

# MSF internal investigation of the 15 August attack on Abs hospital **Yemen** Summary of findings

27 September 2016



## About the investigation

This document summarises the findings from the internal investigation of the attack on the Médecins Sans Frontières (MSF)-supported Abs rural hospital in the Hajjah governorate in Yemen. A more detailed report will be released shortly. The objective of the investigation is to ascertain the facts surrounding the attack on the hospital and to establish whether the safety and security of staff and operations can be assured on the ground in Yemen. The investigation was carried out by an MSF humanitarian affairs adviser based at the organisation's headquarters (HQ) in Barcelona, with critical support from past and present MSF staff involved in the Yemen operations at HQ and field level.

For the purpose of this internal review, 35 interviews were conducted with key MSF staff from the Yemen mission and the Abs hospital project, including direct eyewitnesses of the attack, and with patients who were at the hospital at the time of the airstrike. Additionally, relevant internal and external documentation, Yemen context analyses and photographic material were reviewed.

## Introduction

On Monday 15 August at 3.40pm local time, the Abs rural hospital in Hajjah governorate in northwestern Yemen was hit by an airstrike killing 19 people, including one MSF staff member, and injuring 24 others. At the time of the attack, there were 23 patients in surgery, 25 in the maternity ward, 12 in paediatrics and 13 newborns at Abs hospital.

The airstrike constituted the fifth and deadliest attack on an MSF-supported medical service in Yemen in the past year, amidst countless attacks on other health facilities and services all over the country. The other four attacks on MSF-supported medical services were: Haydan hospital, in the Sa'ada governorate, on 26 October 2015; a mobile clinic in the al-Houban district in Taizz on 2 December 2015; Shiara hospital in Razeh, also in Sa'ada, on 10 January 2016; and an ambulance belonging to the Al Jamhoory hospital in Sa'ada town on 22 January 2016.

## **MSF'S humanitarian operation in Abs**

MSF has been working in Yemen since 1994. After the start of the March 2015 conflict, MSF scaled up its operations across the country by supporting the very weak hospital network in Yemen, and offering care to displaced populations and to people living with chronic disease. Following the large displacements of people fleeing the violence in Haradh after the beginning of the aerial attacks in the spring of 2015, MSF began providing medical assistance to the internally displaced persons (IDPs). In July 2015, MSF decided to support the rehabilitation of the hospital in the town of Abs as it was the only functioning hospital in the western part of the Hajjah governorate. An estimated 77 per cent of the population in Hajjah district is dependent on humanitarian assistance and over two-thirds of its inhabitants are living below the national poverty line. Furthermore, Hajjah hosts the second largest concentration of IDPs in the country (after Aden and on a par with Taizz) with some 300,000 IDPs living in makeshift camps and amongst the highly vulnerable host population.

Following MSF's rehabilitation of Abs hospital between the months of August and November 2015, the facility had an equipped 14-bed emergency room (ER), operating theatre, paediatric department and maternity ward. Over 14,000 patients have been treated at Abs hospital since MSF began supporting its activities over a year ago. **Before the attack on the hospital, MSF had a 205-strong staff, including a permanent presence of international staff (IS) – eight IS members as of August 2016 – over 160 national staff (NS) and some 30 Ministry of Health (MoH) employees on incentives paid by MSF.**

**Between July 2015 and July 2016, the Abs hospital staff has attended 1,631 deliveries, including over 160 caesarean sections in the last 7 months. The ER has treated over 12,000 patients, of which less than a quarter were trauma related and the vast majority were acute internal medical cases. In the month before the airstrike on the hospital, 22 per cent of all ER patients were under 5 years of age, which means a total of 1,540 admissions.** Abs hospital has treated low numbers of war wounded (WW) patients, which reflects the predominantly civilian makeup of the population and the relative security of the area away from the frontlines. Only 161 WW cases were treated in the first half of 2016, compared to over 750 WW at Al Jamhoory hospital in Hajjah city.

In addition to its work in Abs hospital, until August 2016 MSF has been supplying drinking water to 16,000 IDPs in the area around Abs town, installing water bladders and regularly supplying water to meet minimum humanitarian standards. Through a system of mobile clinics, MSF teams have also been providing basic medical care to the population in remote areas, as well as monitoring the nutritional situation, as the area has endemically high chronic and acute malnutrition rates.

# The airstrike on Abs hospital on 15 August 2016

On 15 August 2016, at 3.40pm local time, a plane launched a projectile at Abs hospital without previous warning or communication with the MSF mission. The projectile made impact between the ER/triage area and the outpatient department (OPD).



