

Traditional Journal of Law and Social Sciences

ISSN 2957-5753 (Print) 2957-5761 (Online) July-December 2024, Vol. 03, No. 02, [42 –55] Published: 04th November 2024

https://ojs.traditionaljournaloflaw.com/index.php/TJLSS

RESEARCH PAPER

Rights of the protection of Medical Professionals during armed conflict in the era of automated weapons: A case study of Gaza

Nasir Ali^{1*} SUN Liyan²

ABSTRACT

The rights and protections of medical professionals during armed conflict are examined in this study, with particular attention paid to the persistent abuses that occurred in Gaza during Israeli military operations in 2008, 2012, and 2014 as well as the current conflicts in 2023–2024. Utilizing the Geneva Conventions and its Additional Protocols as well as the framework of International Humanitarian Law (IHL), the study emphasizes the legal duties to safeguard medical workers and facilities during times of conflict. The humanitarian crisis in the area is made worse by documented occurrences that show concerning trends, such as targeted attacks on medical personnel and hospitals, despite these safeguards. This study examines the effects of automated weapons systems, including drones, which make it more difficult to identify medical professionals and facilities and raise the possibility of collateral harm. This paper highlights the urgent need for improved accountability procedures and more robust enforcement of IHL by looking at certain infractions and how they affect the provision of healthcare and highlights the necessity for enhanced technology and more sophisticated legal frameworks to protect medical professionals in armed conflict within the limitations of automated warfare. In order to protect civilian health during armed conflicts, the findings support international action to defend medical professional rights and guarantee their ability to practice without fear in combat areas.

Keywords: International Humanitarian Law, Geneva Conventions, Additional Protocols, Protection of Medical Professionals, Armed Conflict.

© 2024 The Authors, Published by **(TJLSS)**. This is an Open Access Article under the Creative Common Attribution Non-Commercial 4.0

INTRODUCTION

It is crucial to protect medical professionals during armed conflict, particularly in areas like Gaza where persistent violence poses difficulties. The battlefield is changing quickly due to the development of automated weaponry and drones, which raises serious questions regarding healthcare professional safety. The rules of conduct in armed conflicts are governed by IHL, which aims to reduce suffering and prevent abuse of those who choose not to participate in the conflict because it addresses the rights and obligations of the parties involved. Additionally, the IHL offers

¹ PhD Scholar, School of Law, Xiamen University, China

² Professor, School of Law, Xiamen University, China

^{*}Corresponding Author <u>nasir.ali324@yahoo.com</u>

guidelines to safeguard Medical Professionals in times of armed conflict. The Geneva Convention IV, 1949 and the 1977 Additional Protocol 1 introduced the idea of the protection of Medical Professionals. Several items pertaining to child protection that will be relevant during international armed conflicts were covered in the Geneva Convention. Moreover, medical units must always be respected, safeguarded, and not the target of an attack, according to Article 12(1) of Additional Protocol 1 to Geneva Convention IV. Civilian medical units' entitlement to protection doesn't end unless they're utilized to carry out activities detrimental to the enemy outside of their humanitarian duty, as well highlighted in Article 13(1) of the Additional Protocol to GC IV (Lysaght, 1983). However, protection can only end after they have issued a warning, with a fair time restriction imposed when applicable, and after the warning has gone unheeded. There are other international instruments that seek to safeguard Medical Professionals and their rights during armed conflicts, even if the IHL is a component of international law and applies to such conflicts. For example, by highlighting their independence and impartiality, the ICRC promotes the safety of medical professionals and facilities (Heszlein-Lossius, 2019).

Human Rights Watch (HRW) reports that Palestinian medical personnel were taken from Gaza's hospitals, taken to Israeli detention centers, and subjected to harsh abuse, including torture. Medical professionals, including doctors, nurses, and paramedics, have reportedly been subjected to torture, denial of medical care, poor prison conditions, and threats of rape and sexual assault by Israeli soldiers since the war in Gaza began in October, according to a report published on Monday by HRW (Assembly, 2018). Recently, on October 26, 2024, Israeli fire on the hospital on Saturday killed his 21-year-old son, according to the head of a besieged hospital in northern Gaza. According to his father, Ibrahim, the son of Dr. Hussam Abu Safiya, died outside the Kamal Adwan Hospital's gate as he was going to check on the Israeli army's withdrawal. Israel has committed multiple documented war crimes against Palestinis in Gaza and the West Bank in reaction to the October 7 violence.2. The use of white phosphorous, targeting medical facilities, and collective penalty of Gaza's population of which are half children are a few examples (Imtihani, 2024).

