

“Missiles and Combat Means Inside Ambulances”: Tracking Social Media Narratives in Lebanon and Israel

19 June 2026

This briefing by Insecurity Insight analyses public social media activity between 01 April and 27 May 2026



This briefing by Insecurity Insight analyses public social media activity mentioning the Lebanese Red Cross, Palestinian Red Crescent, IFRC, ICRC, the Islamic Health Authority and the Islamic Risala Scout Association across two social media environments, Lebanon and Israel, in a context where first responders supporting wounded in Lebanon were attacked by Israeli forces. Between **2 March and 15 April 2026 alone**, 55 emergency medical personnel were killed and 77 injured in Lebanon and approximately 78% of all health workers killed in that period were emergency responders, making first responders the most consistently targeted category of health worker in the conflict. A total of **2,566 posts** mentioning these organisations were published between 1 April and 27 May 2026, 67 % in Lebanon and 32% in Israel. All posts were publicly visible and sourced from X, Facebook, and Instagram. The analysis shows very distinct interpretations in different social media environments and how narratives undermine the protection of health care in conflict.

2,566 Total social media posts reviewed	1,724 Posts with an IP address in Lebanon	842 Posts with an IP address in Israel
~50.2M Combined estimated reach	105 Critical posts about first responder / rescue organisations	3 Platforms: X, Facebook, Instagram

OVERVIEW

Between **2 March and 15 April 2026** first responders from the Lebanese Red Cross, the Islamic Health Authority and the Islamic Risala Scout Association were harmed by air strikes as they arrived to help wounded and injured people on at least 15 occasions. This brief examines how these strikes on first responders and the affected organisations were discussed differently in the social media spaces in Lebanon and Israel and discusses how these narratives undermine the protection of health care in conflict.

Discussions differed substantially in volume, tone, and the nature of critical content circulating on social media platforms. While using the same social media platforms, the issues were discussed in parallel networks without direct interaction. In Lebanon, social media users engaged in discussing the impact of these strikes on first responders. Discussions in Lebanon spiked in the aftermath of specific events and notably in the week of 21–27 April following the killing of journalist Amal Khalil by Israeli forces on 22 April, during which Lebanese Red Cross rescue teams were also fired on with a sound grenade and live ammunition. The subject and interactions generated more than twice as many posts as were produced in Israel where the number of posts mentioning a red cross family organisation were relatively consistent throughout the monitoring period, with no comparable event-driven spikes. Despite the difference in volume, the scale of audience exposure in both contexts was substantial: posts from Lebanon reached an estimated 40 million people, while posts from Israel reached an estimated 10 million.

	Lebanon	Israel
Total posts reviewed	1,724	842
Estimated reach (total)	~40.2 million	~10.0 million
Critical/harmful posts identified	15 (0.9% of total)	90 (10.7% of total)
Primary platform	X (64%)	X (87%)
Primary language	Arabic (70%)	English (68%)
Secondary language	English (26%)	Hebrew (14%)

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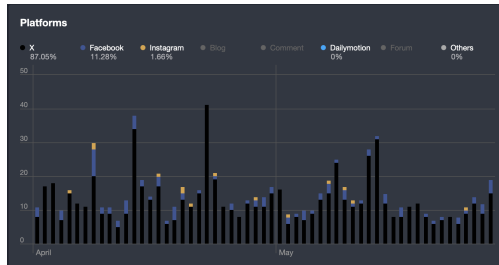


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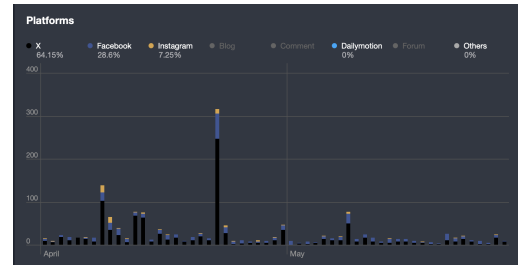
ISRAEL

