



Report:
**Israeli Violation against Health
Care Service in Palestine**

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Territories; of these, more than 2.5 million live in the West Bank¹. The West Bank, in contrast to many other areas of conflict, is the site of persistent military occupation of civilian areas, which began in 1967². Resulting in a health care system highly fragmented. This fragmentation is part of a strategy of de-development, ‘the deliberate, systematic deconstruction of an indigenous economy by a dominant power’³. Through this process, government systems are crippled. As a result, health care becomes increasingly overloaded and difficult to access. However, since the conflict in the region is in part, distinguished by considerable impediments to movement due to checkpoints, roadblocks, and the requirements for permits and ‘coordination’ to pass, interruptions to health care are common. Rural communities are especially affected.

The Israeli checkpoints and roadblocks, separation wall, and military presence limit access to medical equipment and medicine, compromise and block access to both preventive and curative health services⁴. The isolation and fragmentation of health care due to the Israeli wall impairs provision for 20% of the population in the West Bank⁵. Between January 2007 and April 2008, medical personnel encountered 929 incidents at checkpoints, resulting in a loss of over 11,000 work-hours⁶.

Recently, in 2023, the Palestine Red Crescent Society (PRCS) documented 11 violations against their medical teams in the West Bank in January alone. Israeli soldiers delayed or denied PRCS medical teams from reaching injured Palestinians 10 times and – on 13 January in Beit Ummar [Hebron] – fired rubber-coated steel bullets, which damaged one of their ambulances.

1 CIA World Factbook. (2008, May 15 2008). *West Bank*. Retrieved May, 2008, from <https://www.cia.gov/library/publications/the-world-factbook/geos/we.ht>

2 Giacaman, R., Khatib, R., Shabaneh, L., Ramlawi, A., Sabri, B., & Sabatinelli, G., Khawaja, M., Laurance, T. (2009). Health status and health services in the occupied Palestinian territory. *The Lancet*, 373(9666), 837-849.

3Roy, S. (1995). *Gaza Strip: The political economy of de-development*. Washington, D.C.: The Institute for Palestine Studies

4 Palestine Monitor, o. (2011, Aug. 14, 2007). *Factsheet: Checkpoints*, from <http://www.palestinemonitor.org/spip/spip.php?article8> [Accessed 25 January 2011]

5 Jubran, J., Al Faqih, R., Nafe, A., Khalili, S., & Barghouthi, M. (2005). *Health and Segregation II: The impact of the Israeli separation wall on access to health care services*. Ramallah, Palestine: Health Development Information and Policy Institute (HDIP)

6 Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)-Occupied Palestinian Territories (oPt). (2008a). *Humanitarian access incident report for the West Bank, oPt*. East Jerusalem: UN-OCHA OPT.

Challenges medical personnel encounter: delays, searches and abuse

International law requires that health workers operating in occupied territory are permitted to conduct their life-saving work without fear of attack or obstruction. Violations against Palestinian healthcare workers and facilities, however, have long been a feature of Israeli military violence in the occupied Palestinian territory. Whereby, medical personnel encountered delays, searches, harassment and abuse. These occurred primarily at checkpoints, but also in other venues.

Delays, which often included searches of vehicles and personnel in addition to examinations of drivers' documents, are a common impediment to health care workers attempting to deliver services. Regular delays experienced of around fifteen minutes, and often longer depending on the number of vehicles in the queue and the practices of the authorities at the checkpoints regarding identification requirements for drivers and passengers in both private vehicles and in vehicles used for health care provision. Ambulance drivers experienced waits of up to three hours and many times, they are not allowed access to their patients either entirely or without significant interruption. Health workers frequently mandated to leave the vehicle to stand for inspection. They were often commanded to open each door of the vehicle and to open its various compartments. Waits at checkpoints were commonplace. Palestinian health care workers also expressed reluctance to exercise this right in the midst of the misery of others who were obligated to wait. Delays created by the checkpoint system resulted in the deaths of Palestinian patients. Ambulance drivers reported having problems reaching patients in time during emergencies, noting there were times that patients died because they could not get through checkpoints in an expedited fashion.

Besides preventing immediate service delivery, delays at checkpoints affected the administrative duties of health care planners and managers, as site visits or meetings became all-day commitments due to road closures and checkpoint delays.