Israeli forces have waged multiple battles against Palestinians in the Gaza Strip throughout history; the most recent ones were in 2008, 2012, and 2014 and recently in 2024, and since then they involved extensive, ongoing military operations employing a vast military collection that includes several types of tanks, Cluster Munitions, gunboats, drones and airplanes. Recently, the sole pediatric cancer facility in Gaza, Al-Rantisi, as well as the main hospitals in Gaza, Gaza Psychiatric and Al-Shifa, were all heavily attacked by the Israeli assault. Internally displaced refugees, medical professionals, and patients were all murdered or injured in these attacks. Israel has targeted 135 healthcare establishments since October 7, and as a result, 21 hospitals and 47 health care centers have ceased operations. 53 ambulances were damaged, and almost 200 medical personnel—16 of whom were on duty—were killed two. Many of us have moral intuitions that targeting hospitals, infrastructure, and healthcare professionals is immoral, but Viewpoint1 clouded such intuitions. By doing this, this Viewpoint subtly supported the attacks themselves while also slowing down requests to stop them. This contradicts international law and our Hippocratic commitment to do no harm. More than 250 healthcare professionals, including 92 doctors and medical students, died in Gaza, and the West Bank as of December 1, 2023. The

director general of Shifa Hospital is one of 26 Palestinian healthcare professionals who have been kidnapped by the Israeli army (Innocent-Franklyn, 2024).

In 2014, many hospitals and medical institutions suffered damage or were destroyed during the violence. The World Health Organization claims that (WHO), hospitals were turned into battlegrounds rather than havens for recovery, significantly impacting the healthcare system. Medical services were hindered, and patients and medical personnel were put in danger when these facilities were destroyed. (Chan, 2018) Increasing tensions with Israel, which began on October 7, 2023, are exacerbating the situation in the occupied Palestinian region, where the health system in the Gaza Strip is severely underfunded due to a 16-year occupation. Lack of medical supplies and medications, as well as power interruptions, are making it difficult for Gaza Strip hospitals to provide life-saving medical care. WHO has reported assaults on medical facilities that have affected ambulances and medical institutions and resulted in worker deaths and harms. Establishing a humanitarian corridor is crucial as the crisis develops in order to facilitate the flow of vital medical supplies and humanitarian personnel as well as unhindered, life-saving patient referrals. (World Health Organization, 2017). As a result, throughout the wars, Israeli forces violated civilians in several ways, especially against medical professionals. So, this issue needs to be addressed legally through the lens of IHL, utilizing the relevant legal frameworks. Additionally, it is essential to assess whether current legal instruments effectively protect Medical Professionals in armed conflicts and to gain a comprehensive understanding of this protection's scope.

LITERATURE REVIEW

Few scholarly publications now handle the Israeli Palestinian disputes from a legal standpoint. Most earlier writings addressed Israeli violations from various angles or targeted attacks during the conflicts. For example, with the development of automatic weapons systems, it is more important than ever to defend medical personnel during armed combat. Although the implementation of unmanned technologies makes compliance and accountability more difficult, IHL provides crucial protection for healthcare personnel.

The Geneva Conventions and their Additional Protocols provide the cornerstone of legal protection for medical professionals. For instance, the First Geneva Convention's Article 24 stipulates that medical professionals must always be valued and safeguarded. In the instance of Gaza, however, continued conflicts and the territory's complicated legal position under international law have made it extremely difficult to uphold these guarantees. The way these safeguards are upheld—or frequently undermining crisis areas like Gaza is examined in recent research.

Due to their frequent placement in crowded places that double as combat zones, medical staff in Gaza operate in a unique context. The International Red Cross and Médecins Sans Frontières (MSF) have released several reports and case studies that illustrate the double-edged sword that Gaza's medical staff must contend with, as automated systems frequently mistake their position for being linked to fighting.

Consistent trends of targeting or obstructing medical staff in Gaza are documented by empirical research and reports from international observers. Evidence that points to deliberate

targeting or disregard for protections has been presented by the World Health Organization (WHO) and other human rights organizations. Systemic issues, like insufficient accountability and the difficulties of implementing IHL in the Gaza Strip, where identifying military and civilian responsibilities can be particularly vague, are shown by an analysis of these reported examples.

IHL violations against Palestinians in Gaza, especially during times of armed conflict, have been regularly reported by Human Rights Watch. Israeli bombings have destroyed many residential buildings, schools, and medical institutions, according to reports such as "Israel/Gaza: Apparent War Crimes during May Fighting" (2021), which claim that these activities are illegal attacks on civilian infrastructure. According to these findings, the frequent targeting of civilian locations in Gaza shows a lack of respect for international civilian protection standards during wartime and demands for responsibility in compliance with the principles of IHL.

Human rights violations, humanitarian crises, and attempts to hold people accountable within the constraints of international law are all highlighted in UN reports about Gaza. Numerous reports on the situation in Gaza have been released by UN organizations, like the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Human Rights Council (UNHRC), and the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). These studies provide a thorough understanding of the difficulties Palestinians in Gaza experience and the necessity of international action to lessen the humanitarian effects.