Social media posts per day (01 April - 27 May)



LEBANON

Social media posts per day (01 April - 27 May)



1. Lebanon Key Themes and Narrative Analysis

1. Attacks on Red Cross Personnel and Vehicles

The most prominent and highest-reach theme in Lebanon concerned Israeli military strikes on Lebanese Red Cross ambulances, vehicles, and personnel. Two incidents generated the largest volumes of coverage. On 12 April, an Israeli drone struck a Lebanese Red Cross (LRC) ambulance team on a mission in Beit Yahoun, Bint Jbeil district, killing one paramedic - Hassan Badawi - and injuring one other. The LRC confirmed the vehicle was clearly marked with the Red Cross emblem and that the mission had been coordinated with United Nations Interim Force in Lebanon (UNIFIL), the peacekeeping force established to monitor the Lebanon-Israel border. On 22 April, journalist Amal Khalil and photojournalist Zeinab Faraj were struck by Israeli airstrikes in the village of al-Tayri, Bint Jbeil district, while on assignment; after the initial strike, the two sought shelter in a nearby building, which was then struck again. Lebanese rescue teams, including Lebanese Red Cross personnel, were fired at with a sound grenade and live ammunition while attempting to reach them. Critical sentiment in response to these events from Lebanon focused on the action of the Israeli Defence Forces (IDF) while the Lebanese Red Cross was perceived as a trusted operational actor whose work is being obstructed. The coverage of these incidents by edited media platforms and their aftermath generated the highest-reach posts in the Lebanon dataset collected through searches that included reference to the Lebanese Red Cross.

2. The "Waiting for Coordination" Focus

A distinct cluster of posts concerns delays in LRC body-recovery and evacuation operations pending coordination with Israeli military structures through a ceasefire-adjacent mechanism committee. The most widely-reported example involved a Syrian family killed in their vehicle in southern Lebanon, whose bodies reportedly remained at the site for several days while LRC teams awaited access authorisation. This framing does not criticize the LRC but places them in an implicitly passive role, waiting for permission they cannot obtain. For audiences already hostile to Israeli military operations, the discussions mainly reinforced the perception that international humanitarian mechanisms are ineffective.

3. Criticism of IFRC and ICRC institutional Statements

About 40% of posts targeted IFRC and ICRC directly for their institutional practice of declining to name perpetrators of attacks on rescue workers. These posts came from a small number of verified journalists and individuals.



4. Narratives around the Islamic Health Authority and Islamic Risala Scout Association

Posts mentioning the Islamic Health Authority (IHA) and the Islamic Risala Scout Association in Lebanon were largely neutral: announcements of paramedic deaths, body recovery operations, coordination with the Lebanese Army and LRC, and accounts of attacks on ambulances and civil defence posts belonging to these organisations. None of the posts in Lebanon during the analysed period were critical of these two organisations. However, two posts draw a contrast with the LRC asking what the LRC has done for southern communities compared to the IHA and Risala.

2. Israel Key Themes and Narrative Analysis

842 posts mentioned the Lebanese Red Cross, Palestinian Red Crescent, IFRC, ICRC, the Islamic Health Authority or the Islamic Risala Scout Association between 01 April and 27 May 2026 in Israel. Unlike Lebanon, where spikes in volume tracked directly with documented attacks on rescue workers and specific incidents involving humanitarian personnel, the volume of posts from Israel was relatively consistent week-on-week. This reflects a fundamentally different mode of engagement: rather than responding to events on the ground, social media users in Israel engaged primarily at the level of persistent narratives. There was little evidence of awareness of or engagement with the specific human consequences of strikes on first responders in Lebanon during this period. Where Israeli posts do reference events in Lebanon, they tended not to focus on the deaths of paramedics or the obstruction of rescue operations, but instead alleged misuse of the emblem, and questioned the neutrality of humanitarian organisations. This pattern distinguishes the Israeli information environment sharply from the Lebanese one and has implications for what kinds of institutional communication are likely to reach and resonate with each audience. At the same time, Israeli discussion about members of the red cross family centred around the perceived bias against Israel with demands that the organisations leave the country.

