

WORKING PAPER 25

OCTOBER 2013

Terrorist Attacks against Hospitals Case Studies

Dr. Boaz Ganor (Founder and Executive Director, ICT)

Dr. Miri Halperin Wernli (Vice President, Deputy Head Global Clinical
Development, Head of Global Business and Science Affairs, Actelion
Pharmaceuticals Ltd, Switzerland)

Abstract:

Approximately 100 terrorist attacks have been perpetrated at hospitals worldwide, in 43 countries on every continent, killing approximately 775 people and wounding 1,217 others.

The large number of patients, visitors and medical staff on hand all but ensure that an attack on a hospital will produce multiple casualties. Both for this reason and because of the perversity of targeting a location that is dedicated to health and healing, a primary attack on a hospital may be expected to receive extensive media coverage. Above all, since hospitals serve entire populations, an attack on a hospital is more anxiety-provoking than an attack on almost any other site, because of what is known as “personalization”: prior personal familiarity with a hospital would cause anyone to fear that such an attack could easily have involved him or those close to him.

Hospitals are an attractive target for terrorist organizations for another reason as well, they house materials and knowledge that could easily be put to dastardly use: medications, poisons, radioactive materials, biological cultures. Hospital laboratories are the repository of chemical and biological substances that, in irresponsible or evil hands, could become poisonous, spreading illness or even causing an epidemic. For this reason, hospitals as a rule, and their store rooms and laboratories in particular, must be treated as sensitive security installations.

Terrorist Attacks against Hospitals

Case Studies

Dr. Boaz Ganor (Founder and Executive Director, ICT)

Dr. Miri Halperin Wernli (Vice President, Deputy Head Global Clinical Development, Head of Global Business and Science Affairs, Actelion Pharmaceuticals Ltd, Switzerland)

[Approximately 100 terrorist attacks have been perpetrated at hospitals worldwide, in 43 countries on every continent, killing approximately 775 people and wounding 1,217 others.

The large number of patients, visitors and medical staff on hand all but ensure that an attack on a hospital will produce multiple casualties. Both for this reason and because of the perversity of targeting a location that is dedicated to health and healing, a primary attack on a hospital may be expected to receive extensive media coverage. Above all, since hospitals serve entire populations, an attack on a hospital is more anxiety-provoking than an attack on almost any other site, because of what is known as “personalization”: prior personal familiarity with a hospital would cause anyone to fear that such an attack could easily have involved him or those close to him.

Hospitals are an attractive target for terrorist organizations for another reason as well, they house materials and knowledge that could easily be put to dastardly use: medications, poisons, radioactive materials, biological cultures. Hospital laboratories are the repository of chemical and biological substances that, in irresponsible or evil hands, could become poisonous, spreading

illness or even causing an epidemic. For this reason, hospitals as a rule, and their store rooms and laboratories in particular, must be treated as sensitive security installations.]

In recent decades, hospitals have found themselves unwittingly involved in one of the most severe security dangers of the modern era: terrorism. At first, their involvement was reflected in the development of a new type of emergency medicine to deal with multi-casualty terrorist attacks. Bomb attacks, and especially those in which the bomb was made of homemade explosives along with ball bearings, nails, and other metal projectiles meant to increase the harm to life and property, essentially created a new branch of emergency medicine, one meant to treat acute, multi-system physical trauma.

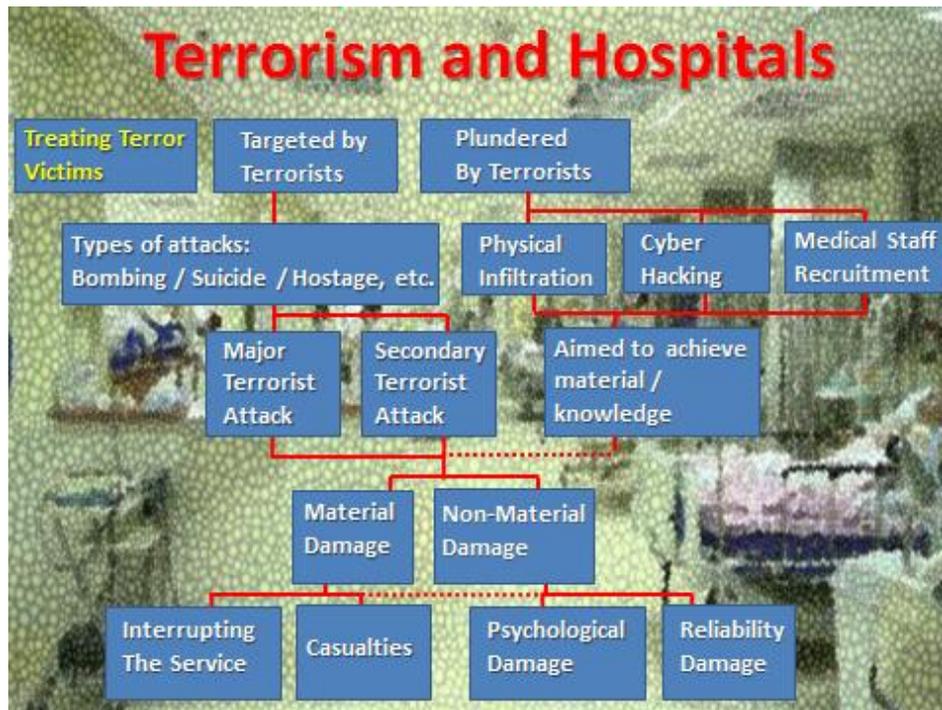
However, treating victims of terrorism was not the only challenge facing hospitals and other medical facilities. Terrorist organizations realized that hospitals themselves make an attractive primary or secondary target of attack. In the latter case, an attack on a hospital can distract security and response staff from the primary target of attack, and also confound the removal and treatment of the wounded from the site of the primary attack. For example, a bomb placed in a hospital, or a suicide attacker who detonates himself at a hospital entrance, will most likely interfere with the ability of emergency rescue teams to bring the wounded from the scene of a terrorist attack to the emergency room. This causes the loss of precious time, thereby increasing the damage inflicted by the primary attack.

As the primary target of attack, hospitals may be set upon by suicide attackers, bombs, kidnapping and negotiation attacks, and shooting attacks (including from mortars and rockets).

The large number of patients, visitors and medical staff on hand all but ensure that an attack on a hospital will produce multiple casualties. Both for this reason and because of the perversity of targeting a place that is dedicated to health and healing, a primary attack on a hospital may be expected to receive extensive media coverage. Above all, since hospitals serve entire populations, an attack on a hospital is more anxiety-provoking than an attack on almost any other site, because of what is known as “personalization”: prior personal familiarity with a hospital would cause anyone to fear that such an attack could easily have involved him or those close to him.

Hospitals are an attractive target for terrorist organizations for another reason, they house materials and knowledge that could easily be put to dastardly use: medications, poisons, radioactive materials, biological cultures. Hospital laboratories are the repository of chemical and biological substances that, in irresponsible or evil hands, could become poisonous, spreading illness or even causing an epidemic. For this reason, hospitals as a rule, and their store rooms and laboratories in particular, must be treated as sensitive security installations.

