



AOHR – MEZAN Joint Mission on documentation of the testimonies of Wounded Palestinians, Victims of the Israeli aggression, who receive hospital care in the Arab Republic of Egypt

First Phase Report

En Brief

Cairo, 31 March 2024

Preface

This report covers the work and results of the first phase of the joint AOHR – MEZAN mission on documentation of the testimonies of those wounded in the Israeli aggression in the Gaza Strip, who receive medical care in hospitals of the Arab Republic of Egypt. The mission pursued its active efforts during February and March 2024, providing a major aspect of evidence regarding the grave Israeli Crime of Genocide, which the Israeli aggression continues to commit against Palestinian civilians in the occupied Gaza Strip.

This mission reflects the joint efforts of **the Arab Organization for Human Rights and Al-Mezan Center for Human Rights** in the State of Palestine, where they initiated the formation of a joint mission of specialized experts to document the testimonies of those wounded in the Israeli aggression and identify patterns of grave violations committed.

The joint mission was also interested in reviewing the efforts made to secure the flow of aid through the Rafah border crossing to the afflicted people in the devastated strip, which has witnessed one of the world's worst humanitarian disasters since the end of last year 2023.

The mission has benefited from the institutional relationship between the two partner institutions since 2018, and their long-term partnership since 2000. The mission has also benefited from the legal status of the Arab Organization for Human Rights as an international non-governmental organization based in Cairo under a headquarters agreement with the Egyptian Ministry of Foreign Affairs since 2000. The mission has also benefited from the distinct expertise of the Al-Mezan Center for Human Rights based in the Gaza Strip in the occupied Palestinian territories, and its unique experience in the process of prosecuting Israeli perpetrators at the international level.

Acknowledgements

The two institutions would like to extend their appreciation to the Egyptian authorities for their response and cooperation and commend the facilities that the mission's activities received during the first phase of its work.



Section (1) ***Mission Information***

I. Composition of the mission:

Introduction of the mission members

The joint mission team comprises the following experts:

- Mr. Mahmoud Qandil, member of the Board of Trustees of the Arab Organization for Human Rights, Mission Chief
- Mr. Mohamed Rady, Executive Director of the Arab Organization for Human Rights, Member (rapporteur)
- Mr. Mohamed Abdullah, researcher at Al-Mezan Center for Human Rights in occupied Palestine, Member
- Mr. Islam Abu Al-Enein, Program Manager, the Arab Organization for Human Rights, Member
- Mr. Ahmed Reda Tolba, Director of the Legal Unit, the Arab Organization for Human Rights, Member (Rapporteur)

The following experts escorted the team throughout the first phase:

- Mr. Alaa Shalabi, President of the Arab Organization for Human Rights, Member
- Mr. Essam Younis, Director of Al-Mezan Center for Human Rights in Occupied Palestine, Member

Selection criteria:

- Independence, impartiality, personal and moral integrity
- Professionalism, experience in international humanitarian law, experience in international human rights law, and international criminal law
- Vast knowledge of the principles, standards and methodology related to fact-finding and investigations in the field of human rights, as well as international, regional, and local experience in the field of human rights.
- Knowledge of some members of the mission of the local dialect of the people of Gaza



The first phase activities included the following:

1- **Inspection visits to some of the wounded and injured in hospitals that represent the most prominent healthcare institutions dedicated for the wounded and sick Palestinians in several Egyptian governorates, as follows:**

- **North Sinai Hospitals:** Sheikh Zuwayd (General Hospital and Hospital Extension), Al-Arish General Hospital, and Bir Al-Abd General Hospital, from 14 to 16 February 2024.
- **Ismailia Hospitals:** Al-Tall Al-Kabir Isolation Hospital, Medical Complex, Emergency and Surgery Hospital in Abu Khalifa, February 20, 2024
- **Port Said Hospitals:** Al-Hayat Hospital in Port Fouad, Al-Shifa Medical Complex (Solidarity) in Port Said, February 22, 2024
- **Suez Hospitals:** Respiratory and Pulmonary Care Hospital in Suez, Suez Medical Complex, February 25, 2024
- **Cairo Hospitals:** Nasser Institute, February 29
- **Qalyubia Hospitals:** Ain Shams Specialized University Hospital, Obour City, March 2, 2024

2- **Inspection visits**

An inspection visit to the Rafah border crossing, February 13, 2024

- An inspection visit to the logistics center of the Egyptian Red Crescent in the city of Arish, February 13, 2024.
- An inspection visit to the Al-Sabil area/buildings in the city of Al-Arish (a temporary shelter for those recovering and their families) February 15, 2024
- An inspection visit to the Red Crescent Central Operations Room in Cairo, March 3, 2024

3- **Meetings with Egyptian institutions concerned**

- Egyptian Ministry of Foreign Affairs, March 4, 2024
- Egyptian Ministry of Health during the hospital inspection period (February 13 - March 1, 2024)
- CEO of the Egyptian Red Crescent, March 3, 2024



Section (2)

The wounded and sick in Egyptian hospitals

During the first phase, February 13, the mission reviewed the conditions of approximately 500 sick and wounded Palestinians in 12 hospitals, who are accompanied by about 800 of their relatives. Of the victims, 280 were wounded, including approximately 160 children and nearly 80 women. Children and women constitute 75% of the total wounded.

It is worth mentioning that the mission was informed that 82 public and university hospitals in 24 Egyptian governorates have received about 3300 wounded and sick Palestinians, since the reception of cases in the first week of November 2023 until the morning of February 29, 2024.

As of March 1, approximately 1,050 wounded and sick Palestinians had been transferred from Egypt to other countries (including 800 who received primary care and their condition became stable in Egypt), at least 950 were transferred to the United Arab Emirates, Turkey, and Qatar – respectively. The total number of wounded and sick people in Egyptian hospitals amounts to about 1,300. Less than 1,000 were discharged from hospitals and distributed among temporary shelters provided by the Egyptian authorities, considering that the numbers keep changing daily.