1. Allegations of Complicity with Armed Groups and Medical Emblem Misuse

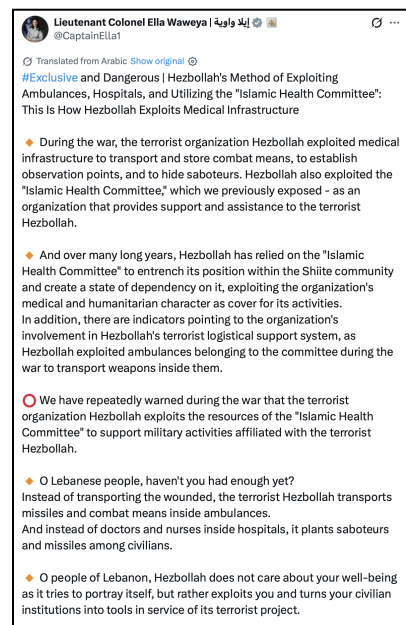
Posts alleged that first responders in Lebanon were misusing the Red Cross emblem to shield armed actors, with some posts explicit in stating this. Others accused the Red Cross of wilful silence in the face of emblem misuse, framing the organisation as complicit rather than neutral. The posts range from explicit factual claims to implied conclusions, but the cumulative effect is to contest the protective status of the emblem in the Israeli information environment. The Red Cross emblem is a globally recognized symbol of protection and neutrality, used to identify military medical services and humanitarian activities. Established over 150 years ago, it is intended to protect medical personnel assisting the wounded on the battlefield and is recognized in the Geneva Conventions. The law prohibits the use of the emblem to deceive in conflict by using a medical symbol to hide fighters, weapons or to use a medical vehicle to attack. Misuse of the emblem can constitute a war crime and misuse means that protection is lost.

- **Allegations of medical emblem misuse**

Posts alleging misuse of medical emblems and infrastructure by armed actors appear across several distinct account types - a state military spokesperson posting in Arabic, IHL-literate accounts posting in English directly at ICRC legal staff, and more general pro-Israel advocacy accounts. Notably, most of these posts are not in Hebrew, suggesting this narrative is directed at regional and international audiences rather than a domestic Israeli public. The progression from precise legal argument to popularised accusation is itself analytically significant and is discussed below.

The highest-reach and most authoritative post in this cluster comes from the Israeli Army Spokesperson for Arab Media (Lt. Col. Ella Waweya, verified, 204k followers), posting in Arabic. The post makes a detailed institutional allegation that Hezbollah systematically exploited Islamic Health Authority ambulances to transport weapons and used IHA facilities for military surveillance, framing the IHA's humanitarian character as deliberate cover for armed activity. The post does not use the term "emblem" or cite IHL explicitly, but the operational argument - that vehicles functioning as Hezbollah logistics lose their protected status - is structurally an IHL argument, carrying institutional authority and directed at an Arabic-speaking regional audience.

A verified account with approximately 25k followers posted three times on X on the same day in English. Two posts made substantive claims: one stated that "terrorists are abusing medical symbols to hunt IDF troops" and accused the Red Cross of silence; a second reported that "a terrorist disguised as a paramedic was just eliminated before he could carry out a sniper attack on IDF troops" and stated that "terrorists are actively weaponizing humanitarian symbols." The third post was a reply amplifying another account's content. The fact that these posts were published in rapid



succession on the same day, explicitly asking followers to share, is consistent with deliberate advocacy rather than spontaneous reaction.

Another account with approximately 14k followers claimed Red Cross ambulances are "harboring terrorists." An account with approximately 3K followers cites nuances in international humanitarian law referencing the ICRC's legal guidance to state that hospitals, ambulances, and medical staff become legitimate military targets when used for acts harmful to the enemy, thus referencing one of the exceptions to the protection of the medical mission in conflict.