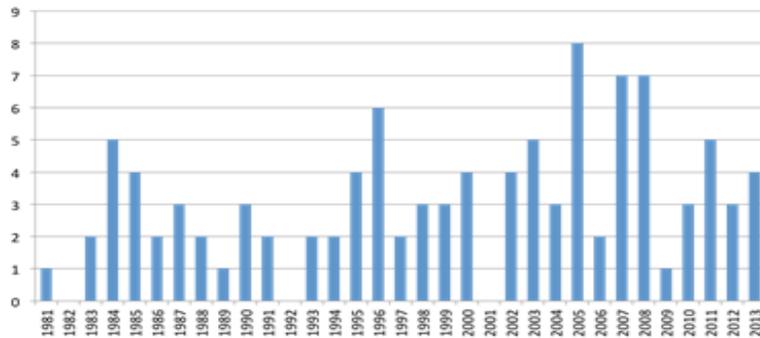
Moreover, hospitals also contain sensitive information, which terrorists could also easily misuse; sensitive medical information about current and past patients, and knowledge about preparing poisons or hazardous biological materials. Terrorist organizations can obtain such knowledge and materials by physically infiltrating a hospital, breaking into its store rooms and laboratories and stealing hazardous substances. Alternatively, they can recruit staff to their cause, or blackmail staff into passing them sensitive information. Lastly, it would not be difficult for a terrorist organization to steal such information by hacking into the hospital’s computer database or Internet site.



Terrorist Attacks against Hospitals, 1981-2013

Approximately 100 terrorist attacks have been perpetrated at hospitals worldwide, in 43 countries on every continent, killing 775 people and wounding 1,217 others.

Incidents of Terrorism Involving Hospitals Worldwide 1981-2013

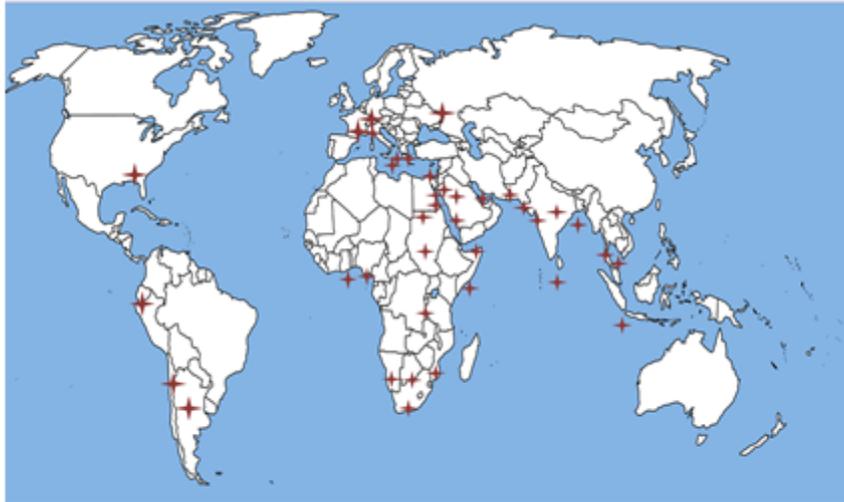


Since 1981 approximately 100 terrorist attacks occurred on hospitals worldwide

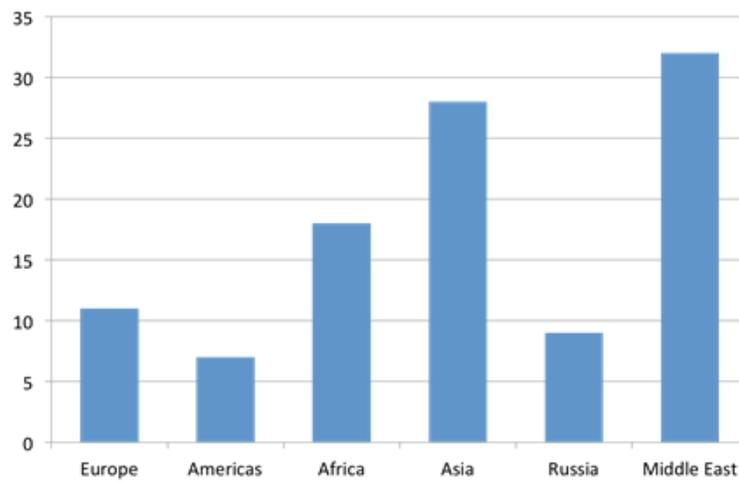
The record year for terrorist attacks against hospitals was 2005, when eight such attacks occurred in Iraq (six attacks), Thailand (one attack), and Israel (one attack). These attacks were perpetrated through bombings, suicide bombings, and car bombings.

The attacks took place in 43 countries on every continent, and approximately 755 people were killed and 1217 wounded

Locations of Hospital Terrorism 1981-2013

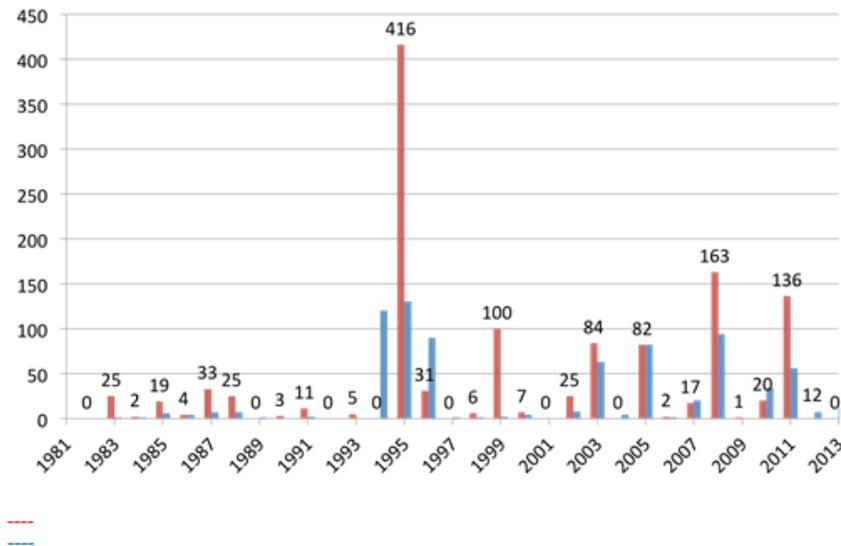


Number of Attacks by Region 1981-2013

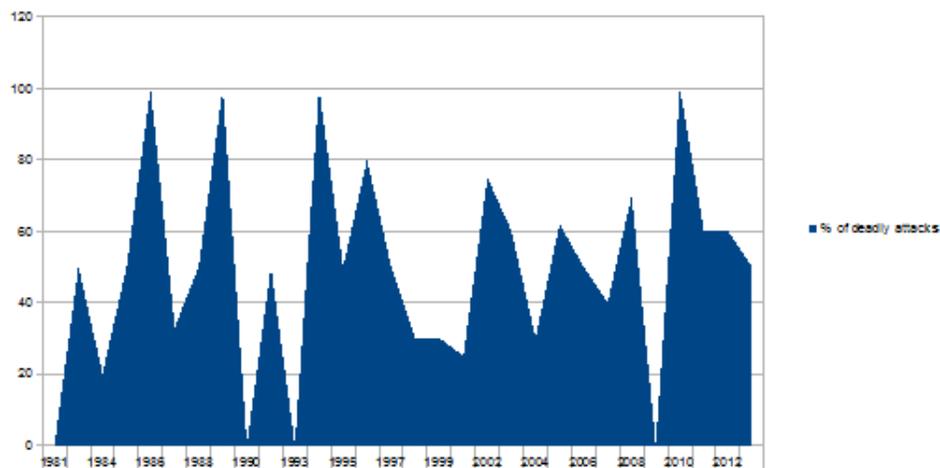


Between 1981 and 2013, 55 of 103 terrorist attacks on hospitals were deadly (19 of the attacks resulted in the death of more than 10 people). Since 2005, 63% (24 of 38) of the attacks on hospitals have been deadly, and 34% (13 of 38 attacks) resulted in the deaths of more than 10 people.