Documenting the testimonies of the wounded

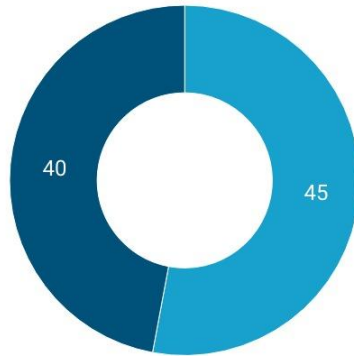
The mission held meetings with specialized health officials in the first phase governorates and directors of the hospitals that receive the cases. During these meetings, the mission learned various details including: the beginning of the reception of Palestinian cases, the number of those who have already received medical care since the beginning of the reception, the number of those still hospitalized, the number of those who left the hospitals and those referred to other hospitals, the type of care provided, the nature of the cases, the classification of cases into wounded and sick, and the classification into men, women and children.

The mission inspects the wards designated to receive the wounded and sick Palestinians, greets the wounded and introduces the mission and its role, and inquires about general conditions. The mission allocates most of the time of the visit to sitting with the wounded, focusing more on children and women, and obtaining their consent for documentation in writing, in addition to requesting their consent for videotaping. While all cases that meet the specifications set by the mission agreed to be documented, the majority of cases agreed to be photographed and some refused to have their testimony photographed.

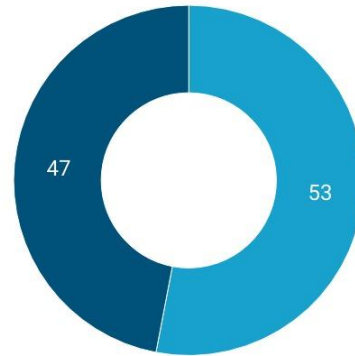


males and females

females
males



the number

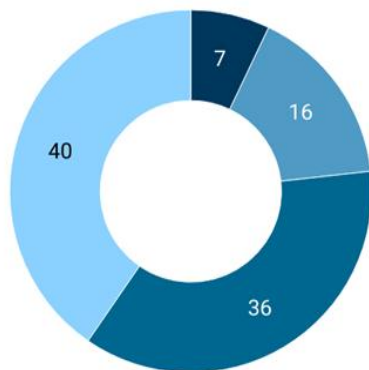


percent

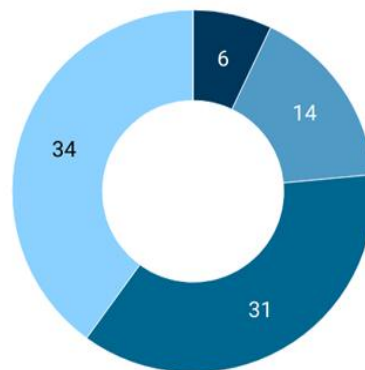
Source: Joint mission on documentation of the testimonies of wounded Palestinians, victims of the Israeli aggression, who receive hospital care in the Arab Republic of Egypt •

The mission documented a sample of 85 cases of wounded Palestinians in the 12 hospitals mentioned. (See Appendix One)

Classification by type



percentage



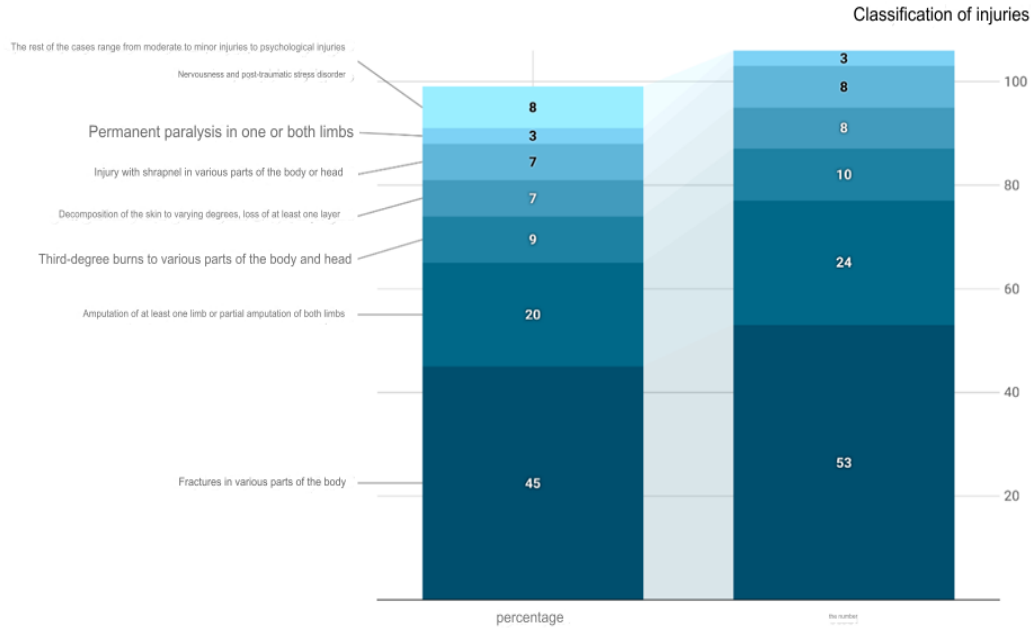
the number

child
Mrs.
baby girl
men

Source: The joint mission to document the testimonies of wounded Palestinians, victims of the Israeli aggression, who are receiving care in hospitals in the Republic of Egypt