By contrast, an unverified account with approximately 3,200 followers posted eight times on X in English between 9 April and 1 May, consistently targeting ICRC directly. The IHL-specific posts - published on 26 April and 1 May in two separate clusters - cite the 1987 Additional Protocol I Commentary by name and quote ICRC's own website, framing ICRC's public statement that "medical units are never targets" as a direct contradiction of its own published legal guidance. The account tags are named ICRC legal officials by handle. This is precise, sourced, and persistent - the conduct of someone who understands exactly what legal threshold they are invoking. The word used is "target" and "military objective," indicating language of someone working from legal texts rather than general advocacy.

Posts and comments that alleged the misuse of the emblem are part of a wider phenomenon of how social media undermines the protective status of health care in conflict. These allegations are very serious accusations that need to be evidenced and if found true require consequences. However, social media is used to make allegations of misuse that are entirely unevidenced in the examined posts. These posts spread doubt and contribute to the growing public narratives used to justify attacks on health care.

2. ICRC Characterised as Complicit Through Silence or Cooperation

The Red Cross has always been against Israel; it never helped the hostages in Gaza.
#hamaSS

While the first cluster of Israeli posts responds to events in Lebanon, this second and larger cluster is rooted in a domestic Israeli grievance with no direct connection to events impacting rescue operations in Lebanon during the monitoring period. This cluster of posts accuses ICRC of selective silence of perceived alignment with Hamas. The dominant allegation is that ICRC's failure to visit Israeli hostages, combined with its continued operational presence in Gaza, alleges an organisation that applies humanitarian principles asymmetrically and selectively. Several posts extend this into an active complicity claim: that ICRC facilitated or legitimised Hamas by participating in hostage release negotiations, that it provided no meaningful humanitarian function beyond serving as a logistical intermediary for armed groups, and that its public statements on the conflict reflect pro-Palestinian institutional bias rather than neutrality. A related line of argument challenges ICRC's credibility on aid delivery, with posts demanding public accountability for how much assistance the organisation has directed toward Israeli civilian displacement since October 2023. Of the 90 critical posts from Israel, about 20% reference hostage non-visits in connection with the Red Cross. Of these, 12 are in English, and four in Hebrew.

The highest-reach post in this cluster was published in English by an individual social media user with a verified account and approximately 538k followers, using the format "Did the Red Cross ever say his name?" in reference to infant hostage Kfir Bibas. The post reached an estimated 144,665 users and generated over 500 replies. It is worth noting that the post refers to "the Red Cross" generically, conflating the ICRC, which holds the specific mandate for hostage and prisoner visits, with the broader Red Cross and Red Crescent Movement. This conflation is consistent across almost all posts in this cluster: the institutional distinction between the ICRC and national Red Cross societies is absent from the public discourse. Approximately 70% of replies were expressions of grief, solidarity, and remembrance in multiple languages including English, Hebrew, French, German, Spanish, and Turkish.



A secondary cluster extended the post's implied critique into explicit condemnation of international organisations. The ICRC and Red Cross are named alongside the UN and several UN agencies:

"Not one of them said his name, expressed compassion or empathy nor did anything to help this baby and his family. So fuck the Red Cross, world leaders, mainstream media and all human rights organizations. The second time in recent history the have failed Jews." (comment made in English)

"The UN (Useless Nations) and the Red Cross should rot in hell with the others.." (comment made in English)

A high-reach post by a public commentator with over 700k Facebook followers argued that Palestinian prisoners demanding Red Cross visits were hypocritical given Hamas's refusal to allow the same for Israeli hostages. The 208 comments, almost entirely in Hebrew, extend this argument into direct calls to expel the organisation:

Calls to Expel the ICRC from Israel

"Why is the Red Cross still in the country? After their failure to act regarding our hostages, the government should have kicked them out of Israel!!!! But they have the High Court of Justice to protect them...." ("למה הצלב האדום עדיין בארץ?")
"אחרי חוסר התפקוד שלהם מול החטופים שלנו הממשלה הייתה צריכה לבעוט אותם הרחק מישראל!!!! אבל יש להם את כיפת בוג"

- **Allegations of Collaboration with Hamas**

"The Red Cross is collaborating with Hamas; this isn't a medical visit, it's the transfer of information" ("הצלב האדום משתף")
"פעולה עם החמאס, זה לא ביקור רפואי, זה העברת מידע"

- **Framing the Only Acceptable ICRC Visit as Post-Execution Body Identification**

"Allow the Red Cross to visit them after execution" ("לאפשר לצלב האדום לבקר אותם לאחר הוצאה להורג")

The thread also contains calls for the death penalty and extrajudicial killing of Palestinian prisoners, and one statement calling for the killing of all Palestinians.

Common Narratives that are Harmful to the Humanitarian Space

While being published and discussed in parallel social media networks, there is a common shared sentiment between them: users from both sides of the conflict criticize the *ineffectiveness* of the international humanitarian system. In Lebanon the discussions centres around the fact that the Red Cross cannot do its work because it is being obstructed. Israeli social media users claim *bias* in that same system alleging the ICRC chose not to do its work because it is aligned against Israel. Both narratives undermine confidence in international humanitarian institutions, but they do so from opposite directions and for opposite reasons. They coexist on the same platforms without directly engaging with each other but both in their own distinct way contribute to the decline in trust in the international system while calling for different solutions. While some Lebanese social media users lament the ineffective system calling for something better, Israeli social media accounts call upon the agencies to leave the country.

Social Media Narratives that Systematically Undermine the Protection of Health Care in Conflict

Under International Humanitarian Law (IHL), health care is protected unless used for acts harmful to the enemy. The examples here are part of a common phenomenon where social media accounts repeatedly and systematically allege such misuse, often without providing evidence. Frequently, these allegations are framed as questions or insinuations - suggesting that a health facility *might* be misused - which are then repeated, amplified, and ultimately accepted by some audiences as established facts.

This tactic effectively shifts the burden of proof onto health care providers, requiring them to prove that misuse did not occur. The normal evidentiary standard is thereby inverted: rather than requiring the accuser to substantiate a serious allegation, health care providers are compelled to defend themselves against claims that are, by their very nature, impossible to disprove conclusively.

The mere suggestion of misconduct becomes sufficient to generate suspicion, while the absence of evidence is treated not as exoneration but as grounds for further speculation.

These narratives are profoundly harmful. Observers seeking to remain neutral in a conflict may understandably consider the possibility that medical facilities have been abused. Yet the allegation itself is rarely subjected to scrutiny. The accuser is not required to present verifiable evidence, while the health care provider is expected to prove a negative - that no misuse occurred. This creates a fundamental asymmetry in the information environment that functions as a driver in undermining protection.

The repeated circulation of unsubstantiated allegations on social media generates an echo system in which suspicion is amplified, trust in health services is undermined, and the credibility of health-care providers has been eroded. Over time, these narratives have contributed to weakening public respect for the protected status of health care and normalised doubt regarding the neutrality and impartiality of medical services in conflict. In this way, harmful information does not merely damage reputations; it has been a primary driver in eroding the practical protections that IHL affords to health care.

Protecting health care therefore requires more than the physical security of facilities, services and personnel. It also requires safeguarding the integrity of the information environment surrounding them. Serious allegations of misuse must be supported by credible evidence, and the burden of proof must remain with those making the accusation. In the absence of such evidence, the presumption should be that protected medical services retain their protected status. Reasserting this principle is essential to preserving both trust in health care and the legal protections on which health workers and patients depend.