Below is a list of events that either took place at Abs hospital or are relevant to the activities of the facility in the moments leading up to the attack and immediately afterwards.

Date	Local time	Event
15/08/16	3.00-3.15pm	3 airstrikes between Al-Bida and Al Raboa (10km from hospital). MSF activates mass casualty plan.
	3.15pm approx	Staff hear a plane overflying the hospital.
	3.00 – 3.30pm	Seeing that there is no influx of wounded, MSF deactivates mass casualty plan.
	3.35pm approx.	A civilian vehicle brings patients reportedly from the airstrike to Abs hospital (number of people and injured in the car unclear); passengers are reportedly in civilian clothes and no weapons are visible inside the vehicle.
	3:35pm approx	Plane is heard at lower altitude.

	3.40pm	<b>Airstrike on Abs hospital with the impact falling on the civilian vehicle that entered the compound a few minutes prior and which is parked in front of the Emergency Room.</b>
	4.12pm	MSF field team makes contact with MSF Djibouti (DJB) liaison and informs of a strike on Abs hospital (3 airstrikes earlier in the area and a fourth on the hospital).
	4.15pm	DJB liaison contacts the Saudi-led Coalition's Evacuation and Humanitarian Operations Cell (EHOC) and <b>requests them to stop bombing the area</b> . EHOC says it is a Houthi attack and advises they will call back.
	4.15pm	Hospital staff arrive to MSF office with 3 injured and 1 dead. A stabilisation centre is set up in meeting room.
	4.20pm	MSF staff at Abs hospital are told to go on standby in the operation theatre until further communication.
	4.30pm	DJB liaison contacts KSA general, but there is no answer.
	4.51pm	KSA general contacts the DJB liaison office to inform them that they are ordering the planes away and will call back.
	4.57pm	KSA general calls the DJB office again to inform them that a 3-hour window (stand-down) has been granted. Following an exchange on the situation on the ground, <b>the general says the objective of the strike was a moving vehicle that had entered the hospital compound.</b>
	5.11pm	KSA general calls the DJB liaison office and extends stand-down time to 4 hours, and says that MSF can ask for an extension.
	5.15 – 5.25pm	MSF team that was in the office moves to the hospital to respond to medical needs and assess the damage.
	10.56pm	MSF issues a press release informing about and condemning the attack.
18/08/16	PM	<b>MSF releases public statement announcing evacuation of its teams from six hospitals in Sa'ada and Hajjah governorates and calls for immediate measures to ensure the effective protection of medical services.</b>

Interviewees reported increased noise from airplanes in the area around Abs town during the hours leading up to the airstrike. Some MSF staff indicated the presence of planes overflying the hospital complex around prayer time (i.e. around 3.15pm local time). Previously, between around 3pm and 3.15pm local time, there had been three airstrikes between the villages of Al-Raboa and Al-Bidah, which had been targeted in the past. Reports about the airstrikes reached Abs hospital, initially indicating a hit on a market in Beni Hassan. Consequently, a mass casualty plan was initiated. A mass casualty is any incident in which resources for emergency medical services, such as personnel and equipment, are overwhelmed by the number and

severity of casualties. Abs hospital staff sought confirmation of the airstrike with contacts in Beni Hassan who clarified the actual location of the attack and indicated that no mass casualty was to be expected as it had not occurred in a busy populated area. The mass casualty plan was deactivated accordingly.

Airplanes continued to be heard in the area of Abs town. Around 3.35pm local time, a civilian car, identified by eye witnesses as a white Toyota Corolla city taxi, brought in patients who were said to have been injured in the earlier airstrikes in the area between Al-Bidah and Al-Raboa. The investigation has not been able to unequivocally ascertain how many people were in the car nor the gravity of the injuries, but it was probably between two and four.

**The car was visually inspected at the gate by the hospital ER guard who reports that the people in the car wore civilian clothes and that there were no weapons visible inside the vehicle. At the triage area, the car was approached by MSF medical staff who subsequently checked availability in ER, which was full, and afterwards went to the logistics room to bring out a mattress/stretcher to unload the wounded. At this precise moment – at 3.40h local time – the airstrike took place, making impact at the exact place where the vehicle had stopped.** It is unclear from the investigation if all of the injured people were still inside the car at the moment of impact, or if one or more of them had managed to walk to ER unassisted.

The blast was very powerful. It left a big crater and was felt throughout the hospital, where windows were shattered despite the blast film applied on them. The ER building, however, largely withstood the blast and none of the surrounding buildings collapsed as a consequence of the explosion.