Casualties in Hospital Terrorist Incidents 1981-2013

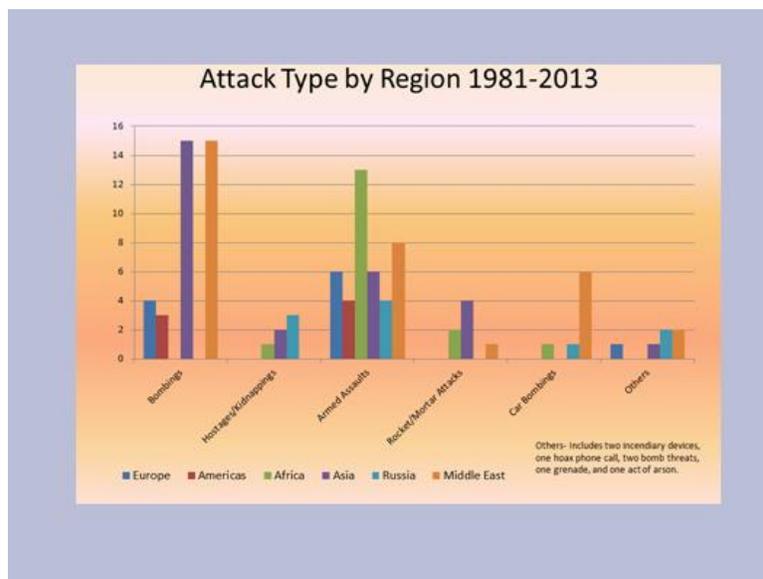
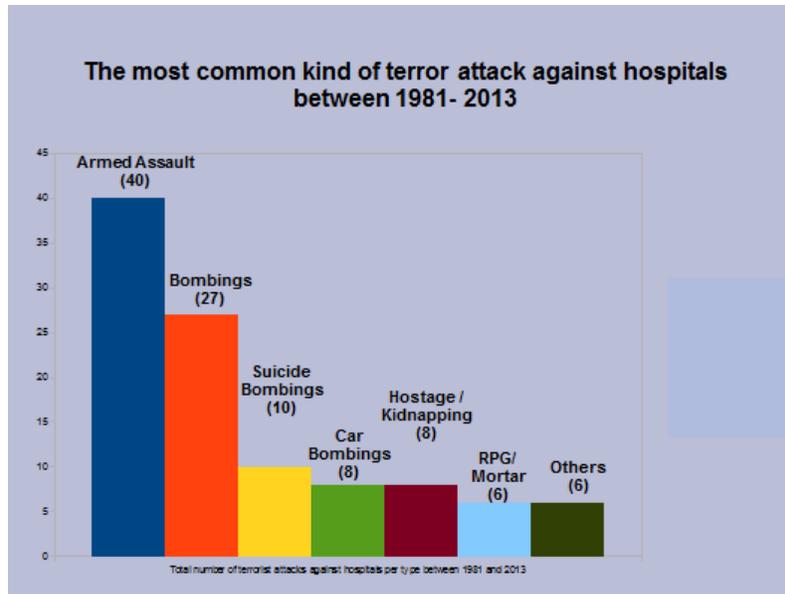


Percentage of deadly attack per year



Between 1981 and 2013, the most common type of terrorist attack against hospitals were those involving explosives. During that time period, there were 45 such attacks (27 bombings, 10 suicide bombings, and eight car bombings). The next most common type of attack was the armed

attack, in which terrorists stormed hospitals wielding firearms. During this period, more than 40 armed assault attacks on hospitals took place. Hospitals also experienced eight hostage takings and six rocket-propelled grenade and mortar attacks.



Chechen rebels (5), Fatah and al-Aqsa Martyrs' Brigade (4), Taliban (2), PIRA (2), Sendero Luminoso (2) and Tamil Tigers (1) are among the terrorists who perpetrated attacks against hospitals. Their motives were diverse, and ranged from the nationalistic (37), through the Marxist/communist (7), to the Islamist (5).

Terrorist groups involved in hospital attacks	
- Chechen rebels (5)	- Sudan's People Liberation Army
- Fatah, al-Aqsa Martyr's Brigade, Asa'ib Ahl al-Haq (4)	- OVK Kosovo Liberation Army
- Taliban (2)	- Al-Aqsa Martyrs Brigade
- PIRA (2)	- Ansaral-Islam
- Sendero Luminoso (2)	- Al-Awhid
- Tamil Tigers	- United Liberation Front of Assam
- SWAPO	- Somalian Army
- Manuel Rodriguez Patriotic Front	- Harkat-ul-Jihad al-Islami
- African National Congress	- Tehrik-e-Taliban Pakistan
- AVC	- Laskar-e-Taiba
- Aromo Rebels	- Terai Mukti Morcha Rupandehi Army Chief Bhawani Singh
- MNR Group	- PKK
- Bosnian Serbs rebels	- Syrian Rebels
- Banyamulenge	- Lashkar-e-Jhangvi

Key Terrorist Attacks against Hospitals: Case Studies

The deadliest terrorist attack against a hospital during this period was a four-day hostage-taking attack in Budennovsk, Russia in 1995, which caused approximately 544 casualties (129 dead and 415 injured). The second deadliest attack was a 1994 armed assault on a hospital in Kigali, which caused the death of 100 people. A 1996 attack in Bujumbura (Burundi) caused the death of 50 people, as did one in Mozdok, Russia in 2003. Many people were also injured in these attacks.

Similarly, 2011 saw attacks against hospitals in Tikrit, Iraq, and Logar, Afghanistan, each of which left more than 50 people injured.

The Budennovsk, Russia Hospital Hostage Crisis, June 14-19 1995

The city of Budyonnovsk (Budennovsk) faced a hostage-taking and armed assault in its hospital, carried out by approximately 150 Chechen separatists rebel gang led by notorious terrorist Shamil Basayev, where about 2,000 hostages were held. During the attack 129 civilians, 18 policemen, and 18 soldiers were killed, and more than 400 people were wounded throughout the entire event (of whom 18 later died after of their injuries).¹

The hostage crisis in Budennovsk hospital occurred six months after Russian troops invaded Chechnya. On June 4, just ten days before the raid on Budyonnovsk, a Russian bombing raid on Basayev's cousin's house in the village of Vedeno destroyed his home killing 11 of his relatives including his Abkhazian wife and children, and his 5-month-old nephew.² However, Basayev said, the organization for the Budyonnovsk raid was happening at the time. "*At that moment I swore I would kill Russian pilots wherever I found them,*" he said seeking vengeance and not only tactical and/or political advantage.³ Chechen leaders, all but defeated in their fight for independence, had frequently vowed to carry the war beyond Chechen borders. The operation was under preparation for several weeks. Secrecy was kept for the operation and even the

¹ Documents, working papers – Council of Europe, Parliamentary Assembly – 2000, volume 2

² http://articles.baltimoresun.com/1995-07-16/news/1995197017_1_basayev-budyonnovsk-chechen-war

³ Dolnik A., Fitzgerald K. M., (2008), Negotiating Hostage Crisis with the New Terrorists, Greenwood Publishing Group, p. 45-48

president of the Chechen republic, Dzhokhar Dudayev, was inform just before it occurs, according to Basayev.⁴

On June 14, 1995 two fighters dressed up as Russian policemen and drove a car which was painted to resemble a police car. They were followed by three large military trucks driven by Chechen fighters - which were disguised as Russian military troops as well – and contained the rest of the Chechen rebels. The convoy followed the route used by Russian convoys leaving the war zone. At each checkpoint, the fighters dressed as policemen said they were escorting truckloads of dead Russian soldiers. Most soldiers and policemen let them pass. Others demanded small bribes, which were paid⁵. The convoy made it through no less than 22 checkpoints⁶ to reach the village of Praskaeva.