One recent example, during the recent Israeli military raid, January 2023, on Jenin refugee camp, which killed 10 Palestinians including a 61-year-old woman, all six of the PRCS ambulances that responded to the emergency were prevented from accessing the camp. "Two hours later, and

in light of the increasing numbers of casualties and injuries, PRCs ambulances were allowed to enter after coordinating through the International Committee of the Red Cross. All ambulances and medical personnel were allowed in after the “Israeli forces made sure that many of the injured lost their lives.

Effects of closure policy

Effects of the occupation also included the inability of the population to receive health screening or access to specialized care. Doctors in health care center stated that rates of late cancer diagnosis increased the lack of access to primary care services; such basic services were made unavailable by economic constraints imposed by Israel, which led to the restriction of movement and crippling of health systems..

A common theme was the ongoing tensions and dangers that health care providers endured to serve patients and communities. Incidents ranged from being arrested or held at gunpoint for trying to provide health care to being unexpectedly separated from family for long periods.

The consequences to health care due to political conflict are evident in both emergency as well as primary care. Health providers links the chronic stress of political conflict to diseases like diabetes and heart problems are in line with the increasing amount of knowledge about the effect of chronic stress on health⁷. As also demonstrate by the considerable consequences for health care workers in terms of stress.

In detailing the effects of political conflict on health care delivery and providers, and in suggesting support for the sequel of chronic health consequences resulting from the stress of living under political conflict, it adds to the discussion regarding the effects of war on civilians⁸. In particular, this research papers explores the ways in which acts of political violence result in

7 Clark, M. S., Bond, M. J., & Hecker, J. R. (2007). Environmental stress, psychological stress and allostatic load. *Psychology Health and Medicine*, 12(1), 18-30

8 de Jong, J. T. V. M. (2003). Common mental disorders in post conflict settings. *The Lancet*(9375), 2128-2130 .

the denial of access to care, thus interfering with the universal right of civilians to health care in times of war as stipulated by the fourth Geneva Convention.

The ongoing impacts of occupation necessitate creative and responsive strategies on the part of providers. The health care workers can persevere and continue to provide care in the face of considerable repression. Team and community-based models of care may be particularly important to this end.

Coping with the effects of the occupation was paramount to providing health care. Providers noted the importance of their belief and investment in grassroots public health strategies. This resistance began at individual levels on the part of health care providers and became a collective manner of resistance through the establishment of health NGOs that were part of a larger collective of various social movements. The establishment of an independent Palestinian Health service-delivery system movement as an expression of resistance, steadfastness under the Israeli occupation.

Since its inception, the NGO sector working in health service has been an integral part of the Palestinian national movement and its aspiration for a free and sovereign Palestine. Its vitality and dynamism are at the root of the evolution of Palestinian civil society, with all its aspects of plurality and diversity. The responsibility of the Health NGOs in the provision of services as well as in the overall development process has been steadily growing since the onset of the first intifada in 1987. According to the available data, it is believed that the share of the health NGOs in service provision covers over 60 percent of all health-care services.

The crucial role of the Health NGOs became particularly evident in recent times - since the second intifada in September of 2000 - especially with regard to the emergency and relief work they have been carrying out. Thanks to their ability to function in very difficult circumstances, their flexibility and their high level of performance, the Health NGOs have been invaluable in assuring the provision of essential services to the Palestinian population living under the strict siege, closures and curfews imposed by the Israeli occupation forces.

Palestinian Health Care System Under Attack

The latest escalation of 7th of October marked more than 100 years of violence in occupied Palestine has caused phenomenal levels of yet more suffering. The United Nations Office for the Coordination of Humanitarian Affairs reports that over the course of 12 days since October 7th 2023 the Israeli forces has killed at least 3785 people in besieged Gaza and 79 people killed in the occupied West Bank. As of 19 October, approximately one million Palestinians have been, internally displaced, many of whom are seeking refuge in overstretched designated emergency shelters and hospitals, several of which have been hit by Israeli airstrikes. This represents an increase in the number of internally displaced people in Gaza of more than 2000% in just 12 days. 30% of all housing units in the Gaza Strip have been destroyed or rendered uninhabitable.⁹