There is a wealth of information about the unique difficulties that medical professionals encounter in crisis areas, especially in Gaza. A concerning trend of targeted attacks against healthcare professionals is highlighted by the Al-Mezan Center for Human Rights (2017), seriously impairing their capacity to deliver critical care. Additionally, very few works—such as Geiss, R., & Ekelhof, M. (2016), Gualano, M. R., et al. (2017), and Kearns, A. (2018)—generally address Medical professional protection under international law. Previous study has not particularly addressed the present war in Gaza in 2023–2024, when Israel forces are using automated weapons, and has ignored the safety of Medical Professionals throughout the Israeli-Palestinian hostilities from 2008–2014 and then 2024. That oversight will be addressed in this post.

Numerous difficulties in the age of automated warfare are brought to light by the literature regarding the safety and rights of medical professionals during armed conflict. In order to better protect medical professionals, the Gaza case study emphasizes the urgent need for enhanced supervisory procedures and technological developments. The research highlights the necessity for enhanced technology and more sophisticated legal frameworks to protect medical practitioners in armed conflict within the limitations of automated warfare. These problems are best illustrated by the Gaza case study, which also highlights how urgent accountability in the use of automated technology is needed. The long-term psychological and operational effects on medical staff operating in these high-risk environments also require more investigation.

CONCEPTUAL AND THEORETICAL FRAMEWORK

IHL, the Geneva Conventions and its Additional Protocols, for instance, which require respect and protection for medical professionals and institutions, enshrines the rights and

protections of medical professionals during armed conflict, especially in areas like Gaza. This situation is made more difficult by the emergence of automated weapons and drones, which have the potential to unintentionally target medical personnel and facilities, particularly in crowded places where it can be difficult to tell fighters from non-combatants. The capacity of Gaza's healthcare system to deliver care has been weakened by recurrent confrontations that have led to direct attacks on hospitals, limitations on access to medical care, and psychological harm to medical personnel. In order to address these issues, it is imperative that military personnel receive more education and training on their responsibilities under international law, that accountability for violations be increased, and that medical professionals' rights be protected in the face of changing warfare. This issue is best exemplified by the Gaza case study, which also emphasizes the pressing need for accountability in automated technology use. It is also necessary to conduct further research on the long-term operational and psychological impacts on medical personnel working in these high-risk conditions.

RESEARCH METHODOLOGY

This Article examines the principles of international law pertaining to the protection of Medical Professional in armed conflicts using descriptive analytical methods and pure doctrinal research. It also discusses and evaluates Israeli military tactics throughout the past and recent 2023-2024 battles in the Gaza Strip. To ensure that the findings were interpreted appropriately, the analyses were conducted in accordance with the applicable international legal regulations. The research uses data from two sources: primary and secondary sources. Using the internet as the primary source of data collection, the primary sources include pertinent scholarly papers and pertinent IHL, For example, the Geneva Convention IV and its two additional protocols. On the other hand, secondary sources are pertinent scholarly publications that are primarily gathered online.

ANALYSIS AND DISCUSSION

Concept of Medical Professional under International Humanitarian Law

According to Article 24 of GC 1, medical personnel are solely involved in finding, gathering, transporting, or treating the sick or injuring or in preventing disease, as well as staff members who are solely involved in running medical facilities and units and chaplains serving in the armed forces. Additionally, under Article 8(c) of the Additional Protocol 1977, medical personnel are defined as individuals assigned by a Party to the conflict exclusively to the medical purposes listed under (a) caring for the sick, injured, and shipwrecked, preventing disease, running medical units, or operating or managing medical transports (Mehring, 2014). So, Medical professionals are generally defined under IHL as those who provide medical care or services. This includes physicians, nurses, paramedics, and other staff members who are directly involved in medical activities. They are also protected under IHL.

Protection of Medical Professionals under International Humanitarian Law

Medical professionals, facilities, and transports shall be easily identified by the Red Cross, Red Crescent, or red crystal insignia, according to Geneva Convention 1, 1949 and its

Additional Protocol 1 of 1977. These symbols, which are widely accepted, indicate that the people and items are a part of an impartial humanitarian effort. Additionally, it specifies that in order to improve their protection, medical staff and units should wear and show certain badges. The emblem may not be misused. (Bookmiller, 2015)