Basayev said that he had not planned to attack the city. He intended to storm the Kremlin. According to officials, the original target was the Mineralniye Vody Airport, where the group allegedly planned to seize an aircraft and fly it into the Kremlin in 9-11 style operation. However, in Praskaeva, a police officer demanded a bribe from the group, which they could not afford to pay. As they could not pay the bride, the group was arrested and taken to the police station⁷. Once there, at approximately noon, previously undiscovered fighters emerged from the trucks and started to shoot⁸ in order to seize a number of key buildings in the city. They stormed the main police station and government offices (city hall) of Budyonnovsk, where they raised Chechen flags.

⁴http://articles.baltimoresun.com/1995-07-16/news/1995197017_1_basayev-budyonnovskchechen-war

⁵http://articles.baltimoresun.com/1995-07-16/news/1995197017_1_basayev-budyonnovsk-chechen-war

⁶ Topol S., Budyonnovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p. 22

⁷ Aukia Collins, My Jihad (New York: Pocket Star Books, 2002), p. 80

⁸ http://articles.chicagotribune.com/1995-06-16/news/9506160160_1_chechen-shamil-basayev-budyonnovsk

After a few hours, the Chechens fighters retreated to a more residential district and regrouped in the city hospital. Although initial media reports indicated that the incident involved only about 20 terrorists and 40 hostages,⁹ a list compiled by the victims themselves and sent outside featured more than 2,000 names, including 150 children¹⁰ in what was at that time the largest hostage situation in the twentieth century.¹¹ According to some sources they were a 162 commando unit for “Operation Jihad”¹² and according to others, there were twenty-five Chechen men and three women¹³ who took 1,200 people hostage.¹⁴ In the initial takeover, approximately 41 people were killed,¹⁵ predominantly policemen and soldiers.¹⁶ Most of the hostages were civilians, including many children and women with new-born infants. The rebels mined the first floor of the hospital and bring to an end negotiation with relevant leaders. Russian Special Army Forces encircled the hospital and closed off the city.

Once inside the hospital, the terrorists divided hostages into groups and moved the men into the basement, with elderly women and children being placed in corridors of the first floor¹⁷. In the evening, two doctors were sent outside with a list of demands which included the stopping of war in Chechnya, pull-out of federal troops and direct negotiations with the Chechen separatist leadership. The doctors also reported that the terrorists were “*selecting policemen and military*

⁹ Topol S., Budyonovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p. 30

¹⁰ Topol S., Budyonovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p.36

¹¹ John Giduck, Terror at Beslan (Golden, CO: Archangel Group Inc., 2005), p. 68

¹² Dolnik A., Fitzgerald K. M., (2008), Negotiating Hostage Crisis with the New Terrorists, Greenwood Publishing Group, p. 45-48

¹³ Basayev was later famous for training female suicide bombers

¹⁴ Gall, Carlotta and DeWaal, Thomas. 1998. Chechnya: Calamity in the Caucasus. New York. New York University Press

¹⁵ Paul J. Murphy, The Wolves of Islam: Russia and the faces of Chechen Terror (Dulles, VA: Brasseay’s Inc, 2005) p. 21

¹⁶ Spencer C. Tucker (december 23, 2009), A Global Chronology of Conflict: from the Ancient World to the Modern Middle East, ABC-CLIO, 9, page 2637

¹⁷ Topol S., Budyonovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p. 27

personnel from among the hostages and killing them at will"¹⁸. They were apparently referring to the execution of six male hostages – three military pilots, two policemen, and an employee of a military registration and enlistment office.¹⁹ Boris Yeltsin, the Russian President at the time of the attack, stated that he would do everything in his power to free the hostages; he condemned the attack as "*unprecedented in cynicism and cruelty*."²⁰

On the next day, June 15, the Chechen rebels killed a hostage but Security Minister Sergei Stepashin called the reports of the execution a bluff. The first negotiations took place around 8:00 AM, when a group of three negotiators entered the hospital²¹. In the discussions the terrorists demanded that journalists be admitted to the hospital building for the holding of a press conference and the initiation of negotiations between Russian and Chechen authorities on a pull-out of Russian troops from Chechnya under international oversight (OSCE). After the talks a group of more than 20 hostages was freed.²²

On June 16th, events took an ugly turn, as the terrorists executed another five captives (military and police hostages) after their morning deadline for staging a press conference had repeatedly been ignored²³ and the reporters did not arrive at the arranged time. The hospital's chief doctor stated that they "*shot them to show the world they were serious in their demands that Russian troops leave their land*"²⁴. Russian authorities threatened to execute Chechen civilians in reprisal.

The separatists did not back down and said that if the hospital was attacked, they would kill 10

¹⁸ Topol S., Budyonovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p. 38

¹⁹ Agentura.ru, "Budyonovsk", Available at <http://www.agentura.ru/timeline/1995/basaev/>

²⁰ Spencer C. Tucker (23 dec 2009) A Global Chronology of Conflict: from the Ancient World to the Modern Middle East, ABC-CLIO, p. 2638

²¹ Topol S., Budyonovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p.44

²² Dolnik A., Fitzgerald K. M., (2008), Negotiating Hostage Crisis with the New Terrorists, Greenwood Publishing Group, p. 45-48

²³ E. F. Mickolus, Terrorism, 1992-1995 : A Chronology of Events and a Selectively Annotated Bibliography, (Westport, CT: Greenwood Press, 1997), pp. 823-4

²⁴ <http://www.nytimes.com/1995/06/16/world/chechen-rebels-said-to-kill-hostages-at-russian-hospital.html>

hostages for every Chechen shot. In order to avoid further killings, the Russian authorities allowed the journalists into the building in an attempt to prevent any further escalations²⁵. *"We hope at least one of you will tell the truth,"* said Shamil Basayev at a news conference at the hospital. *"We are not bandits. We are a country at war with another state. They have taken our families, our land and our freedom."*²⁶

During the event, Basayev proclaimed: *"Your pilots killed my family- eleven people including women and children. But we do not fight women and children. They will be killed by your own soldiers. Your imperial army"*.²⁷

At dawn after three days of siege on June 17, at 4:55 AM, the Ministry of Interior (MVD) and Federal Security Service (FSB) troops attempt to free the hostages by force and retake the hospital compound. Troops fired at the front windows of the hospital to create a diversion, while at the same time other forces approached from a separate direction. Russian troops successfully captured part of the first floor, freeing some of the hostages and killing a number of Chechen terrorists. However, Basaev's fighters were able to exert control by using the hostages as human shields, and forced the Russian troops to retreat. Hostages were asking the army not to shoot on white sheets.²⁸ Still, after several hours of fighting, more than 30 hostages were killed by crossfire mostly by the rescuing troops and their grenades that were being thrown through windows and due to the terrorists' use of hostages, both male and female, as human shields.²⁹

The hostages that remained were threatened by a fire that had erupted throughout the building.

The four-hour assault was not completely without success however, as 86 people was rescued,

²⁵ Topol S., Budyonnovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p. 56

²⁶ <http://www.nytimes.com/1995/06/16/world/chechen-rebels-said-to-kill-hostages-at-russian-hospital.html>

²⁷ Topol S., Budyonnovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005) p. 61

²⁸ <http://en.rian.ru/russia/20121109/177336249.html>

²⁹ <http://www.nytimes.com/1995/06/20/opinion/a-way-out-of-chechnya.html>

and the terrorists were forced to retreat into the heart of the building³⁰. Although it had been the normal practice of the Russian Special Forces any such attempt in Budyonnovsk could mean death for hundreds of people who were patients in the hospital³¹.