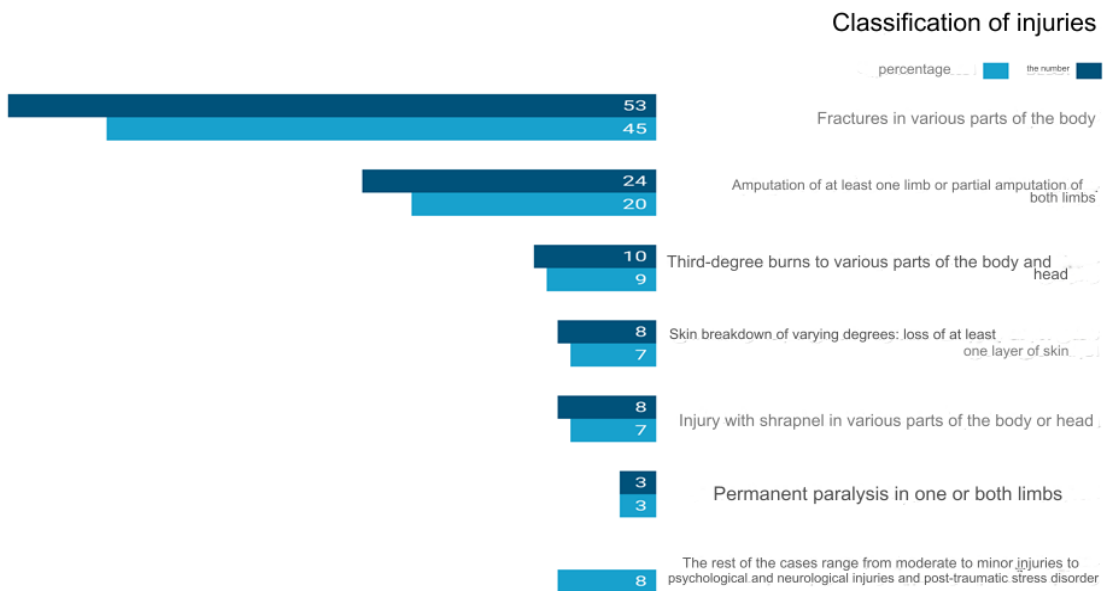
Arabic February - March (2024).

The total number of people interviewed in Egyptian hospitals is (85 cases), 40 males – i.e.47% and 45 females –53%



Source: The joint mission to document the testimonies of wounded Palestinians, victims of the Israeli aggression, who are receiving care in hospitals in the Arab Republic of Egypt, February - March (2024).

The documented sample includes 48 children (under the age of eighteen), 31 women, and 6 men.



Source: The joint mission to document the testimonies of wounded Palestinians, victims of the Israeli aggression, who are receiving care in hospitals in the Republic of Egypt - Arabic (February) - March (2024).



While it can be inferred that only 13% of the 85 documented cases suffer from a single injury, 87% of the wounded suffer from multiple injuries. The sample shows the following:

- 53 cases, 45% of which were fractures in various parts of the body.
- 24 cases, 20% of which were amputations (amputation of at least one limb or partial amputation of both limbs).
- 10 cases, about 9%, severe burns (third degree), with different wounds in the body and head.
- 08 cases, approximately 07%, skin decomposition of varying degrees (loss of at least one layer of skin).
- 08 cases, about 7%, shrapnel injuries in various parts of the body or head, causing disabilities.
- 03 cases, about 3%, suffered from permanent paralysis in one limb or hemiplegia.
- The rest of the cases vary between moderate and minor injuries, psychological and neurological injuries, and post-traumatic stress disorder.

Initial Remarks

- There are specialists at the Rafah border crossing to receive and classify cases and initially examine them before directing them to hospitals with the required specializations for their health conditions, or placing them in some hospitals temporarily until beds are available in the specialized hospitals given their health condition.
- Egyptian health institutions are making great efforts to meet the emergency needs of the wounded and sick Palestinians. They have established a central operations room to facilitate and provide immediate response to emergency needs and work around the clock with field officials in hospitals.
- New extensions to some hospitals were constructed, and the wounded and sick Palestinians and their companions used newly established hospitals that were scheduled to be opened in the foreseeable future, while there was a need to expedite their use.
- Hospitals housing wounded and sick Palestinians were provided with additional staff and equipment to meet the needs.
- Psychological and moral support was provided to the beneficiaries and their companions through the hospitals, as well as through regular visits by specialized staff from the Egyptian Red Crescent, and from departments under the purview of the Egyptian Ministry of Health.



- The hospitals that were inspected operate according to their maximum capacity to accommodate the number of beds. Some departments have been fully allocated to accommodate the wounded, the sick and their companions.
- Physicians and healthcare staff assigned to support hospitals took the initiative to waive their wages and work voluntarily. They also contribute, along with local community leaders, in providing social support to the wounded, the sick, and their companions.
- The companions of the wounded and the sick constitute a large number and occupy part of the capacity of most hospitals, which curbs the flow of other beneficiaries.
- Some wounded and sick people are unaccompanied, which affects their morale. Teams working in hospitals and the local community leaders seek to compensate for this matter.
- Hospitals have provided medical care to many companions, even though they are not included in the lists of wounded and sick. However, they were found to be suffering from various diseases, some of which were even serious diseases. This reveals the extent of the damage that the aggression caused, both to people's health, through repeated displacement and the lack of the most basic elements of healthy living, or because the aggression has undermined the health infrastructure and destroyed hospitals in the Gaza Strip.
- Some of the wounded and sick and their companions lack identity documents and remain restricted and prevented from leaving hospitals until new identity documents are brought through the commissioners of the Palestinian Embassy in Cairo. This takes a long time because the Embassy cannot act until it receives the documents from Ramallah.
- The Ministry of Social Solidarity along with several Egyptian departments contribute to provide temporary shelters for the recovered and their families, provide for their needs, and coordinate with the Palestinian Embassy to find out their places of residence.
- The Palestinian Embassy also plays a role in arranging the accommodation and living support for those who have completed their primary treatment.
- Some Palestinian institutions are coordinating with the Embassy to provide additional social support to some of the wounded and sick in some hospitals.
- Some countries receive the wounded and sick to meet the growing needs, but 90% of the cases that left Egypt were received by only three countries: UAE - Turkey - Qatar.
- Some of the wounded and sick are looking forward to fulfilling the promises they received before leaving the Gaza Strip to travel to other countries to provide healthcare, especially the countries that received cases (UAE - Turkey - Qatar).