**At the time of the airstrike, three MSF international staff were present at the hospital in the operating theatre and in the maternity ward, where a big group of national staff was assembled for training. The rest of the MSF international staff were at the MSF office in Shaffar.** In the MSF office, the assistant field coordinator received a call from the hospital at 3.45pm reporting the airstrike. Following MSF protocols, contact was initiated with MSF's head of mission in Sana'a in order to establish communication with the MSF Djibouti liaison office in charge of all communications with the Saudi-Led Coalition's (SLC) Evacuation and Humanitarian Operations Cell (EHOC). Further direct communication between MSF staff at Abs hospital and the MSF office took place at 4pm and instructions were given to all staff to shelter in the OT as per security protocols.

Communication between the MSF office in Shaffar and the Djibouti liaison office was made at 4.12pm and the first telephone contact with the EHOC was established at 4.15pm. The initial response received from the EHOC was that the incident at Abs hospital was not an airstrike but an Al-Houthi militia rocket launch. A request was made by the MSF liaison officer for the withdrawal of military planes from the area in order for the medical teams to be able to attend to the wounded and evacuate Abs hospital. The EHOC advised that they would call back with information; however when no such call had been received 15 minutes later, a new phone call was made to the EHOC, during which the EHOC indicated that they were already in contact with the SLC air force. Finally, at 4.51pm, the Djibouti office received a call from a KSA general informing them that the planes had been recalled from the Abs area. At 4.57pm (one hour and 17 minutes after the airstrike) a second call from the general established a 3-hour-long stand-down that was later extended to 4 hours. **In this same call, MSF was notified that the target was the vehicle that had arrived shortly before the airstrike.**

At 4.59pm, the Djibouti liaison officer informed the MSF team that the SLC air force had been recalled from the town of Abs, and the team prepared to move to Abs hospital, arriving there at 5.25pm.

In the meantime, at Abs hospital, patients had already begun to be transported to nearby private clinics and other health centres in private vehicles. Other severely injured patients were brought into the operating theatre to be stabilised before they could be transported to other hospitals for treatment. At 4.15pm, the first group of national staff reached the MSF office, bringing three injured patients and the body of the killed MSF staff member. A stabilisation centre was set up in the meeting room under the supervision of the MSF emergency room doctor who was at the office at the time of the attack doing interviews for a vacancy at the hospital.

All medical staff were evacuated from Abs hospital at 6pm and at 6.45pm the MSF team also left the facility.

## Consequences of the airstrike on Abs hospital

The 15 August 2016 attack on Abs hospital left 19 dead, including one MSF staff member, and 24 injured. Thirteen of the deaths were due to severe shrapnel injuries, two people burned to death inside the car, one of which was a child, and partial remains were found of the remaining four casualties. Regarding the injuries of those that survived the explosion, most were due to shrapnel or from the partial collapse of the structures that were affected by the airstrike. See the tables below for more detail on the immediate victims of the attack.

**Table 1: Relation of deaths and injuries according to status**

MSF staff		MoH (with MSF incentive)		MoH staff (volunteers)		Patients/caretakers	
Dead	Injured	Dead	Injured	Dead	Injured	Dead	Injured
1	6	0	2	0	3	18	13

**Table 2: Relation of deaths and injuries according to age**

Age			
Children		Adults	
Dead	Injured	Dead	Injured
5	4	14	20

**Table 3: Relation of deaths and injuries according to gender**

Gender					
Male		Female		Unknown	
Dead	Injured	Dead	Injured	Dead	Injured
16	20	1	4	2	0

Furthermore, critical patients who were at the hospital at the time of the airstrike suffered adverse medical effects while fleeing the facility in the moments of chaos following the impact. At least one prematurely born baby, whose parents fled the destruction, died en route to another health facility.

The disruption of health service provision was also considerable in the days following the attack with the reduction of MSF personnel and the damage to the physical structures of the hospital. The hospital was closed instantly after the airstrike. All the patients ran away following the blast. The hospital remained empty and inoperative for 11 days. On 26 August, the emergency room, the maternity and the laboratory services reopened. Still, attendance at the hospital was significantly reduced as patients continued to feel unsafe in the facility (see table below). By way of example, on 29 August, a pregnant woman in the last stage of labour and about to



deliver, stood up and ran away from the facility when she heard a plane flying nearby. She most likely delivered somewhere between the hospital and her house. Two weeks later, after some rehabilitation work had taken place, other services reopened and the flow of patients to the hospital began slowly increasing.