After the storming ended, Basayev released pregnant and nursing women, and an agreement was reached for fire trucks and emergency services to approach the building in order to collect the bodies of those killed. Negotiations continued, in which Basayev reportedly turned down an offer for a free passage via airplane to the country of his choice. This refusal then triggered yet another assault, two hours later, which lasted over an hour and included the use of tear gas, but with similar results. After its second failed attempt, Russian negotiators blamed the Russian troops, and claimed they were acting independently of the central government.³² Along with two other members of parliament, Rybakov agreed to stand in as a hostage in exchange for mothers with new-born babies and at 3:30 PM the storming stopped. But after freeing about 150 women and children as a god will gesture, the Chechen commander accused the Russians of plotting a double-cross and told Chernomyrdin that they regretted letting any of the hostages go. "*We don't believe you. (...) The shooting is continuing. Soldiers are moving around,*" Basayev told Chernomyrdin via telephone, according to transcripts of the conversation recorded by the independent NTV television network. "*The longer this goes on, the harder it will be for me to hold people back,*" the prime minister told Basayev³³. In the evening, there was a breakthrough

³⁰ Topol S., Budyonnovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005 p.77

³¹ Dolnik A. and Pilch R., *The Moscow Theater Hostage Crisis: The Perpetrators, their Tactics, and the Russian Response* (International Negotiations: 2003)

³² Mukhin, "Military lessons of the Chechen campaign, part 6: Results of the seizure of Budennovsk by terrorists led by Shamil Basaev" (in Russian), *Nezavisimoye Voyennoye Obozreniye*, No. 243, December 26,1996; Mukhin and Yavorskiy

³³http://articles.chicagotribune.com/1995-06-19/news/9506190189_1_chechen-commander-shamil-basayev-chernomyrdin

in the negotiations after Prime Minister Viktor Chernomyrdin made a statement on TV in which he promised to send official delegates for negotiations.³⁴

Finally negotiations between Chernomyrdin and Basayev brought a compromise agreement that marked a turning point in the First Chechen war. On June 18th, at 3:00 AM, Chernomyrdin promised Basayev to end military operations in Chechnya immediately, and also specified the names of delegates that were heading to Chechnya for peace negotiations.³⁵ The ceasefire implied amnesty of the rebels. In addition, Basayev demanded free elections in Chechnya, and specified that his men would only surrender if they were allowed to take some hostages along with them to guarantee their safety.³⁶ In another call seven hours later, additional discussions were held locally to resolve the specific details of the logistics of Basayev's free passage to Chechnya. The terrorists reciprocated by releasing 186 hostages. By 5:00 PM, the number of people set free since the beginning of Chernomyrdin's involvement in the negotiations had reached 350.³⁷

The Russian peace delegation arrived in Chechnya and Basayev received a written letter from Chernomyrdin specifying the conditions of the settlement, as 8 buses pulled up next to the hospital, along with a refrigerated truck to carry the bodies of 19 terrorists who were killed during the standoff.³⁸ In the end, it was agreed that the safe passage-hostages would need to

³⁴ Dolnik A., Fitzgerald K. M., (2008), *Negotiating Hostage Crisis with the New Terrorists*, Greenwood Publishing Group, p. 45-48

³⁵ Dolnik A., Fitzgerald K. M., (2008), *Negotiating Hostage Crisis with the New Terrorists*, Greenwood Publishing Group, p. 45-48

³⁶ Topol S., Budyonnovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005, p.98

³⁷ Dolnik A., Fitzgerald K. M., (2008), *Negotiating Hostage Crisis with the New Terrorists*, Greenwood Publishing Group, p. 45-48

³⁸ Topol S., Budyonnovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005, p. 100-1

include 9 State Duma deputies, 16 journalists, 9 drivers, and 114 male hostages'.³⁹ These "volunteers" included six doctors from the Budyonnovsk hospital, signing government waivers saying they took full responsibility for their decision.⁴⁰

Following a final confirmation call between Chernomyrdin and Basayev, the rebels left the hospital on June 19th, each with a hostage shackled to his wrist and the convoy of buses with their windows shrouded in black blankets and one refrigerator truck carrying the corpses of Chechen dead left for Vedeno.⁴¹ Chernomyrdin explains that "Russian forces would not attack the buses until the guerrillas reached their unknown destination inside the rebel republic of Chechnya".⁴²

After changing the route several times the buses peacefully reached the village of Zandak near Chechnya's borders. Once there, the remaining hostages were released⁴³ and the rebels vanished in the forest.⁴⁴

The Budyonnovsk hostage crisis created the effect desired by the terrorists. The political system was shocked. Russian public entered a state of fear and dissatisfaction with the government and its handling with Chechnya's conflict, and the Russian leadership was forced to find ways of stabilizing the region before the upcoming elections. Moreover the X-ray machine taken in the

³⁹ Topol S., Budyonnovsk: Reportazh pod Pritselom (Moscow: De Fakto, 2005 ; p. 104

⁴⁰ http://articles.latimes.com/1995-06-20/news/mn-15014_1_chechen-rebels

⁴¹ http://articles.latimes.com/1995-06-20/news/mn-15014_1_chechen-rebels

⁴² http://articles.latimes.com/1995-06-20/news/mn-15014_1_chechen-rebels

⁴³ Dolnik A., Fitzgerald K. M., (2008), Negotiating Hostage Crisis with the New Terrorists, Greenwood Publishing Group, p. 45-48

⁴⁴ <http://www.martinfrost.ws/htmlfiles/dec2008/yuly-rybakov-inlvement.html>

Budyonnovsk raid served as the source of cesium-137, which Basayev later used for the first modern act of radiological terrorism.⁴⁵

In the aftermath of the attack, Russia's leadership felt frustrated and humiliated. The government's handling of Budyonnovsk was brought to a bloody end and perceived as inept by many Russians, as troops killed more hostages and innocent civilians than rebels. The storming was then considered as useless. Not just in Budyonnovsk but throughout Russia, Yeltsin was condemned for his actions. The debacle cost both security minister Stepashin and interior minister Viktor Yerin their jobs when they resigned on 30 June 1995.⁴⁶ However, Chernomyrdin who was chosen in order to boost his popularity as a relatively unknown Prime Minister was then publicly accepted as the only assertive leader in the Kremlin during the hostage crisis. Following the Budyonnovsk siege, a law was passed which imposed a ban accepting terrorist's demands during hostage situations.⁴⁷

Attacks on Hospitals during the Hutu-Tutsi Tribal and Civil Wars in Rwanda, Burundi and Zaire

In 1994, genocidal mass slaughter of the Tutsis by the Hutus took place in Rwanda. Its consequences were felt long after the war finished and spread regionally into neighbouring

⁴⁵ Rensselaer W. L.,(1998) Smuggling Armageddon: The Nuclear Black Market in the Former Soviet Union and Europe, St Martin's, pp. 135-136

⁴⁶<http://www.nytimes.com/1995/07/01/world/facing-threat-in-parliament-yeltsin-removes-3-ministers.html>

⁴⁷ <http://rt.com/news/budyonnovsk-siege-anniversary/>

countries like Burundi and Zaire. In 100 days, approximately 20% of the country's population was killed according to Human Rights Watch estimates.⁴⁸

The Kigali, Rwanda Hospital Attack, 1994

After the immediate catalyst of the assassination of the Hutu Rwandan President whose plane was shot down above an airport in Kigali on the 6 of April 1994, almost immediately, violence spread throughout the capital and largest city of Rwanda and into the rest of the country; the violence continued for three months.⁴⁹ The Interahamwe and the Impuzamugambi, two paramilitary Hutu groups were supported, trained and equipped by Rwanda.⁵⁰ On April 11, the International Red Cross estimated that approximately tens of thousands of Rwandans had been killed.⁵¹