- Teams from the receiving countries are responsible for selecting the sick and wounded. The mission was unable to identify the specific selection criteria; in most cases, selection is based on pre-set lists.
- The mission took note that most of the cases (about 70%) that were transferred from Egypt to other receiving countries did not constitute a priority from a medical perspective. These were cases that had completed the primary treatment, were in the follow-up stage or in the recovery and hospitalization stage after treatment.
- The selectivity followed by other receiving countries places the greatest burden on Egyptian hospitals, operating according to their maximum capacity.
- Selectivity also restricts the possibility of receiving and accommodating thousands of cases that lack care in the Gaza Strip after the Israeli aggression undermined health facilities.
- Some countries (including France and Italy) contributed for some time by operating their warships as floating hospitals off the coast of North Sinai to receive and provide primary care for some of the wounded before transferring them to Egyptian hospitals. Some other countries also received a few cases.
- Before preparing the report, the mission learned that Italy had arranged to transfer several wounded people immediately upon their exit from the Gaza Strip or those who were inside Egyptian hospitals to the Italian Hospital in Cairo in preparation for their airlift to Italian hospitals to provide healthcare.
- Before preparing the report, the mission learned that the State of Kuwait had decided to receive about 400 wounded and sick Palestinians from the Gaza Strip.
- The Arab Organization for Human Rights had called, in a memorandum addressed to the President of the Arab Republic of Egypt on December 18, 2023, for coordination with sisterly Arab countries to accommodate wounded Palestinians who suffer from injuries that may lead to death.



Section (3) ***Aid Flow***

On the morning of February 13, 2024, the mission viewed at least 1,000 trucks loaded with aid piled up on the Ismailia Road, about two thousand luxury cars on both sides of the Suez Canal, and a smart third estimated at the entrance to Arish and across the ring road. The military airport and Rabaa near the Rafah crossing do not extend about six kilometers with multiple rows of entry, knowing that the rate of entry of trucks during that period did not exceed 100 trucks per day, and it did not exceed 200 trucks per day in the days since the beginning of the flow of aid, knowing that the need of the Gaza population Gaza (according to experts) is no less than 1.200 trucks per day for two successive weeks, then 500 trucks per day on a sustainable basis. It is noted that this estimate relates only to meeting the basic needs of the population but not to future reconstruction efforts.

This situation had a direct impact on the mission's contact - after its arrival at the Rafah crossing – with the head of the Red Crescent Society in Cairo to request an early date for the mission's visit to the Society's headquarters in North Sinai, which was immediately met. The mission headed from the Rafah crossing to the logistics operations center in Al-Arish, which includes multiple warehouses covering approximately 10.000 square meters, surrounded by hundreds of trucks loaded with aid. The mission learned that additional 7.000 square meters are being prepared in a nearby space to accommodate aid and enhance the capacity of crews and storage.

The mission visited the warehouses of the Egyptian Red Crescent's logistics center. The site is distinguished by being a meeting point between the land route for movement towards the Rafah port outside the city of Al-Arish and the military airport of Al-Arish and the port of Al-Arish, which are the three tributaries for the arrival of aid. The mission was received by Mr. Lotfi Ghaith, Director of Emergency Operations and Disaster Management at the Red Crescent Society, who gave an integrated presentation of the mission that included briefing the mission on the Red Crescent operating map, and an accurate description of the Red Crescent teams' handling of crises, starting from the central point, "the main center in Cairo." Through the Operations Management Center, which is responsible for managing the mission, and assistance and support teams are launched from it, according to the circumstances of the crisis, and as soon as the crisis began and in accordance with the Crescent's experience in previous Gaza crises, a state of emergency was declared in the 27 centers in the governorates and the seven regional strategic centers, especially the strategic center in Ismailia. As a connecting point between Al-Arish and Rafah, Cairo Civil and Al-Arish Military Airports, and the ports of Port Said and Al-Arish.



The logistics center in Al-Arish was equipped 48 hours after the start of the crisis, but the first aid was Egyptian and moved on October 8, 2023 from Ismailia to Al-Arish, and three “trucks” were entered into Gaza (followed by the Israeli bombing of the crossing) to prevent the flow of aid, which It was resumed in a very limited manner on October 21, 2023, when the process of introducing aid began at a rate of 20 trucks, then to a rate of 100 trucks, reaching 180 trucks, and all of this remains dependent on the behavior of the Israeli occupation authority, which works a specific number of hours, five days a week only. .

The Emergency Director explained that the logistical center is the point responsible for receiving aid from the three routes (land - air - sea). The logistical center classifies, prepares, determines the validity of the aid, prepares the aid according to the existing conditions, loads the cars, and prepares the lists that are sent to the other side for approval (Contents, classification, expiration date, vehicle and its data, driver and his data), 48 hours before the convoys move.

The center receives all trucks located at the various assembly points from Cairo to Arish to the crossing, to inspect, prepare and equip them. The center has 50 ambulances, including two intensive care cars.