- (a) Immune from Attack: As long as they are not being used for hostile purposes, medical personnel, medical units (such as hospitals), and medical transportation are protected from attack under IHL, as stated in GC 1 and Additional Protocol 1. Their neutrality is a prerequisite for the safety they get. (Gutteridge, 1949).
- (b) Medical Units and Transports be Protected: GC I and GC II as well as Other Protocol I emphasized that IHL also protects medical transport, including ships and airplanes that convey the ill and injured, as well as medical facilities, including hospitals and ambulances. As long as these vehicles and facilities are being used for humanitarian reasons, they cannot be targeted. (Yingling & Ginnane, 1952).
- (c) Priority of Medical Functions: Medical personnel must be permitted to do their tasks without interference from military authorities or combatants. Their primary obligation is to care for the injured and sick, and they should not be diverted from this duty to engage in battle or other military actions. (Additional Protocol I, 1977).
- (d) Protection from Arbitrary Detention: If medical staff are seized by an enemy force, they retain their protection under IHL. They must be permitted to continue providing care for the injured and sick and should be freed when their services are no longer necessary or exchanged if practicable. (Clapham et al., 2015).
- (e) Treat Humanely: Medical workers who are arrested or incarcerated have the same right to humane treatment as other civilians or non-combatants. This implies that they cannot be denied their fundamental requirements or be the victims of torture or cruel or humiliating treatment. (Aldrich, 1991).
- (f) Non-punishment for Enemy Treatment: IHL guarantees that delivering medical care is a neutral act and that medical professionals must not be penalized for carrying out their duties impartially. As a result, medical staff cannot be punished or prosecuted for treating people on the other side of the conflict. (de Chazournes et al., 2000).

Violation of International Humanitarian Law in Gaza

UN and other Reports

As Israeli security forces tightened their siege on Gaza and limited licenses to leave the region for medical treatment, they reportedly targeted medical vans and purposefully killed, arrested, and tortured medical staff, according to a new UN report from 2024. The destruction of protected civilian property, deliberate abuse, murder, and the crime against humanity of extirpation are all considered war crimes. The Commission's chair, Navi Pillay, declared, Israel must immediately cease its unprecedented wanton destruction of healthcare facilities in Gaza. Israel is attacking the right to health by attacking medical institutions, which will have serious long-term negative

consequences for the civilian populace. These attacks have disproportionately affected children, who have suffered both directly and indirectly because of the health system's collapse. In addition to violating women's and girls' reproductive rights, the intentional destruction of health infrastructure that provides sexual and reproductive healthcare, as well as their rights to life, health, human dignity, and nondiscrimination, is also a crime against humanity along with other cruel acts (Mohammed Asqool et la., 2023). Regarding the continued situation in Gaza, the UN has released multiple assessments that draw attention to grave humanitarian issues and transgressions of international law. So, Israeli strikes on hospitals and medical staff were classified as possible war crimes in a current report by the Independent International Commission of Inquiry on the Occupied Palestinian Territory, which detailed widespread attacks on Gaza's healthcare infrastructure. In particular, the research described 498 attacks on medical facilities that occurred between October 2023 and July 2024, causing 969 injuries and at least 747 fatalities. Interviews with medical staff denied any military activity at hospitals, the tribunal said, criticizing Israel for not offering strong proof to back up allegations that Hamas was using these facilities for military purposes (Azarov & Weill, 2012).

In resolution 2286 (2016), co-sponsored by more than 80 Member States, the 15-member Council strongly condemned attacks and threats against injured and ill people, medical and humanitarian workers who are only carrying out medical tasks, their vehicles and equipment, and hospitals and other medical facilities. It lamented how such attacks would affect the civilian populations and healthcare systems of the affected nations in the long run. It is stressed that the text also urged all parties to armed conflict to fully abide by their duties under IHL, especially those specified in the 1949 Geneva Conventions and their 1977 and 2005 Additional Protocols, as well as international human rights law, if any. Additionally, it called on both sides of the conflict to allow humanitarian and medical workers to travel freely and safely. Furthermore, it demands: An end to the impunity of those who carry out these kinds of acts. More accountability systems to guarantee IHL observance during conflicts (Sterio, 2010).

Attacks against health facilities and medical and humanitarian workers are egregious breaches of international law and the Geneva Conventions, based on ISMAEL ABRAÃO GASPAR MARTINS (Angola), who also emphasized that those responsible must be held accountable. According to him, there has been a significant gap in understanding the realities that civilians face in war circumstances since the Council's first resolution on civilian protection was established. The recently adopted resolution will assist in closing that gap. He expressed his deep concern about allegations of targeted attacks and added that the recent passing of Aleppo's sole pediatrician served as a sobering reminder that immediate action was required. In addition to denouncing any such acts, he urged all parties to adhere strictly to human rights and IHL and urged all parties engaged in combat to protect civilians (Goldstone, 2011).