During the riots from mid-April to mid-May 1994, soldiers who were supposed to be guarding the Centre Hospitalier de Kigali (CHK) drew up lists of Tutsi civilian patients and hospital staff to be assassinated.^{52, 53} These patients, whose names had been recorded were taken by the soldiers to an area in the hospital, where the trash was dumped, and killed them with clubs and guns.⁵⁴ On April 14, Jean-Hervé Bradol from MSF noted that injured Tutsis in the hospital were being murdered. *“On Friday 9 April 1994, the team of MSF, working in Kigali to assist Burundi refugees, goes to the CHK to help the many injured. When coming back the day after, they noted*

⁴⁸ <http://www.hrw.org/legacy/reports/1999/rwanda/>

⁴⁹ <http://www.preventorprotect.org/overview/rwanda.html>

⁵⁰ <http://www.preventorprotect.org/overview/rwanda.html>

⁵¹ <http://www.imbaraga.com/2013/04/14/11th-12th-13th-14th-april-1994-kigali-rwanda/#sthash.4LZT45qd.dpuf>

⁵² <http://fr.scribd.com/doc/12172777/87/Centre-Hospitalier-de-Kigali-April-May>

⁵³ <http://www.unictr.org/Portals/0/Case%5CEnglish%5CNdindiliyimana%5Cindictment%5CMil%20II%20Amended%20Indictment%20Eng.pdf>

⁵⁴ <http://fr.scribd.com/doc/12172777/87/Centre-Hospitalier-de-Kigali-April-May>

*that the wounded treated the day before had been executed. We realized the obvious; the hospital had become a slaughterhouse.”*⁵⁵

Augustin Bizimungu made comments to encourage these killings on the 12th of April.⁵⁶ In the later trials, the Prosecution argued that Bizimungu was involved in a cover-up, by removing bodies from the CHK and Kigali.⁵⁷

The genocide of the Tutsis of Kigali happened while the Rwandan Patriotic Front (RPF, from Tutsi majority) was trying to take over the city. When they got closer, the hospital of Kigali was destroyed by bombings from the RPF. The International Committee of the Red Cross then organized a field hospital in Rugunga, which was also destroyed by RPF bombings.⁵⁸ The United Nations field hospital at Kigali, was also hit by mortar bombs that had struck the hospital during sporadic fighting in the capital, killing about 60 refugees and injuring hundreds.⁵⁹

At Kigali's psychiatric hospital Tutsis were hiding from the killers, looking for refuge. The killers moved in after the Belgian soldiers left and almost all of the refugees were murdered.⁶⁰

The Bujumbura, Burundi Hospital Attack, 1996

The Burundi Civil War lasted from 1993 to 2005. It was the result of long standing divisions between the Hutu and the Tutsi tribes in Burundi. The estimated death toll of the war stands at

⁵⁵ Bradol J. H., (1995) « Rwanda avril-mai 1994, limites et ambiguïtés de l'action humanitaire », Les Temps Modernes, p. 129

⁵⁶http://www.unictr.org/Portals/0/Case%5CEnglish%5CBizimungu%5Cjudgement%5C110930_Summary%20.pdf

⁵⁷http://www.unictr.org/Portals/0/Case%5CEnglish%5CBizimungu%5Cjudgement%5C110930_Summary%20.pdf

⁵⁸http://www.olny.nl/RWANDA/Lu_Pour_Vous/Dossier_Special_Habyarimana/T_Renzaho_Temoignage_6_Avril_1994.html

⁵⁹<http://www.nytimes.com/1994/04/11/world/strife-in-rwanda-peacekeepers-un-forces-shelter-thousands-in-rwanda.html>

⁶⁰<http://www.pbs.org/wgbh/pages/frontline/shows/evil/etc/script.html>

300,000 killed.⁶¹ In May 1996, half a mile away from the Bujumbura centre, a hospital was attacked. While the culprits were not named, it was most likely carried out by Hutu rebels. Four Tutsis were killed, including a 6-month-old baby.⁶²

The Zaire-South Kivu, Democratic Republic of Congo Hospital Attack, 1994

During the Great Lake refugees crisis, that began with the exodus in April 1994 of millions of Rwandans to neighbouring countries in region in the aftermath of the Rwandan genocide, millions of Hutu refugees had left Rwanda fleeing the RPF which had gained control of the country at the end of the conflict. They were mainly heading to Zaire, adding to internal instability and contributing to the First and Second Congo Wars, with continuing clashes between these groups and the Rwandan government.⁶³

In October 1996, two massacres at missionary hospitals in eastern Zaire left 50 people dead. Both are blamed on a Tutsi subgroup known as the Banyamulenge, who emigrated from Rwanda to eastern Zaire decades ago, and had been essentially stateless since their citizenship was revoked in 1981.⁶⁴ The security situation in eastern Zaire had grown explosive since government troops ordered about 400,000 Banyamulenge to leave within a week or face full-scale war.⁶⁵ Rwanda did not want to accept them either, in effect making them stateless. They led the armed group AFDL (Alliance of Democratic Forces for the Liberation of Congo) created on the 18 of October. They stormed North and South Kivu, taking over the border's region major cities. The

⁶¹ <http://www.usip.org/sites/default/files/file/resources/collections/commissions/Burundi-Report.pdf>

⁶² <http://edition.cnn.com/WORLD/9605/16/burundi.lake/>

⁶³ <http://www.hrw.org/legacy/reports/1999/rwanda/>

⁶⁴ <http://www.nytimes.com/1996/10/11/world/zaire-fights-displaced-tutsi-suspected-of-attacks.html>

⁶⁵ http://articles.chicagotribune.com/1996-10-11/news/9610110274_1_banyamulenge-situation-in-eastern-zaire-massacres

Banyamulenge were believed to be angry with the missions for treating Rwandan Hutus who were wounded while helping the Zairian army fight the Banyamulenge.⁶⁶

Lemera Hospital was the largest in South-Kivu with an average of 300 patients (including very often Zairian soldiers wounded in the area).⁶⁷ Many others were members of Burundian armed opposition groups who had been wounded in fighting in Burundi. The hospital traded protection from the military in exchange for tending to the soldiers. The hospital workers were all Zairian.⁶⁸

On October 6, Banyamulenge marauders swept through the hospital, killing at least 38 people, many of whom were patients who were killed while still in their beds (28 of them). Another six patients were killed in the hospital's garden as they attempted to flee and four hospital workers (male nurses) and two doctors were killed. Nurses had been killed in their quarters and a nurse was kidnapped and her fate was unknown. *"Those who could not flee in time were killed. The attackers entered the hospital, looted the medicines and killed the patients. Two nurses, Kadaguzza and Simbi, and an assistant nurse, Maganya were killed. When those who had fled returned to the hospital, at about four in the afternoon, they found a scene of carnage"* according to an eye witness.⁶⁹

⁶⁶<http://ipsnews2.wpengine.com/1996/10/burundi-zaire-ethnic-quagmire/#sthash.rsyGJISr.dpuf>

⁶⁷<http://www.amnesty.org/fr/library/asset/AFR62/029/1996/fr/d42d8f5d-eac7-11dd-b6f5-3be39665bc30/afr620291996en.html>

⁶⁸<http://news.google.com/newspapers?nid=2199&dat=19961011&id=WqIAAAAAIBAJ&sjid=bOcFAAAAIBA&p&pg=2695,6301503>