The Crescent Emergency Director explained that the suffering begins with arriving at Rafah. Previously, or normal, it was arriving at Rafah and then entering the Gaza Strip directly, about (50) kilometers, and an additional itinerary of (50) kilometres, one way, and the same amount for returning, was added, for a total of (100). Kilo, which is the examination at the “Betsana” crossing and returning again to Rafah, and recently the examination was allowed at the “Kerem Shalom” crossing after multiple requests,” explaining that the examination is carried out through X-ray in Egypt in Al-Hilal and in The airport, the port, and a review at the logistics center and at the Tsana crossing. The inspection process goes through four stages (visual inspection, inspection using dogs, inspection with a car scanner, and an X-ray inspection for each pallet/box), which means that each car is completely unloaded for inspection and then loaded again. This takes a long and indefinite time, and at times the process of detecting a convoy of 100 cars lasts up to 3 days, and sometimes it takes place quickly, and this disruption causes many problems. In normal situations and according to international rules, the loading and unloading process takes place from the time of the truck’s transit to a maximum of (3). To 5 days), and in the current situation it requires 10 to 15 days, and at the end of February it jumped to more than a month and in some cases 25 days, and thus is reflected, firstly, in the cost, and secondly, in an inhumane situation and a crisis with the drivers and the load, as follows: :

These obstacles lead to the need to provide unexpected additional expenses and waiting periods, and sometimes the truck is brought into the crossing for inspection the next day and the driver is removed without allowing him to sleep inside the crossing or the truck, while the occupation prevents the establishment of a tent for drivers to stay near the crossing. And spending the night on the road in unsafe places, and not providing health



facilities (sanitation). Instead, communication was made with the Egyptian authorities to allow drivers to enter the Egyptian side of the “Al-Awja” crossing to spend the night in the attached mosque, and the Red Crescent Society takes care of the subsistence expenses for food and drink.



It leads to another double cost by taking an alternative route to reach the Al-Awja crossing from Al-Arish, given that the road from Rafah is a narrow road that cannot handle the passage of more than two cars back and forth, in addition to requiring a longer time.

There are many unforeseen and unsupported expenses borne by the Red Crescent Society, such as the expenses of subsistence of the various crews and workers, including daily meals, and paying the expenses of lodging the trucks waiting for inspection at the “Betsana” crossing, in addition to harassment by the occupation soldiers towards the drivers, and some of them were sometimes assaulted. Because drivers object to the method of inspection and the waste of relief materials, there are risks of drivers reluctance to transport operations.

The emergency manager explained that the problem of rejecting even a small part of the truck load (a carton, a pallet) is that the entire load, including 24 pallets, is rejected. For example, the occupation forces banned personal hygiene tools, including “nail clippers,” on the grounds that they may be dual-use, and so they were rejected. The load is complete, and therefore the truck and the entire load are returned to the same distance traveled previously (more than (150) kilometres, and the same in the case of repetition, with a total of (300) kilometres) and returned to the center to unload the load, isolate the rejected part,



reload it again, and return again to the same series of procedures, in a way that doubles Effort and time in addition to doubling the financial cost.

Examples of rejected aid include: children's wooden toy boxes under the pretext that they can be used for military purposes, clothing colors, refrigerators, medicine storage refrigerators, and oxygen tubes.

While aid and relief deliveries operate during the day only to avoid the evening period and the bombing operations that may take place there, the approved trucks arrive at the Rafah crossing and do not enter, only unloading their cargo directly to the Palestinian trucks, and this requires more time in unloading and loading. Where he loads trucks and goes to empty them in warehouses and returns again to load aid from other trucks, noting the lack of fuel or spare parts for the truck on the Palestinian side, which may cause double disruption, or the exposure of roads to bombing increases the suffering, and sometimes fuel is transported in The crossing, and instead of the fuel stores that were hit and destroyed, the Egyptian trucks “fuel tanks” are waiting until the fuel is distributed to the Palestinian trucks and cars, and this also requires more time, and the process of delivering aid requires a very large time and effort. Because of the refusal to enter refrigerators, some medications, such as insulin, are placed in refrigerator trucks until they are distributed, thus one of the necessary trucks is lost for a long time.

The mission inspected a number of hangars where work on packing and repacking is underway, and a number of warehouses, including a mobile refrigerated warehouse that was created and built in the center to house returns, rejections, or aid that may be damaged due to the long waiting period. 2 mobile warehouses with an area of 320 square meters per warehouse. Capacity: 4 refrigeration units. A request is currently being made to establish cold stores with an area of 650 square meters and mobile refrigerators from donors due to the delay in transporting aid.

The Emergency Director explained that only 40 countries had responded to provide aid, and that the aid provided by Egypt exceeded 80 percent as of early January, and decreased to about 70 percent of the aid available at the time of the mission’s visit (aid provided by the state, civil society coalitions, and civil society organizations in Egypt). This is in addition to the other burdens it bears through the Egyptian Red Crescent Society as its operations continue towards Sudan currently, and other efforts have been continuing for a year and more in Syria, Turkey, Morocco and Libya.

The Crescent Emergency Director explained that the Egyptian Crescent bears the costs of covering and packaging the aid in a manner that is compatible with the requirements and conditions of the other side, which constantly change according to the whims of the other party. The Emergency Director confirmed that the Egyptian Red Crescent Society is ready to implement a comprehensive plan to support and provide aid to all residents in the Gaza Strip, despite the lack of security for relief work and the undermining of protection for humanitarian service providers in light of the targeting of ambulance crews and hospitals,



the targeting of strategic warehouses, and the targeting of workplaces, which requires a green light. From the international community.

