personnel have reported that in recent months tear-gas appears to have been the cause of or a contributory factor in the deaths of more than 40 Palestinians in the Occupied Territories. Others have been



seriously affected and hundreds have required hospital treatment. Almost all the victims belonged to sections of the population particularly vulnerable to tear-gas inhalation: babies, the elderly and sick people, particularly those already suffering from respiratory diseases. Amnesty International has received the names of 18 babies of under six months and of 17 over 50-year-olds who are reported to have died after being exposed to tear-gas. The organization has received details of a number of these cases, including the following:

- On 23 December, Amal Abdul Wahad Qasisa, a five-day-old baby, died in her cot in Jabalya refugee camp after Israeli soldiers had shot tear-gas straight into the house. The baby's mother said that the baby turned blue but could not be taken to a doctor because the camp was under curfew.
- On 19 January, Wijdan Faris, from Khan Yunis in the Gaza Strip, a woman in the final month of pregnancy, was baking bread in a small room in her house which opened into a courtyard. A number of tear-gas canisters were fired or dropped into the courtyard to flush out a group of boys who had gathered there after a demonstration. Wijdan Faris collapsed and was taken to Khan Yunis Hospital, but died within an hour of arrival.
- Around noon on 28 January, Fatimah Salman, aged 57, from Beit Safafa, Bethlehem, returned from shopping to find IDF troops firing tear-gas into a neighbour's courtyard and house. She went to assist her neighbour. Nearby there was a confrontation between Palestinian youths and Israeli soldiers. Eye-witnesses report that about 80 tear-gas grenades were fired during this clash, three of them landing near Fatimah Salman. She lost consciousness and was taken home. By the time an ambulance arrived she had died. The medical certificate simply gave cause of death as cardiopulmonary arrest.
- In the afternoon of 16 March, Juma' Ibrahim Al Tukhi, aged 55, from Al Amari refugee camp near Ramallah, went to the mosque. After prayers, there was a confrontation between Palestinian youths and Israeli soldiers. It was reported that an excessive amount of tear gas was fired. One canister was shot inside the mosque. As Juma' Ibrahim came out of the mosque he encountered a thick cloud of tear-gas. He returned home but later had difficulty breathing. His neck showed signs of cyanosis (blue appearance due to insufficient oxygen in the blood) and his face became swollen. His family called a neighbour, who was a nurse, who applied cardiac massage, but he died half an hour later. Two doctors from Maqassed Hospital in Jerusalem came to examine the body and issued a medical certificate giving cause of death as tear-gas inhalation. Juma Ibrahim had reportedly no previous health problems.
- On 23 April, Palestinians from Beit Omar in the Hebron district attacked an Israeli army jeep. Later that same evening Israeli



soldiers came to the village and fired tear-gas and live ammunition, damaged property and made a number of arrests. One of those arrested was the son of Naima Muhammad Abdul Aziz Adi, aged 56. When the latter tried to stop the soldiers arresting her son, other soldiers reacted by firing four tear-gas grenades and several CS canisters nearby. Naima Muhammad was exposed to high concentrations of tear-gas. Eye-witnesses said that she had difficulty breathing; her face became cyanosed; her eyes became yellow and watered; she perspired profusely and frothed at the mouth. She lost consciousness and died half an hour later. The Medical Department in Hebron issued a medical report which stated she had suffered from laryngeal spasm and cardiac asthma. She had apparently had no previous health problems.