⁶⁹<http://www.amnesty.org/fr/library/asset/AFR62/029/1996/fr/d42d8f5d-eac7-11dd-b6f5-3be39665bc30/afr620291996en.html>

The Mozdok, Russia Military Hospital Attack, 2003

Mozdok, a town very close to the Chechen border, was being used as a base of operation for the Russian military campaign operating in the North of predominantly Muslim Chechnya in both of the wars since 1994. During the last few months prior to the attack, the Russian president was doing everything to prove that the situation in Chechnya was now back to normal and that Moscow was moving towards a political settlement of the crisis. This, while refusing any discussion with pro-independence people. The Kremlin was organizing in October the election of a president, as many others Russian Federation republics do. And a few days before the attack, Putin, in a sign of normalization removed from the secret services the responsibility of hand maintenance of order in Chechnya and transferred it to the Ministry of the Interior. Already in March, Moscow had passed by Chechens a constitutional referendum sealing the return of their republic in the Russian fold. And no matter if most organizations defending human rights had denounced the consultation as a farce devoid of representation.⁷⁰

On August 1, a suicide attacker riding an explosive truck attacked the Mozdok Hospital. Chief Military Prosecutor Sergei Fridinsky said that he was inclined to view the blast as an act of revenge from the rebel groups in Chechnya since military personnel who fought against Chechen rebels were being treated at the hospital.⁷¹

The hospital had 200 beds and 35 employees.⁷² There were 125 people in the hospital when the explosion occurred, including military and civilian patients along with family visitors and

⁷⁰<http://www.liberation.fr/monde/0101450599-l-attentat-de-mozdok-met-a-mal-le-discours-de-poutine>

⁷¹<http://www.smh.com.au/articles/2003/08/02/1059480580728.html>

⁷²<http://www.nytimes.com/2003/08/02/world/truck-bombing-russian-military-hospital-kills-35-officials-blame-chechen.html>

medical workers.⁷³ More than 100 were patients, most of them soldiers. Latest accounts have put the number of fatalities at over 50 and more than 80 wounded.⁷⁴

The truck forced its way through the hospital security gates and accelerated toward the hospital, pulled up at the reception office, drove past medical tents that were filled with patients and exploded, leaving a crater of 8m across and 3m deep.⁷⁵ The force of the explosion was equal to at least a ton of TNT (Trinitrotoluene).⁷⁶ Apparently no guards tried to prevent the truck from entering.⁷⁷ A section of the Mozdok Military Hospital collapsed due to the explosion, destroying the three-story building. The intensive care unit, cardiology and surgery department were all destroyed.⁷⁸

At first, no one took responsibility for the attack, but Russian officials believed that armed Islamic separatists in neighbouring Chechnya of being behind the attack, and being aligned with the international terrorist group Al-Qaeda.

The Tikrit, Iraq Hospital Attack, 2011

Tikrit, about 130km (80 miles) north of Baghdad, forming the tip of an area north and west of the capital known as the Sunni Triangle, was the hometown of deposed Iraqi leader Saddam Hussein, executed in 2006. Many of his relatives and former associates live there. Tikrit is the capital of mainly Sunni Muslims Salaheddin province, which was a former al-Qaeda stronghold and was a

⁷³http://english.peopledaily.com.cn/200308/03/eng20030803_121592.shtml

⁷⁴<http://nytimes.com/cover/08-04-03/RussianHospitalAttack.htm>

⁷⁵<http://www.taipeitimes.com/News/front/archives/2003/08/03/2003062077>

⁷⁶<http://nytimes.com/cover/08-04-03/RussianHospitalAttack.htm>

⁷⁷<http://nytimes.com/cover/08-04-03/RussianHospitalAttack.htm>

⁷⁸<http://www.nytimes.com/2003/08/02/world/truck-bombing-russian-military-hospital-kills-35-officials-blame-chechen.html>

frontline in the war that followed the US-led invasion of 2003. The Sunni dominant group constituted a minority in Iraq who were favoured under Saddam's Sunni-led regime⁷⁹ while Iraq's majority Shi'as were persecuted. Many of the Sunni extremists view Shi'as as infidels and non-Muslims.

The violence in Tikrit had local officials deeply worried. Although overall violence in Iraq has decreased sharply since the peak of sectarian slaughter in 2006-2007, it had not been wiped out entirely and this was reflecting the difficulties Iraqi security forces were facing in protecting their own people from Sunni insurgents that still intended on undermining the country's post-Saddam leaders, many of whom are Shi'ites, by carrying out lethal attacks. Such violence was distressing, as American forces were supposed to leave at the end of 2011.

On Friday, 3 June 2011, the main Muslim day of prayer, a pair of suicide bombers carried out a complex attack that was apparently aimed at Sunni political and tribal leaders.⁸⁰ The first bomber struck during midday prayers, at around 12:45 pm where it was packed with local officials⁸¹, blowing himself up inside Hara Kabeer Sunni mosque. Security officials stated that the building appeared to have been "*booby-trapped from the outside by C-4 explosives.*"⁸²

A few hours after the mosque attack, in the evening, another suicide bomber wearing an explosive belt penetrated near the emergency room at the University Public Hospital of Tikrit city, where the victims of the first blast were transferred, and blew himself up near where family

⁷⁹<http://www.globalpost.com/dispatch/news/regions/middle-east/iraq/110603/iraq-suicide-attacksbomb-palaces-mosque-tikrit-saddam>

⁸⁰http://articles.washingtonpost.com/2011-06-03/world/35235278_1_mosque-attack-sunni-mosque-diyala

⁸¹<http://news.outlookindia.com/items.aspx?artid=724002>

⁸²http://www.cleveland.com/world/index.ssf/2011/06/2_attacks_in_tikrit_kill_as_ma.html

members had gathered.⁸³ The force of the blast set part of the hospital on fire in its emergency section, caused electric power cut and collapsed ceilings. In this attack, 11 people were killed and more than 30 were injured.⁸⁴ According to some sources the attack was an attempt to assassinate the Legislature from the Iraqi Islamic Party, Mutashar Hussein Ulewy.⁸⁵

Although there was no immediate claim of responsibility for either attack, Al-Qaeda in Iraq later claimed responsibility for suicide bomb attacks against Iraqi government officials and security forces in both Tikrit and Ramadi. The Islamic State of Iraq (ISI), the Al-Qaeda front in the country, indeed said in a statement posted on an Islamic website that its fighters and suicide bombers carried out coordinated attacks in Tikrit.⁸⁶

The bombers were able to infiltrate areas that were supposed to be protected, terrifying locals of Tikrit who had once felt safe. Jamal Algilani, a member of Iraqi parliament who had been inside the mosque at the time of the attack, blamed the government for not providing adequate security. The provincial security command centre imposed a ban on movement in the city with a security cordon and imposed a curfew, put in place before the hospital explosion. Amar Yousef, the head of the Salahuddin provincial council said they evacuated visitors from the hospital and the Iraqi army was deployed in the streets.⁸⁷

⁸³ <http://www.bbc.co.uk/news/world-middle-east-13644190>

⁸⁴ http://articles.washingtonpost.com/2011-06-03/world/35235278_1_mosque-attack-sunni-mosque-diyyala

⁸⁵ <http://www.highbeam.com/doc/1G1-258068336.html>

⁸⁶ <http://english.cri.cn/6966/2011/06/08/2724s641738.htm>

⁸⁷ <http://kurdishobserver.blogspot.co.il/2011/06/perpetrators-of-tikrit-attacks-arrested.html>