**Table: Comparison of daily admissions per department**

No.	Department	Before Airstrike (July data)	After Airstrike (partial reopening of the hospital)
1	ER	At least 35 cases/day	2-4 cases/day
2	Maternity	At least 6 deliveries/day	1-2 cases/day
3	OT	2-3 cases on average/day	0
4	IPD paediatric	3-4 cases/day	0
5	IPD surgical	2-3 cases /day	0

After careful consideration and assessment of the security situation on the ground, and deeming that medical facilities were unsafe for patients and staff, on 18 August 2016, MSF took the painful decision to evacuate its teams from six hospitals in the Hajjah and Sa’ada governorates in northern Yemen, including Abs hospital.

While the hospital remains open under the management of the MoH and MSF continues to support the hospital with incentives, fuel and medicines, this withdrawal of a considerable number of qualified human resources has negatively impacted the availability and quality of healthcare. The consequences are especially dire for patients who need referral to and from the hospital and who no longer have medical transportation provided free of charge.

## **Findings of the investigation regarding the protected status of the hospital under IHL**

The investigation has found no change in the normal functioning of the hospital activities and in the town of Abs in the week and days leading up to the attack on the hospital on 15 August that could be considered a warning or a trigger for the attack.

There had been an increase in airstrikes in the Abs district as well as throughout the country following the unsuccessful end of the latest round of peace talks in Kuwait on 6 August. During the first week of August, two airstrikes took place in Abs district: one in the area between Al-Bidah and Al-Raboa, and another one in Al-Jar farms. In the week before the attack on Abs hospital, our teams report that there were 11

airstrikes in the Abs district: 6 on the military base of Abs, 1 in Shaffer some 2km from the MSF office, and the rest in Al-Jar farms and Matwalah. However, no escalation of violence was noted in the town of Abs itself, and the influx of patients into the hospital remained steady.

In the 48 hours preceding the attack, there had been no official visits to the hospital, no personalities passing through the town, no abnormal military activity, no unusual movement of population in the area, and no increase of WW patients.

**Most importantly, the investigation has found that the protected status of the hospital had not been lost.** The findings that support this are:

**1) Abs hospital was a fully functioning medical facility providing all available services to the local community.**

At the moment of the attack as well as in the days prior to it, all services of the hospital were functioning normally. When the strike hit, there were 23 patients in surgery, 25 in the maternity ward, 12 in paediatrics and 13 newborns at Abs hospital. The review of the medical data of the months prior to the attack shows an increase in consultations in all departments except maternity in July, as compared to the previous month. In July, 75 patients were admitted in the paediatric ward (32 per cent were neonatal infections) and a total of 153 surgeries were undertaken of which 31 were caesarean sections (20 per cent of all surgical interventions). The August data is not available as many medical registries were burned as a result of the attack.

**2) The hospital was duly identified, both with logos and through the communication of GPS coordinates**

The location of the Abs hospital had been notified to all parties in the conflict and the GPS coordinates were regularly shared with the SLC through the EHOc since the start of MSF activities in the facility over a year before the attack on 15 August 2016. The latest communication of the GPS coordinates for all MSF operations was on 10 August, followed by an amended communication the next day (due to the addition of GPS coordinates for a water tank). The Abs hospital complex lies within an enclosed and gated area that has the MSF logo at the entrance and the MSF logo painted on the roof of several buildings.



### **3) The neutrality of the hospital had not been compromised**

The hospital had not been hosting any political or military activities and a strict no-weapons policy was being applied.

MSF international staff, including a project coordinator, had been present on the ground at Abs hospital since the start of the MSF-supported activities in July 2015. This guaranteed the close monitoring of all medical and operational activities inside the hospital and a comprehensive overview of the physical structures of the facility, ensuring that no part of it was being used for non-medical related activities. Furthermore, a control over the hospital's pharmacy stock ensured that no medicines or medical supplies could be funnelled to other parties or diverted for use outside the hospital.

The close collaboration between the MSF workers and the MoH staff on incentives from MSF, including with the hospital director, ensured that any potential irregularity in terms of movement of assets, presence of unsanctioned personnel or prohibited activities such as political or military gatherings inside the facility would have been quickly detected and reported. No such instances have been discovered by this investigation and, on the contrary, all possible measures appear to have been implemented to ensure the transparent and neutral functioning of Abs hospital as medical facility protected under International Humanitarian Law.