- Around 8pm on 24 April, Muhammad Samhan, aged 52, from Ras Karkar in the district of Ramallah, was at his window watching a confrontation between Israeli troops and demonstrating villagers. Eight CS gas canisters landed beneath the window and large concentrations of gas drifted into his house. Muhammed Samhan immediately complained of a pain in his chest, a burning sensation in the nose and throat, smarting eyes, involuntary weeping and inability to open his eyes. Within half an hour he felt nauseated and very weak and his temperature rose. At around 3.30am Israeli soldiers returned to the village and fired tear-gas at a small group of demonstrators. Three or four of the gas canisters hit Muhammad Samhan's house. He started to have stomach pain and began vomiting blood. Eye-witnesses said that half an hour later his face became cyanosed, he sweated profusely and had great difficulty breathing. Within minutes he was dead. The medical report issued by the Civil Administration Department of Health gave the cause of death as respiratory failure and asphyxia from gases. Muhammad Samhan was apparently not suffering from any previously contracted disease.
- On 4 May, Khaled Hassan Ahmad al Najjar, aged 55, was in his home in Al Shati refugee camp in Gaza when two tear-gas canisters landed in his house and two black rubber gas grenades outside the door. Palestinians were confronting Israeli soldiers in the camp. He left his house to escape the gas and was later found sitting on a chair by the Red Crescent Clinic, near which tear-gas had also been fired. He was in distress and was taken to Al Shifa Hospital where he shortly died. Palestinian sources claim he had died of tear-gas inhalation. According to press reports the Israeli authorities carried out an autopsy which gave the cause of death as a heart attack.

The US organization, Physicians for Human Rights, sent a delegation to the Occupied Territories from 4 to 12 February 1988. In their account of the visit they state:

"Although we could not confirm the reports we heard of at least two deaths from tear-gas inhalation, we received frequent and detailed reports that soldiers were deliberately throwing tear-gas grenades or



firing canisters into the houses of refugees in the UNRWA camps, particularly during night-time raids on sleeping communities, and into small stores, health clinics and even (on several well-documented occasions) into hospitals, posing a severe respiratory threat to in-patients and requiring the urgent evacuation of some wards. These reports came from such reliable sources as physicians in camps, UNRWA workers, and neutral observers."

Professor Gene Sharp, Director of the Program on Non-Violent Sanction at the Harvard University Centre for International Affairs, was also in Israel last February. He reported having seen tear-gas pouring out of several houses in one street and several small children being carried out of one of them.

For a number of reasons there is little clinical evidence about tear-gas-related deaths in the Occupied Territories. Few autopsies have been carried out by the Israeli authorities and those that have been have attributed death to heart attacks. (None of these autopsy reports have been made available to the families concerned.) Palestinians are anyway reluctant, for religious and other reasons, to agree to having post-mortems carried out on relatives. Death certificates have given the cause of death in such cases as cardiac arrest, acute laryngeal spasm, pneumonia or respiratory failure, without reference to the circumstances of death. Hospitals in the Occupied Territories lack the equipment to carry out detailed post mortem examinations, particularly the required histology, and medical personnel are fully occupied providing basic health care. However, Palestinian doctors have noted a consistent pattern of symptoms in those coming in for treatment in hospital after exposure to tear-gas, including shortness of breath and respiratory distress, severe vomiting and loss of consciousness, as well as chemical burns on the skin after heavy exposure. The Physicians for Human Rights report stated that one kind of tear-gas "leads to intense tearing of the eyes and irritation of the respiratory tract, creating symptoms similar to an acute asthma attack and aggravating any underlying pulmonary disease"; and that another unidentified gas caused "intense nausea, retching, abdominal cramps and, particularly in children, severe and protracted diarrhea." (p. 19)

The Israeli authorities do not admit that anyone has died in the Occupied Territories as a result of tear-gas. However, they acknowledge that people with health problems could be harmed by tear-gas, although denying that it would be harmful under normal circumstances. On 14 April, an army officer was quoted in The Jerusalem Post as saying:

"The tear-gas used by the IDF meets the safety and health requirements necessary, so that if it is breathed in by an IDF soldier, as it is in most cases, it will not be detrimental to his or anyone else's health . . . But I believe that a tremendous amount of tear-gas, for someone with a heart problem, might have a poor effect."