The Musgrave Park Hospital Bombing in Belfast, 1991

On 2 November 1991, the “Keller Bar” in the rest area of the Junior Ranks club in the Military Wing of Musgrave Park Hospital in Belfast, was the target of a terrorist bomb blast, planted by the Provisional IRA. A spokeswoman for the Royal Ulster Constabulary said that the device was made from plastic explosive (9.1 kg of Semtex⁸⁸) and was part-way planted along the fire escape underground corridor behind the bar, connecting two hospital buildings: first the Withers block, the civilian part of the hospital (containing orthopaedic and children’s wards); and secondly the military wing⁸⁹ with wards and other medical facilities administered by the RAMC (Royal Army Medical Corps) for the benefit of service men and their families, and some civilians. The PIRA placed their bomb near officers' quarters, but immediately adjoining a children's ward.⁹⁰

The hospital was badly damaged, the two storey building being destroyed by the blast. Walls were blown out, ceilings shattered, a staircase collapsed and the walls of the operating room collapsed.⁹¹ Damage to the civilian section of the complex was extensive. The operating theatre, emergency department and intensive care unit were destroyed. The newly refurbished children's wing was the hardest hit, with shattered glass and debris that had littered the floors,⁹² some of them falling on a father who was nursing his baby daughter. More than 100 operations due to have been performed in the week were cancelled and had to be delayed, 80 out of the 200

⁸⁸<http://www.parliament.the-stationery-office.com/pa/cm199192/cmhansrd/1991-11-04/Debate-1.html>

⁸⁹http://articles.latimes.com/1991-11-03/news/mn-1584_1_hospital-kills-bomb

⁹⁰<http://www.csmonitor.com/1991/1106/06062.html>

⁹¹ McKittrick David, pp. 1254-1255 (2001), Lost Lives, Mainstream

⁹²http://articles.latimes.com/1991-11-03/news/mn-1584_1_hospital-kills-bomb

national health service beds in the hospital were rendered unusable, totalling at least a damage of £250,000.⁹³

Two soldiers were killed and a number of people, including children, were injured and some were trapped in the rubble for up to two hours, including seven people in the military wing and three in the civilian wing. Among the injured was a 5-year-old girl, who was badly burned.⁹⁴ It included also a 4-month-old girl who suffered smoke inhalation⁹⁵. It injured at least nine members of the Army Medical Services.⁹⁶

The hospital, which was surrounded by a high perimeter fence, was considered one of the most secure buildings in the North.⁹⁷ The device had been planted the night before the attack by a hospital porter (an IRA sympathizer) who had entered through an unlocked door which had been left purposefully unlocked⁹⁸. The IRA claimed afterward responsibility for the attack,⁹⁹ by calling Belfast Downtown radio station and saying: "*We planted the bomb in a bunker in the officers' mess. We breached high security*".¹⁰⁰

This was said to be the first time in the troubles that such an attack had been aimed at a hospital even if there had been attacks on individuals in hospital grounds, and Maire Drum of Sinn Fein was killed by loyalists in a hospital ward many years ago.¹⁰¹ Indeed the building targeted in Musgrave Park Hospital was not, as the IRA claimed, an operational military base. Rather, like

⁹³<http://www.parliament.the-stationery-office.com/pa/cm199192/cmhansrd/1991-11-04/Debate-1.html>

⁹⁴http://articles.latimes.com/1991-11-03/news/mn-1584_1_hospital-kills-bomb

⁹⁵<http://www.apnewsarchive.com/1991/IRA-Bomb-Planted-Under-Hospital-Operating-Room-Official-Says/id-441616b34d5960a8fed905e571195a83>

⁹⁶http://www.4ni.co.uk/northern_ireland_news.asp?id=103410

⁹⁷http://www.emigrant.ie/index.php?option=com_content&task=view&id=36991

⁹⁸http://www.sharedtroubles.net/storydetail.php?story_id=1017

⁹⁹http://www.emigrant.ie/index.php?option=com_content&task=view&id=36991

¹⁰⁰http://articles.latimes.com/1991-11-03/news/mn-1584_1_hospital-kills-bomb

¹⁰¹http://www.emigrant.ie/index.php?option=com_content&task=view&id=36991

the rest of the complex, it was purely and simply a hospital dedicated to healing. The nearest security force base was more than a quarter of a mile away.

The hospital had played its part in the history of the troubles. It was the hospital where British soldiers and police wounded in the warfare with the IRA were treated. Musgrave Park was the only hospital in Northern Ireland with a military wing. It was heavily secured, patrolled by armed guards and surrounded by a barbed-wire fence and patrolled by armed guards.¹⁰² "*Clearly there has been a security breach in that a bomb was brought through a civilian hospital into a military area,*" had said Richard Needham, a junior Northern Ireland minister.¹⁰³ No warning preceded the blast. The truth seemed to be that the IRA had chosen a target where Army and civilian security intersected, creating a gap in the anti-terrorist shield. The medical staff seemed to be a morally acceptable collateral target.

Summary and Conclusions

Hospitals are a "soft target". Most of the people in them simply do not have the qualifications to know what to do in case of a major attack. Nurses are not used to asking visitors to present ID papers. By medical ethics, hospitals are very open to the public (all day and sometimes all night, there are lot of entrance doors and no means to reasonably defend against armed intruder) visitors are not subject to any control, especially in small towns like in Budyonnovsk. In this unprecedented hostage barricade situation, hundreds of hostages were in a narrow place, trapped

¹⁰²http://articles.latimes.com/1991-11-03/news/mn-1688_1_military-wing

¹⁰³http://articles.latimes.com/1991-11-04/news/mn-726_1_northern-ireland

in corridors and hallways, explosive and oxygen tanks placed in strategic locations, where an attack could lead to the collapse of the whole building.¹⁰⁴

A hospital is strategic, precious, critical public infrastructure; nevertheless, but there is not always extra money to invest in security because of lack of funding. Furthermore, every category of people can end up there, from all walks of life. As it touches unarmed and mostly already hurt people it is even more shocking (which is “good” for media coverage).

In a report written by Charles Hancock and Chris Johnson in 2006 entitled “Thinking the Unthinkable: the NHS and Terrorist Action”,¹⁰⁵ the authors highlighted that hospitals are not prepared to cope with acts of terrorism. Hospitals are indeed prepared to deal with patients hurt in a terrorist attack, but not when they become such targets themselves.

Use of, or suspected use of, secondary devices can delay emergency response time, as the response workers fear for their own safety. Al-Qaeda is known for using secondary attack's tactics like this.¹⁰⁶ Hospitals are also critical infrastructures and soft targets, being open and remarkably easily accessible to the general public, for visitors and guests, and making total security very hard to obtain. The personnel and the facilities are not trained and ready to act as a target of a terrorist attack and terrorists continue to focus on soft targets, which traditionally seem to provide high body counts and have symbolic value (Jenkins, 2009)¹⁰⁷. Soft target attacks are designed in nature to be highly visible, and produce intense media coverage due to their shock value. Victims are the medium, through which the terrorists communicate their demands.

¹⁰⁴ Kroupenev A., 2007, Application of Poliheuristic Methodology to a Sequence of Boris Yeltsin's Decisions during the 1995 Hostage Crisis in Budyonnovsk, IDC Herzliya

¹⁰⁵ http://www.dcs.gla.ac.uk/~johnson/papers/NHS_terrorism.pdf

¹⁰⁶ <http://rt.com/usa/us-strikes-rescuers-attack-159/>

¹⁰⁷ Jenkins, Brian Michael. Terrorists Can Think Strategically: Lessons Learned From the Mumbai Attacks. Santa Monica, CA: RAND Corporation, 2009. <http://www.rand.org/pubs/testimonies/CT316>

It is intensified by forcing the victims to confront an infinitely wide horizon. The attack can come from any direction at any time.