It is well acknowledged that the wars in Gaza are the most horrific conflicts in Palestine. The Gaza Strip is a small region on the eastern Mediterranean coast of Palestine. Elshobake states that Gaza is 60 km in size, with a length of 41 km and a breadth of 5–15 km (2019). Israel, also known as "occupied Palestine," shares its northern and eastern borders with the Gaza Strip, while Egypt shares its southwest border. With a population of almost 2 million, Gaza is thought to be

the most densely populated region on Earth (Alsaedi, n.d.). Israel has become known as the most violent nation in the world for the past eleven years. In the Gaza Strip, Israel fought five wars from the end of 2008 to 2024. These fights were known as Operation Protective Edge in 2014, Operation Pillar of Cloud in 2012, Operation Cast Lead in 2009, Operation Guardian of the Walls in 2021, and the attacks in 2023–2024. A serious violation of the principle of distinction, a cornerstone of IHL that ensures civilian protection during armed conflicts, is evident in the destruction of vital infrastructure in Gaza, including hospitals, schools, universities, mosques, and UN relief centers, as well as the killing of thousands of innocent civilians by Israeli forces (Culverwell et al., 2017).

Since October 7, 2023, 500 health workers have reportedly been killed in Gaza; the UN Human Rights Office denounces these deaths. Within the framework of these crimes, hospitals and other medical facilities have been the focus of systematic strikes that violate the rules of war. Israel, as the occupying force in Gaza, is bound by IHL to maintain medical and hospital facilities and services, public health and hygiene, and the protection and respect of the ill, injured, pregnant women, and children. In the occupied territory, it must also respect its basic duties under international human rights law, particularly with regard to the right to health. On June 23, 2024, Mr. Hani Al Ja'afarwi, the head of Emergency and Ambulance Services of a health clinic in Gaza City, was reportedly the most recent health worker to be slain. When the Israeli Defense Forces (IDF) attacked residential buildings, numerous medical professionals perished along with their loved ones. During this time, there have been additional grave violations of international humanitarian and human rights law against health professionals. According to reliable evidence our office has gathered, IDF raids on hospitals have frequently resulted in enforced disappearances and widespread detentions, including medical professionals (Lin & Song, (2024). For example, the IDF arrested medical staff, including hospital directors, at the Al Shifa Medical Complex in Gaza City, the Al Awda and Kamal Adwan Hospitals in North Gaza, and the Al Amal Hospitals in Khan Younis. The Gaza Ministry of Health reports that the IDF has imprisoned 310 medical professionals since October 7. Some medical professionals who have been freed have said that while in Israeli captivity, they endured torture and other cruel treatment. According to reports, torture and other cruel treatment caused the deaths of two Palestinian physicians in IDF custody in Gaza: Dr. Adnan Al Bursh of Al Shifa Medical Complex and Dr. Iyad Al Rantisi of Kamal Adwan Hospital. Hospitals, medical staff, and ambulances must always be respected and safeguarded under IHL. Hospitals can only be targeted if they are being used to carry out hostile activities and are considered military objectives. Even then, attacks are only possible if a warning to stop hostile use has been provided and is not heeded. Similarly, medical professionals are no longer protected if they are actively participating in hostilities. War crimes include deliberately planning assaults against hospitals and medical staff that are still protected (Khan et al., 2023).

(a) Targeting of Healthcare Facilities: In its findings, the Independent International Commission of Inquiry on the Occupied Palestinian Territory called attention to significant breaches of IHL concerning Gaza's medical facilities. There were 498 documented attacks on healthcare facilities between October 7, 2023, and July 30, 2024, which led to at least 747 fatalities and 969 injuries among patients and medical staff. The panel underlined that such attacks show a flagrant disdain for the right to health, in addition to violating the Fourth Geneva Convention, which requires safeguarding medical institutions and staff during armed combat (Khan et al., 2022).

- (b) Harassment and Detention of Medical Staff: Numerous medical professionals have experienced intimidation and wrongful detention, according to the UN Commission of Inquiry's findings. Approximately 14,000 Palestinians, including physicians and nurses, were detained between October 2023 and July 2024. Serious abuses of prisoners' rights under international human rights legislation have been brought to light by allegations of mistreatment of detainees, including medical personnel. The situation of those trying to provide care has been made worse by reports of torture, sexual assault, and demeaning treatment. A worker's interview, "We were beaten every minute. I'm referring to sensitive spots on the back, chest, and between the legs, We were kicked in the face and all over the body, they used their weapons after using the metal-tipped front of their boots, one soldier attempted to fire me with their lighters, but instead burned the person next to me, they didn't care that I told them I was a doctor" (Stroehlein, 2024; Khan, 2018). This is compelling proof that Israel violated the principle of medical professionals' right to protection under IHL.
- (c) Impact on Health Services: The prolonged violence and the siege of Gaza have significantly limited the supply of medical equipment and supplies. According to the World Food Programme (WFP), the security situation makes humanitarian relief activities extremely difficult, making the already severe medical resource shortages worse. In addition to impairing medical professionals' ability to carry out their jobs, the shortage of necessary supplies jeopardizes everyone in Gaza's right to health (Khan et al., 2021).