Different types of gas are reportedly being used by the Israeli army



in the Occupied Territories. The two which have so far been identified are: CN (chloroacetophenone) and, since January 1988, CS (orthochlorobenzylidene malononitrile) gas. Federal Laboratories Inc. in Saltsburg, Pennsylvania, USA, which manufactures CS and CN gas canisters and, until recently, exported them to Israel for use in the Occupied Territories, states in its handbook Riot Control that the effects of exposure to CS gas are:

"Intense irritation of all moist skin areas, mouth, nose and sinuses. Burning sensation causes extreme temporary discomfort."

A more detailed description of the effects is given by Dr Steve Wright( an expert on police technologies for crowd control) in an article which appeared in the Journal of Peace Research in 1978. He writes CS gas:

"causes a burning sensation in the eyes which may be severe enough to precipitate periods of involuntary eye closure (blepharospasm). It also produces severe irritation of the respiratory tract; sneezing, soreness and tightness of the chest with coughing bouts following initial exposure. As exposure increases, these effects become more intense with general nausea and vomiting."

The manufacturer's handbook describes CN and CS gas as non-lethal riot control agents, and states that there have been no fatalities recorded as a result of the use of chemicals in riot control situations in the open air (emphasis added). But it warns that if they are not used correctly, they can cause serious injury and even death <1>. It warns that under no circumstances should CN and CS gas grenades, cartridges or projectiles designed for use in riots be used in enclosed areas. It also warns that overdoses of the chemicals can cause extensive contamination of buildings, clothing and food and that CS gas in particular can be difficult to eradicate, especially in buildings which are furnished. The handbook places great emphasis on the need for careful training in the proper use of CN and CS gas and gives clear instructions on how to give basic treatment for the effects of the gas and how to deal with contaminated material.

In early May, the US manufacturers announced that they were halting export of CS and CN tear gas to Israel because of reports of its misuse. The stated concern of the company was that it should not be used as a weapon.

On 1 June 1988 Amnesty International telexed the Israeli Minister of Defence expressing concern over reports of the deliberate misuse of tear-gas and of tear-gas-related deaths. The organization said that although it was in no position to verify the exact cause of death in every case, the pattern of deaths following exposure to high concentrations of tear-gas was such as to warrant a thorough and urgent review of IDF use of tear-gas and an immediate investigation into deaths among civilians following exposure to tear-gas. It also asked for details about any action the Israeli authorities have so far taken over this matter.



## AMNESTY INTERNATIONAL'S CONCERNS

1. Amnesty International is concerned because tear-gas has been deliberately misused by IDF personnel in the Occupied Territories and that consequently it may have caused, or contributed to, the deaths of a number of Palestinians.
2. Amnesty International is concerned about a number of factors which, taken together, indicate that the Israeli military authorities have, at the very least, been negligent over preventing the misuse of tear-gas as a riot control method and have thereby tolerated if not encouraged this misuse:
  - The Israeli authorities have made no public statement condemning the use of tear-gas in confined spaces.
  - Despite the number of deaths which are alleged to have been caused, or partly caused, by exposure to tear-gas, very few investigations appear to have been made by the Israeli military authorities to ascertain whether there is any truth in the allegations.
  - No information has apparently been given by the Israeli authorities to hospitals on the chemical components of the various tear-gases being used or on the appropriate treatment for those who have been seriously affected by tear-gas, nor has information been given to hospitals or residents in the Occupied Territories on the likely dangers of tear-gas to certain high-risk sections of the population, or the likely dangers from contamination of food, clothing and buildings and on effective methods of decontamination.

- <1> A number of cases of death resulting from exposure to tear-gas have been documented. See Chapman AJ and White C: Death resulting from lacrimatory agents, Journal of Forensic Sciences, 1978; and Stein AA and Kirwar WE: Chloroacetophenone (tear gas) poisoning: a clinico-pathological report, Journal of Forensic Sciences, 1964.