The Crescent Emergency Director explained that one of the unforeseen losses, for example, is changing 330.000 cartons (3:5 layers) due to damaged aid cartons, especially drinking water cartons, while the recovered/rejected amount is 10% of the total aid. Although it does not seem like a large percentage, it is related to the aid. Most importantly, the following, for example were rejected:

- 700 oxygen cylinders considering the urgent need
- Oxygen generators and devices
- Small water filters (4 pallets)
- Solar energy panels
- Refrigerators
- Four-wheel- drive ambulances
- Ambulances equipped for intensive care.
- Power generators
- Crutches (Walkers)
- Tents with iron bars or solar generators
- Medicine storage refrigerators (small - large)
- Dialysis machines
- Sterilization devices
- Infant incubators
- Wheelchairs
- Respirators (steam ventilators)
- Wooden boxes for toys or water



Section (4)

Meetings with relevant Egyptian institutions

I. The Egyptian Ministry of Foreign Affairs

The mission met with Ambassador Khaled Al-Bakli, Assistant Minister for Human Rights and International Social and Humanitarian Issues, at the headquarters of the Egyptian Ministry of Foreign Affairs in the New Administrative Capital on March 4, 2024. Egyptian efforts were discussed at the international level in terms of (1) surmounting the obstacles imposed by the Israeli occupation on the delivery of aid; and (2) mobilizing international efforts to reach a ceasefire and ensure the free flow of humanitarian aid. The meeting also touched on the content of the appeal sent by the Arab Organization for Human Rights to President Abdel Fattah El-Sisi on December 21, 2023, regarding organizing a joint Arab and international mechanism to accommodate the increasing numbers of the most seriously wounded and those with chronic diseases and exempting Palestinian students in Egypt from tuition fees. This is in addition to the importance of the Arab League's greater and tangible efforts in these two areas.

II. The Egyptian Ministry of Health

During its tours, the mission met with the Undersecretary of the Ministry of Health in North Sinai Governorate on February 14, 2024. It also met with the Director of Emergency and Crises at the General Authority for Healthcare during its tour in the governorates of the Suez Canal Region, as well as the Deputy Undersecretary of the Ministry of Health in Ismailia Governorate, and the Undersecretary of the Ministry of Health in Suez Governorate during the period from February 20 - 26, 2024.

The verbal and written information and testimonies received by the mission can be summed up as follows:

In October 2023, the Egyptian Ministry of Health adopted a strategy to open 37 fully equipped hospitals for the most critical cases and most serious injuries in 8 governorates. Then, preparations were made to reach 82 fully equipped hospitals in 13 governorates and 150 ambulances equipped with life-saving equipment were allocated in addition to expert crews on the border line. The initial response was divided into 4 stages:

- 1- The closest hospitals are in North Sinai, with the development of an integrated extension to Sheikh Zuweid Hospital (established by the military forces in less than a week)
- 2- Hospitals in the Suez Canal Region- Suez, Ismailia, and Port Said
- 3- Hospitals in Sharkia and Damietta
- 4- Hospitals in Cairo, Giza and Qalyubia



In February 2024, the response was strengthened again to include geographically (1) Gharbia and Dakahlia, (2) Beni Suef and Luxor, and was qualitatively developed as follows:

- In all designated hospitals, preparations were enhanced with distinguished medical teams and senior consultants in all specialties and appropriate equipment and supplies.
- Psychological medical support teams were also provided.
- Everyone was vaccinated with provision of treatment for diseases that had not been discovered.
- In addition to providing treatment for patients with chronic diseases.
- The average rate of multiple interventions is 6 interventions per patient.

Until February 28, the response included 13.000 hospital beds – 1.700 intensive care units – 38.000 participating physicians and 25.000 nurses, 1.610 advanced surgeries, 47.600 therapeutic interventions. Out of 54.350 crossings into Egypt since November 1, until February 28, there are 3.300 wounded and sick Palestinians in Egyptian hospitals. The costs of services provided amounted to more than 200 million US Dollars.

The Egyptian Ministry of Health was keen to mobilize more specialists in various medical fields. Teams include neurosurgeons, vascular surgeons, general surgery, plastic surgeons, orthopedic surgeons, psychiatrists, ophthalmologists, ENT specialists, in addition to anesthesiologists and intensive care unit specialists.

Medical teams treat whole-body injuries, comminuted and open fractures, fractures of the skull and spine, amputations of various organs, vascular injuries and internal bleeding, rupture of internal organs including spleen and liver, eye injuries and severe burns that affect about 70% of the person's body. This is in addition to abdominal burns, deep wounds, and loss of a large portion of tissues.

II. Governing Board of the Egyptian Red Crescent

The mission met with Dr. Rami Al-Nazer, CEO of the Egyptian Red Crescent Society, on March 3, 2024. Dr. Rami gave a detailed presentation about the various efforts of the Red Crescent Society. The mission visited the central operations room in Cairo and learned about ways to follow up on field conditions and provide urgent responses inside and outside the Gaza Strip. He expressed his deep concern over the threats directed to humanitarian workers in the Gaza Strip, which constantly raises his concern for all humanitarian workers, including Egyptian crews affiliated to the Red Crescent.

The mission obtained statistics from the Egyptian Red Crescent Society on the amount of aid that entered the Palestinian side, as well as the aid that was provided to the wounded



and sick who flowed into Egypt from the Gaza Strip, as well as Palestinian and foreigner by-passers. It can be summarized as follows:

1- Aid delivered to the Palestinian side until February 27, 2024

S. No.	Type of aid	Weight in tons
1-	Medicines and medical supplies	9238
2-	Foodstuff	91529
3-	Water	23940
4-	Other relief materials	29486
5-	Tents and tarpaulin	1451

2- Trucks and ambulances

S. No.	Type	No.
1-	Ambulances	95
2-	Trucks	13753

3- Number of injured and foreign nationals until February 27, 2024

S. No.	Classification	No.
1-	Injured	2566
2-	companions	3677
3-	Foreign nationals and dual nationals	41817
4-	Egyptians	5376





Highlights on the role played by the Egyptian Red Crescent Society

The Red Crescent's CEO and his assistants explained that the process of transporting aid from Egypt to the Gaza Strip goes through complex stages. Transport work continues for distances exceeding (200) kilometers between the governorates of Egypt itself, and about (150) kilometers until the aid reaches the Israeli crossing. The process requires a large team of administrative personnel and logistical support. The procedures to which the operation is subjected also change by the occupation forces at the Nitzana crossing, which do not set a fixed standard to build upon, the matter that results in procedures that add a burden to the work of the crews on the Egyptian side.