UN Commission of Inquiry on the occupied Palestinian territory

In Gaza, Israeli forces have perpetrated war crimes and the crime against humanity of devastation, according to the most recent report released by the independent UN Commission of Inquiry on the occupied Palestinian territory, including East Jerusalem, and Israel. The report looks into attacks on Gaza's medical facilities and personnel since October 7, 2023. The deliberate destruction of Gaza's healthcare system and the abuse of medical personnel, detainees, and patients are described in the report, which was published on October 10, 2023. Israeli forces have "deliberately killed, wounded, arrested, detained, mistreated and tortured medical personnel and targeted medical vehicles," according to the Commission, this included both the crime against humanity of extinction and the war crimes of deliberate murder and abuse. Israel has also adopted a concerted policy to destroy Gaza's healthcare system. These actions were taken in tandem with the collective punishment of Palestinians by Israeli authorities, which included tightening the siege of Gaza and causing shortages of food, gasoline, water, medicine, and medical supplies at hospitals. According to the research, detainees—including medical professionals—are subjected to severe abuse in Israeli detention facilities, such as being stripped, taken naked, blindfolded, tied firmly to inflict harm, kicked, beaten, sexually assaulted, and threatened with death. Numerous people are detained arbitrarily, including medical professionals, patients, human rights advocates, and health professionals who were detained during Israeli military hospital raids and attacks (Imseis, 2003; Khan et al., 2019).

In addition, the Commission concluded that the Israeli military's deliberate destruction of Gaza's healthcare system has seriously weakened the "accessibility, quality, and availability of health-care services, drastically increasing mortality and morbidity, in violation of the right to

physical and mental health, which is intrinsically linked to the right to life." A direct violation of Palestinians' right to life, attacks on medical facilities have also "directly resulted in the killing of civilians, including children and pregnant women, receiving treatment or seeking shelter, and indirectly led to deaths of civilians due to the lack of medical care, supplies, and equipment. Such acts constitute the crime against humanity of extermination," the Commission concluded (Vincent-Daviss, 1988; Khan et al., 2020).

Gaza's medical ethics violations

Following Israel's virtual border closure, Physicians for Human Rights Israel (PHRI) has released an urgent call for medical supplies for Gaza. Since June 2007, 44 patients have passed away because of being denied or having their access to medical care delayed, and 85 different kinds of medications that the WHO has deemed necessary are currently out of supply. Hospital operations, including the operation of ventilators and hemodialysis machines, would be severely hampered by the projected power outage. PHRI has petitioned the Israeli High Court of Justice for all these war crimes but has not been successful thus far. PHRI is also drawing attention to the Israeli General Security Service's coercive tactics against patients who wish to obtain authorization to leave Gaza for medical care (Falk et al., 2023; Khan et al., 2020).

Use of Automated Weapons

Considering the UN Secretary-General, "Machines with the power and discretion to take lives without human involvement are politically unacceptable, morally repugnant, and should be prohibited by international law," in a statement to the Group of Governmental Experts, the chief of the UN said.

Israeli AI targeting systems "Lavender" and "The Gospel," as revealed by recent media investigations, are automating mass killing and devastation throughout the Gaza Strip. This is the culmination of other AI rights-violating tendencies that we have previously cautioned about, including predictive policing technologies and biometric surveillance systems. The AI-enhanced conflict in Gaza highlights how urgently governments must outlaw the use of technologies that violate human rights, both during peacetime and during times of conflict. Remote-controlled quadcopters armed with machine guns and missiles have been used by the Israeli army for the first time to monitor, intimidate, and murder civilians taking refuge in tents, schools, hospitals, and residential areas. Residents in Gaza's Nuseirat Refugee Camp claim that certain drones imitate the sounds of mothers and infants wailing to lure and target Palestinians. With the use of AI-powered turrets, automated "Robo-Snipers," and "suicide drones," Israel has been creating "automated killzones" along the Gaza border for years. In 2021, Israel also unveiled "Jaguar," a military robot with some autonomy that was touted as "one of the first military robots in the world that can substitute soldiers on the borders." Israel used the ground invasion of Gaza as a chance to increase the scope of its biometric surveillance program, which was already in place in East Jerusalem and the West Bank. According to the New York Times, the Israeli military is "conducting mass surveillance there, collecting and cataloguing the faces of Palestinians without their knowledge or consent" by utilizing a vast facial recognition system in Gaza. In order to identify people in crowds and even in blurry drone images, the system reportedly uses technologies from Google

Photos and the Israeli company Corsight (Talbot, 2020). Further, before applauding the panel's declaration last year that "human responsibility for decisions on the use of weapons systems must be retained, since accountability cannot be transferred to machines," Mr. Guterres emphasized that no nation or armed force supports such "fully autonomous" weapon systems that have the capacity to take human life (Talbot, 2020). However, these statements are in useless because Israeli forces in Gaza continue to use drones and autonomous weaponry.