Ever since MSF began supporting the Abs hospital in July 2015 a strict no-weapons policy has been enforced at Abs hospital. In addition to the security check at the entrance where all weapons, including jambiyas<sup>1</sup>, have to be left before accessing the facility, no military uniforms or vehicles are allowed on the premises. In an event of a mass casualty plan, military vehicles are allowed to enter the waiting area to unload the injured but have to abandon the hospital grounds immediately and are not allowed to be stationed in the vicinity of the hospital. No external vehicles of any description are allowed to remain stationed inside the facility's perimeter beyond the necessary time for the admission or discharge of patients.

The MSF Abs team has held regular meetings with local authorities and the Al-Houthi interlocutors on the ground to discuss the importance of maintaining the neutrality of the hospital and ensuring that the no-weapons policy would be respected at Abs. While relations with the Al-Houthi are difficult in many parts of the country, the team reported very fluent and uneventful communication with them in the Abs district. No major difficulties or external challenges to the implementation of the different measures of the neutrality protocol have been reported by the MSF staff in the course of the investigation. The mission's incident log book does not record any significant occurrence of defiance to the no-weapons policy. According to all interviewees without exception, the importance of maintaining the neutrality of Abs

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<sup>1</sup> Traditional Yemeni swords

hospital in order to protect its physical integrity was well understood by all parties on the ground. Consequently, the MSF neutrality protocols and policies had the full support of the local Al-Houthi, MoH representatives, hospital staff and patients.

As regards MSF's acceptance by the local community, according to all national and international MSF employees at Abs hospital, the local community was very welcoming towards MSF, was greatly satisfied with the increase in the quantity of medical services and the improved quality of the medical care provided at the hospital. The provision of free treatment and transportation for referred patients coming to Abs hospital from the remote areas were very much valued in an area of Yemen where poverty levels are extremely high, malnutrition rates are staggering and adequate health care is sorely missing. Last but not least, there was a shared belief among the local staff, Abs community and hospital patients that the MSF's support to the facility and the permanent presence of MSF would provide Abs hospital with protection from airstrikes.

#### **4) No notification or warning was received of the impending attack**

Neither teams on the ground nor the liaison officer in Djibouti received any warning that there was going to be an attack on the hospital compound. Whilst MSF strongly believes that there was no legitimate reason to attack the hospital, even if there had been one it would still have been mandatory to give an advance warning so as to allow for the evacuation of patients.

## **Findings of the investigation regarding the perpetrator and the motivations of the attack**

#### **1) The attack was perpetrated by the Saudi-led Coalition**

- a. It was an aerial strike and in this war, the only actor with military capability is the Saudi-led Coalition.
- b. It was acknowledged by SLC military authorities minutes after during a telephone conversation with the MSF Djibouti liaison office.

#### **2) The objective of the attack appears to have been the car that drove into the hospital compound roughly five minutes before the airstrike. However, regardless of the intended objective, given that the vehicle was in the hospital compound, this constitutes an attack on a protected medical facility.**

- a. The KSA general speaking to the MSF Djibouti liaison officer indicated that the target was the car.
- b. The projectile landed on the car and completely destroyed it.
- c. The attack disregarded the protected nature of the medical facility.

## Conclusions

**The airstrike launched on the Abs hospital on 15 August 2016 was an unjustified and unprovoked attack by the Saudi-led Coalition. MSF had taken every possible measure to safeguard the normal medical functioning and the neutrality of the facility.**

**Regardless of whether the strike targeted the hospital or the car, the attack was illegitimate.**

Based on the evidence obtained during this investigation, there is no indication that Abs hospital had lost its protected status under International Humanitarian Law. Thus, **carrying out the attack on the hospital without any legitimate cause and without previous warning was a violation of the International Humanitarian Law rules.**

**Consequently, MSF calls on all parties to the conflict to respect the medical mission and its protected status under International Humanitarian Law, and to implement/respect UNSC resolution 2286 which reaffirmed commitment to the same. Furthermore, urgent changes in the rules of engagement of the Saudi-led Coalition are critical to ensure the safety of medical personnel, patients, assets and infrastructure in the context of active war and for allowing the provision of humanitarian assistance to continue to be delivered on the ground. Lastly, while MSF welcomes internal investigations, it also requests an independent, prompt and impartial investigation into the events surrounding the airstrike on Abs hospital and demands that all parties will support it.**

It is important to highlight that the response of the SLC following the incident and MSF's subsequent announcement of its evacuation from northern Yemen has been encouraging. There have also been concrete and positive steps including a prompt investigation, an invitation to discuss the findings and a commitment to concrete changes. It remains to be seen if these intentions will translate into an increased and effective protection of the medical mission and a reduction of collateral damage.