Strategic warehouses affiliated to the Egyptian Red Crescent Society are available in Ismailia. They are considered the largest source for pumping relief materials to Al-Arish.

Since the beginning of the support operations, the Society relied on Port Said Port to receive and transport aid to Al-Arish, in addition to receiving aid at Al-Arish Military Airport. Currently, they rely on Al-Arish Port and from there to the logistics center.

The storage area is estimated at approximately (7.000) square meters since the start of the aid transfer and has expanded to reach (17.000) square meters. It is not final and may result in new additions to the strategic warehouses of the Egyptian Red Crescent.

The existing trucks are estimated to be between (2.800 - 3.000) trucks along the road from Cairo to the crossing between the airport area and the port of Al-Arish, and the 10th of Ramadan. The percentage of rejected trucks is estimated at about (10%), in addition to transportation, repackaging, and the effort of the logistics teams, and fuel.

The transportation journey from Ismailia to the Egyptian Red Crescent relief operations in Al-Arish takes about 200 kilometers.

Three days after the start of the aggression in October 2023, the official authorities in Egypt issued a permit to the Red Crescent Society facilitating transportation operations by air from Al-Arish Airport and by sea through the port of Al-Arish to the strategic warehouse of the Egyptian Red Crescent Society in Al-Arish.



Remarks and recommendations

1- In terms of providing care for the wounded and sick in the Gaza Strip

- Before the issuance of the present report, the number of those wounded in the Israeli aggression on the Gaza Strip approached 75,000 wounded, and field sources from the mission's institutions and partners indicate that at least 10 percent suffer from severe and serious injuries and their lives are in extreme danger in light of the lack of capabilities in the Strip to arrange the necessary medical care after Destruction of health infrastructure in the Strip, the impact of which is compounded by restrictions on the flow of life-saving medical aid.

- In the occupied Gaza Strip, there are tens of thousands of people with chronic diseases who are at risk in light of the lack of health care facilities in the Strip and the almost complete absence of the medicines necessary to maintain their safety.

There are less than 5,000 sick and wounded people who went out to receive treatment and medical care outside the Gaza Strip, after prolonged periods during which their health conditions deteriorated.

- The hospitals of the Arab Republic of Egypt, which bear the greatest burden so far, cannot receive more health cases without the availability of a joint Arab mechanism to facilitate the exit of the wounded and sick and provide them with health care, which constitutes the necessary minimum.

The availability of this appropriate mechanism does not suffice without ensuring the flow of adequate health aid, ensuring the safety and security of Palestinian health centers and medical teams, while enabling international medical teams to enter the Strip to carry out their efforts.

- The mission views with concern the weakness of the efforts of the United Nations aid mechanism in accordance with Security Council Resolution 2720, and is increasingly concerned about the weakness of the testimonies provided by the mechanism about the obstacles imposed by the occupation on the success of international relief efforts.

- The mission views with great suspicion the idea of establishing a port to receive aid by sea, especially since the land aid mechanism is available and its infrastructure has been provided across Egyptian territory.

- This does not limit the responsibility of the occupying authority to ensure that the international community fulfills its duties in bringing aid into the Gaza Strip through its six land ports in accordance with the rules of international humanitarian law.

- The Security Council remains fully responsible for the failure to oblige the Israeli occupation authorities to implement the precautionary measures decided by the International Court of Justice on January 26, 2024, which cannot be achieved without a complete and sustainable ceasefire and stopping the continuation of the crime of genocide.



2- In terms of aid flow

The restrictions imposed on the flow of aid constitute a weapon of war directed by the Israeli occupation forces against Palestinian civilians in the occupied Gaza Strip.

The restrictions imposed on certain types of aid mentioned above constitute confirmation of the presence of intent and intention to harm civilians in the Gaza Strip, especially since this prohibited aid is the most important for meeting the needs of the afflicted or is the necessary tools that guarantee the sustainability of other aid.

- The arbitrariness in inspection, and likewise the arbitrariness in preventing an entire truck due to the rejection of a small part of it, confirms the presence of intention and intent towards limiting the flow of aid.

The occupation authorities' insistence on transferring aid for inspection under their control is a waste of the mandate of specialized United Nations agencies. This assessment supports the occupation's persistent pursuit to undermine the mandate of the Palestinian Refugee Relief Agency (UNRWA), which is integrated with the occupation's plan to harm civilians in the Gaza Strip.

The above is supported by the fact that the occupation forces, which have a military and combat nature, insist on working for specific periods of the day and refuse to work after daylight hours. They also work only five days of the week, in a way that contradicts the concept of humanitarian emergencies and disasters.

The behavior of the occupation authorities constitutes a flagrant violation of the precautionary measures ruled by the International Court of Justice on January 26, 2024, which requires the intervention of the UN Security Council, even with coercive measures, to enforce the enforcement of these measures.

- The mission is aware that the astonishing illegal restrictions imposed by the occupation to limit the flow of aid support the accusations against it of committing the crime of genocide against the Palestinian population in the Gaza Strip, and also confirms the occupation's plan to force the population of the Strip out of it after the crime of forced displacement had been committed. Already within the occupied territory (the sector).

The mission is also certain that:

- There is an urgent need to stimulate the international community to pump more aid to help the population in the Gaza Strip. It is surprising that 70 percent of the international aid provided until the beginning of March 2024 comes from the Arab Republic of Egypt, and the necessary support must be provided to keep pace with the rise in shipping costs exceeding the value of Aid incurred by the Egyptian government.