Automated Weapons Difficulties in Armed Conflict: The first difficulty for this is the differentiation between combatants and non-combatants is difficult for AWS, especially in chaotic and complicated battlefields where medical workers may be present. The second difficulty is when there are infractions, AWS makes accountability more difficult. There are questions about who should be held accountable: the state utilizing the technology, the operator, or the programmer. The third one is the UN stresses that autonomous weapons could jeopardize the security of medical personnel and other humanitarian norms that regulate armed conflicts. Autonomous Weapons Systems: The UN's Response: When it comes to the regulation of Lethal Autonomous Weapons Systems (LAWS), the UN has taken the initiative. Experts have been gathered by the UN Convention on Certain Conventional Weapons (CCW) to discuss the moral and legal implications of autonomous systems, with a particular focus on making sure that these technologies adhere to IHL (Khan et al., 2021).

PHR has urged the Israeli Defense Force and Palestinian armed groups in Gaza to stop combat operations that result in civilian casualties in 2009 and 2014. During demonstrations in the West Bank in 2014, two Palestinian teens were shot and killed. The family insisted that their boys were killed by live ammunition, even though the IDF claimed that only rubber bullets were used. Leading U.S. forensic pathologist and PHR's forensic advisor, Dr. Nizam Peerwani, traveled in to help with the autopsy at the request of two local human rights organizations. An IDF soldier was arrested and charged with the murder of one of the boys after Peerwani's discovery that a live round was the cause of death was admitted as evidence (Usman et al., 2021).

CONCLUSION

In conclusion, there is an urgent need for swift and consistent action in response to the persistent abuses of medical professionals' rights and protections in Gaza, especially during the 2008, 2012, and 2014 conflicts as well as the most recent hostilities in 2023–2024. The situation for medical professionals in conflict areas is nevertheless unstable despite the frameworks put in place by the Geneva Conventions and its Additional Protocols. A number of suggestions have been made to resolve these infractions.

Improving the systems for keeping an eye on and enforcing adherence to IHL is essential. Establishing impartial organizations to look into alleged infractions and hold offenders accountable is part of this.

More advocacy work is required to educate the public, governments, and military forces on the legal rights for medical professionals. In times of armed conflict, this could promote a culture of respect for medical professionals.

Future studies should concentrate on how combat is changing, especially with the introduction of automated weaponry, and how this affects medical personnel' safety. In order to advocate for change, it will be crucial to document violations and their trends.

Creating thorough IHL training programs for military personnel can greatly lower the number of violations. Risks in upcoming conflicts can be reduced by highlighting the integrity of medical staff and facilities.

Creating more precise international norms that particularly address the use of AWS close to civilian and medical sectors is a top goal. Misdirected attacks on healthcare sites will be less likely if AWS can consistently differentiate between combatants and non-combatants.

The international community can better protect medical professionals' rights and guarantee their ability to work securely and effectively, even in the most difficult crisis situations, by putting these recommendations into practice. To further the security of healthcare professionals in armed conflicts around the world, continued discussion and action are still essential.

Implementing significant measures to maintain a cease-fire in Gaza in order to safeguard medical personnel and civilians.

To stop the use of weapons in crimes against humanity and other transgressions of international law, all arms exports to Israel should be stopped.

Encourage the International Criminal Court and other international justice systems to hold individuals accountable for serious transgressions in the occupied Palestinian territory under international law.

REFERENCES

- Aldrich, G. H. (1991). Prospects for united states ratification of additional protocol I to the 1949 Geneva conventions. *American Journal of International Law*, 85(1), 1-20.
- Assembly, G. (2018). Report of the Special Rapporteur on the Situation of Human Rights in the Palestinian Territories Occupied since 1967, UN Doc. A/HRC/37/75 (June 14, 2018). *Human Rights*.
- Azarov, V., & Weill, S. (2012). Israel's unwillingness? The follow-up investigations to the UN Gaza Conflict Report and international criminal justice. *International criminal law review*, 12(5), 905-935.
- Bookmiller, K. N. (2015). Professional standards and legal standard setting: INSARAG, FMTs, and international disaster relief volunteers. *Vand. J. Transnat'l L.*, 48, 957.
- Chan, M. (2018). Ten years in public health 2007-2017: report by dr margaret chan director-general world health organization. World Health Organization.
- Clapham, A., Gaeta, P., Sassòli, M., & van der Heijden, I. (Eds.). (2015). *The 1949 Geneva conventions: a commentary*. Oxford University Press.
- Culverwell, S. M. (2017). Israel and Palestine-An analysis of the 2014 Israel-Gaza war from a genocidal perspective. *Unpublished manuscript]. James Madison University*.
- de Chazournes, L. B., & Condorelli, L. (2000). Common Article 1 of the Geneva Conventions revisited: Protecting collective interests. *International Review of the Red Cross*, 82(837), 67-87.