Two Parallel Perspectives and the Vulnerability of Health Care Providers

From within Lebanon, the picture is one of strong public trust in first responders on social media platforms. That picture, however, is incomplete. Simultaneously, in the Israeli information environment, a structurally distinct set of narratives frames the medical emblem as cover for armed actors, and selectively cites international humanitarian law to argue that medical vehicles used for hostile purposes lose their protected status. These narratives are amplified by high-reach accounts posting in English and Arabic to regional and international audiences who may not readily distinguish between Lebanese Red Cross vehicles and those of other health organisations operating in the same areas. The public support that first responder organisations enjoy within Lebanon does not insulate them from narratives constructed and circulated in other information environments and while invisible within the Lebanese social media environment, these external narratives profoundly contribute to undermining the protection of first responders.

In conflicts where violence is increasingly delivered remotely, the operational environment is shaped not only by conditions on the ground but by the information environments in which decisions are made and justified further away. **When narratives contesting the neutrality of medical actors migrate from institutional and legal discourse into social media, and when those narratives are invisible to the organisations they concern, the protection gap is real.** The organisations documented in this brief operate with strong local legitimacy and in good faith under extraordinarily difficult conditions. Social media monitoring of the kind presented here offers one tool for understanding the broader narrative environment in which they work and for identifying, early, the claims and framings that may shape how their protection is understood by others. They further document how systematic and unsubstantiated claims undermine the protection of health care in conflict through systematic use of social media to manipulate perceptions.

Online discourse remains fluid, and continued monitoring is necessary to assess whether current hostile associations remain marginal or develop into broader narratives affecting humanitarian acceptance, access, or staff safety.

Data Use and Privacy Disclaimer

This report includes analysis of publicly available social media content collected from open platforms. All data has been anonymised to remove or obscure identifying details, and no content from closed groups was used. The analysis was conducted in the public interest and in line with the EU General Data Protection Regulation (GDPR), under a legitimate interest basis. The purpose of this analysis is to support humanitarian dialogue, inform policy, protect aid workers and those they help, and contribute to public interest research. This document is published by Insecurity Insight - a Humanitarian to Humanitarian (H2H) organisation committed to the Humanitarian Principles. We welcome questions and feedback. Email: info@insecurityinsight.org. Find more resources at the [Social Media Monitoring](#) website.

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Other resources

10 Years since the UN Security Council Resolution 2286:

Attacks on health care continue to undermine access to essential medical services for millions of people affected by conflict and insecurity. Insecurity Insight's report **Still Under Attack: A Decade of Monitoring Attacks on Health Care after United Nations Security Council Resolution 2286** analyses a decade of data on violence affecting health workers, facilities, transport, patients, and health services worldwide. Drawing on systematic monitoring and incident-based evidence, the report highlights global trends, emerging patterns, and the far-reaching impacts of attacks on health systems, humanitarian response, and civilian well-being. An essential resource for health, humanitarian, protection and policy professionals seeking to better understand and address threats to health care in fragile and conflict-affected settings.

Violence Against Health Care Persisted in Lebanon in 2025 Despite Ceasefire

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 15 incidents of violence against or obstruction of health care in Lebanon in 2025. Over half of the reported incidents involved attacks on EMS during the first five months of 2025. Damage to health facilities and health worker killings continued, despite the ceasefire, although at lower levels than in 2024. All but one of the reported incidents were attributed to the IDF, often involving drone- or aircraft-delivered strikes that damaged health facilities and ambulances or struck areas in the vicinity of hospitals. Chapter available in **Arabic** and **English**.

Emergency Responders Under Fire Across the Greater Middle East

Insecurity Insight's report **The Greater Middle East Conflict The Impact on Emergency Services** examines how the conflict between Iran, Israel, Lebanon and the United States has impacted emergency medical services across the Greater Middle East region. The highest number of incidents affecting emergency medical services were recorded in Lebanon. Nearly three quarters of incidents were attributed to Israeli forces. Sequential strikes on emergency responders were documented in Iran, Iraq and Lebanon. Emergency responders in southern Lebanon reported delays and heightened risks during rescue operations.