Transporting aid by air or sea does not constitute an appropriate alternative to the flow of aid by land in a way that is commensurate with meeting the huge amount of needs and in accordance with the provisions of international law.

- The occupation must immediately open its crossings with the Gaza Strip, along with the Rafah crossing with Egypt, to ensure the free flow of aid in all areas of the Strip.



The work of United Nations agencies and humanitarian relief institutions is not a luxury that the occupation can prevent or restrict, and the Security Council must bear its responsibilities.

Imposing a ceasefire is a necessity imposed by the provisions of international law, and imposed by the methodology for implementing the precautionary measures issued by the International Court of Justice.

Conclusion

- On October 14, 2023, the Arab Organization for Human Rights concluded (in a statement) that the elements of the crime of genocide against the residents of the Gaza Strip had been completed, noting the Israeli occupation authorities' announcement of cutting off supplies of energy, water, food, medicines, and health supplies to the Strip on the evening of October 8. The beginning of 2023, in parallel with the statements of the occupation leaders that dehumanized the Palestinians, with the expansion of the bombing of the entire sector, which is the most densely populated in the world, an accusation whose credibility was confirmed by the International Court of Justice on January 26, 2024, by accepting South Africa's lawsuit and its report on the measures. Precautionary measures that the occupation did not adhere to and the failure of the UN Security Council to carry out its responsibility so far to ensure their implementation.
- The forced transfer of the population within the Gaza Strip constitutes a war crime under the provisions of the Fourth Geneva Convention, and the official statements of the occupation leaders regarding the necessity of pushing the population of the Gaza Strip out constitute a crime of forced displacement, requiring the High Contracting States to the Fourth Geneva Convention to carry out their duties in imposing the measures required by the Convention.
- The conclusions reached by the joint mission support that the continued Israeli aggression against Palestinian civilians in the occupied Gaza Strip is a continuation of the commission of a wide range of gross human rights violations, war crimes, and crimes against humanity, the most important of which is the crime of genocide, which continues to this day.

The documented sample reflects patterns that suggest serious violations of international humanitarian law that constitute war crimes continue to be committed by the aggressor Israeli occupation forces in the occupied Gaza Strip, the most prominent of which are:

- 100 percent of all the wounded whose cases were documented by the mission were civilians not involved in the fighting, and 92 percent of them were children and women.
- That all the wounded were in populated and crowded civilian areas, including sanctuaries flying the United Nations flag, and the coordinates of all the various sanctuaries are already communicated periodically to the Israeli occupation forces.
- All the wounded and their companions did not receive prior warnings about the targeting of the civilian areas in which they were present at the moment of the bombing.



- All those wounded during the 81 attacks that led to their injury lost at least one of their relatives and neighbors, and in some cases the number of those they lost jumped to 17 relatives and neighbors in the same attack.
- All of the wounded also lost hundreds of their relatives and neighbors before being exposed to the attacks that led to their injuries.
- All the wounded suffer from varying psychological disorders, especially children under 15 years of age, and all of them need regular psychological care during the care phase inside or outside hospitals.
- The type of injuries reflects the use of highly destructive weapons in various types of bombing operations (air, land, sea) and with ammunition that is likely to be banned and tends to cause severe burns that lead to the decomposition and loss of layers of their skin.
- It also reflects the type of injury caused by the use of ammunition, which is characterized by the amputation of limbs among those targeted by the attack, and the majority of cases that suffer from amputation of limbs suffer from the amputation of multiple limbs.
- The type of fracture injuries reflects what resulted from the demolition of homes and civilian buildings on the heads of their residents, and some of them were even targeted while they were engaged in rescue operations for other victims. These are facts that the mission unanimously believes that their high percentage is linked to attacks of a sudden nature.
- It is clear from the narratives of the victims that many of them could have had their injuries contained if hospitals and facilities had remained free from attacks and had been able to receive the necessary assistance for medical care, including equipment, medicine, and supplies.

The mission confirms the following:

- 1- The responsibility of the UN Security Council to stop the ongoing crime of genocide in the Gaza Strip, especially with regard to its uninterpretable responsibility to implement the precautionary measures decided by the International Court of Justice.
- 2- The demand to stop the aggression constitutes the immediate duty of the entire international community, and even if essential supports are available in the areas of relief, the flow of aid, and the rescue of the wounded and sick, stopping the aggression is the only guarantee to stop the ongoing crime of genocide.
- 3- Every state party to the Convention on the Prevention and Punishment of the Crime of Genocide has a categorical responsibility to take measures to stop the continuation of the crime of genocide, whether collective measures or individual measures stipulated in the Convention without ambiguity.
- 4- Cutting off, freezing and/or reducing diplomatic relations and trade exchange is a logical and essential prelude to the measures that the Convention on the Prevention of the Crime of Genocide places on the 152 state parties in the face of occupation.
- 5- The mission calls on all human rights groups to take action before the national judicial authorities in the states party to the Convention on the Prevention of the Crime of Genocide



to take the necessary measures, especially in the states that continue to supply the Israeli occupation authorities with weapons and security and intelligence support, as this constitutes complicity prohibited by the convention.

6- The responsibility of the Public Prosecution of the International Criminal Court to issue arrest warrants to bring the perpetrators into custody is a fundamental responsibility whose implementation cannot be delayed immediately, especially since quite a few of the atrocities and massacres that took place in the Gaza Strip during the last six months were accompanied by an acknowledgment from the occupation authorities that they had been committed without ambiguity.

7- The mission strongly condemns every irresponsible statement issued by international parties calling on the Israeli occupation to mitigate civilian casualties, which strips away the legal protection imposed by international humanitarian law for civilians in armed conflicts.

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Appendixes:

- 1. *Wounded Palestinians Documentation***
- 2. *Mission Methodology and Guidelines***
- 3. *Background on the Aggression***
(currently available in Arabic version)