- Falk, R., Dugard, J., & Lynk, M. (2023). *Protecting Human Rights in Occupied Palestine: Workng Through the United Nations*. SCB Distributors.
- Goldstone, R. (2011). Reconsidering the Goldstone Report on Israel and war crimes. *Washington Post*, 1.
- Gutteridge, J. A. (1949). The Geneva Conventions of 1949. Brit. YB Int'l L., 26, 294.
- Heszlein-Lossius, H. E. (2019). Life after war-related extremity amputations. A retrospective, descriptive clinical follow-up study from Gaza, occupied Palestine.
- Imseis, A. (2003). On the Fourth Geneva Convention and the occupied Palestinian territory. *Harv. Int'l LJ*, 44, 65.
- Imtihani, H., & Nasser, M. (2024). THE UNJUSTIFIABLE TARGETING OF HEALTHCARE IN PALESTINE: A VIOLATION OF HUMAN RIGHTS AND INTERNATIONAL LAW. *International Journal of Islamic Education, Research and Multiculturalism* (*IJIERM*), 6(3), 763-783.
- Innocent-Franklyn, E. (2024). Israeli/Palestinian Debacle: Western Posturing and Israeli Disproportionality in the 21st Century, A Sword of Damocles? *MULTIDISCIPLINARY JOURNAL OF LAW, EDUCATION AND HUMANITY, 1*(1).
- Khan, A. (2018). Autonomous Weapons and Their Compliance with International Humanitarian Law (LLM Thesis). *Traditional Journal of Law*.
- Khan, A. S. I. F., Amjad, S. O. H. A. I. L., & Usman, M. U. H. A. M. M. A. D. (2020). The Evolution of Human Rights Law in the Age of Globalization. *Pakistan journal of law, analysis and wisdom.*
- Khan, A. S., Bibi, A., Khan, A., & Ahmad, I. (2023). Responsibility of Sexual Violence Under International Law. *Journal of Social Sciences Review*, *3*(1), 29-41.
- Khan, A., & Hussain Shah Jillani, M. A. (2019). Killer robots and their compliance with the principles of law of war. *JL & Soc'y*, 50, 55.
- Khan, A., Amjad, S., & Usman, M. (2020). The Role of Customary International Law in Contemporary International Relations. *International Review of Social Sciences*, 8(08), 259-265.
- Khan, A., Bhatti, S. H., & Shah, A. (2021). An overview on individual criminal liability for crime of aggression. *Liberal Arts and Social Sciences International Journal (LASSIJ)*, 5(1), 432-442.
- Khan, A., Javed, K., Khan, A. S., & Rizwi, A. (2022). Aggression and individual criminal responsibility in the perspective of Islamic law. *Competitive Social Science Research Journal*, *3*(1), 35-48.
- KHAN, A., USMAN, M., & RIAZ, N. (2021). The Intersectionality of Human Rights: Addressing Multiple Discrimination. *Asian Social Studies and Applied Research (ASSAR)*, 2(03), 498-502.
- Lin, S., & Song, Y. (2024). Upholding human rights in mega sports: A study of governance practices within the IOC and FIFA through the lens of the Ruggie Principle. *Heliyon*, 10(16).
- Lysaght, C. (1983). The Scope for Protocol II and Its Relation to Common Article 3 of the Geneva Conventions of 1949 and Other Human Rights Instruments. *Am. UL Rev.*, 33, 9.
- Mehring, S. (2014). First do no harm: medical ethics in international humanitarian law (Vol. 44). Martinus Nijhoff Publishers.
- Mohammed Asqool, A., Ismail, S. M., & Nordin, R. (2023). The Protection of Children during Armed Conflicts: Israeli Violations of International Humanitarian Law in Three Wars in Gaza. *UUM Journal of Legal Studies (UUMJLS)*, 14(2), 535-556.

- Sterio, M. (2010). The Gaza strip: Israel, its foreign policy, and the Goldstone Report. *Case W. Res. J. Int'l L.*, 43, 229.
- Talbot, R. (2020). Automating occupation: International humanitarian and human rights law implications of the deployment of facial recognition technologies in the occupied Palestinian territory. *International Review of the Red Cross*, 102(914), 823-849.
- Usman, M. U. H. A. M. M. A. D., Khan, A. S. I. F., & Amjad, S. O. H. A. I. L. (2021). State Responsibility and International Law: Bridging the Gap.
- Vincent-Daviss, D. (1988). The Occupied Territories and International Law: A Research Guide. NYUJ Int'l L. & Pol., 21, 575.
- World Health Organization. (2017). *Country cooperation strategy for WHO and the Occupied Palestinian Territory:* 2017–2020 (No. WHO-EM/PME/008/E). World Health Organization. Regional Office for the Eastern Mediterranean.
- Yingling, R. T., & Ginnane, R. W. (1952). The Geneva Conventions of 1949. *American Journal of International Law*, 46(3), 393-427.