These most recent, egregious healthcare-related attacks follow a long history of Israeli violence against health workers, the destruction of health infrastructure, the systematic obstruction of access to healthcare,¹⁰ and the implementation of eliminatory settler colonial strategies by the Israeli occupation, that aim to increase morbidity and mortality (such as the de-development of Palestinian health and other essential services,¹¹ exerting full control over—and now withholding—the water and electricity supply to the Gaza Strip and the deliberate targeting of limbs leading to traumatic limb loss and disability) in occupied Palestine.¹²

According to the ICRC on October 12 “hospitals in Gaza risk turning into morgues without electricity.” As per the WHO data from October 15, there were 48 reported attacks on healthcare facilities in the Gaza Strip, resulting in damage to approximately 24 hospitals and healthcare facilities, including six hospitals¹³. In addition, as of November 14th 2023, there are only one hospital is still operating in the north of Gaza¹⁴. According to the World Health Organization, at least 521 people, including 16 medical workers, have been killed in 137 “attacks on health care”

⁹UNOCHA . Hostilities in the Gaza Strip and Israel. Flash update #13. 2023. Available: <https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-13>

¹⁰MAP . *Systematic discrimination and fragmentation as key barriers to Palestinian health and Healthcare* London, UK: Medical Aid for Palestinians; 2021.

¹¹Asi YM. Palestinian dependence on external health services: De-development as a tool of dispossession. *Middle East Law*

¹² Wispelwey B, Tanous O, Asi Y, et al. Because its power remains naturalized: Introducing the settler colonial determinants of health. *Front Public Health* 2023;11:1137428.

10.3389/fpubh.2023.1137428

¹³ [The Gaza Healthcare System Is Reportedly on the Brink of Collapse](#) Retrieved 15 February 2024

¹⁴ [Massive and systematic bombing](#) Retrieved 15 February 2024

in Gaza as of November 12¹⁵. On 7 February, the UN stated that only 4 of its 22 health facilities in Gaza remained operational¹⁶.

The WHO has reported that at least 12 Palestinian health workers have been killed on duty in Gaza between 7 and 15 October, while the Palestinian Minister of Health Dr Mai Al-Kaila released a statement on 14 October stating that a total of 28 health workers have been killed by Israeli airstrikes.¹⁷ Four of those killed were Palestinian Red Crescent Society paramedics, whose marked ambulances were targeted in east and north Gaza on 11 October despite advance coordination with the Israeli military.¹⁸ UNRWA has also reported violence against its staff, confirming that at least 14 essential humanitarian personnel have been killed, as of 18 October.¹⁹

One example of hospitals that were deliberately attacked and destroyed by the Israeli airstrike without warning was Al-Ahli hospital. On Saturday 14 October according to a statement by the Archbishop of Canterbury, Justin Welby, an Israeli rocket had damaged the upper two floors of the hospital's cancer treatment center, which contained the ultrasound and mammography wards, and injured four staff members²⁰. On the evening of 17 October a missile strike at Al-Ahli Hospital in Gaza City killed at least 471 people. The hospital was operational and treating patients at the time, while internally displaced people had sought shelter close to the facility²¹. The Al-Ahli Hospital missile strike represents one of the most horrific incidents at a healthcare facility in our collective history. Then on the 18 December, the al-Ahli Arab Hospital was attacked by Israeli soldiers, with displaced people forced out and two doctors arrested. The following day, the al-Ahli Hospital director stated Israeli troops arrested doctors, patients, and medical staff, partially destroyed the building's grounds, leaving the hospital unable to receive patients. Four people from the 18 December attacks on the hospital died.

15Ibid

16 [^] *"Staggering' 84 percent of UNRWA health facilities in Gaza affected by attacks". Al Jazeera. Retrieved 9 February 2024*

17WHO . *Health attacks in the oPt. 7 - 15 October 2023. 18:00 update.* Cairo, Egypt: WHO Regional Office for the Eastern Mediterranean, 2023

18 . PRCS . *The Palestine Red Crescent Society demands accountability for the killing of four of its paramedics in Gaza.* Ramallah, Palestine: Palestine Red Crescent Society, 2023.

19 UNRWA . *UNRWA situation report #8 on the situation in the Gaza strip and the West Bank (including East Jerusalem)* Amman, Jordan: United Nations Relief and Works Agency for Palestine Refugees; 2023.

20 "Anglican-run al-Ahli Arab Hospital in Gaza damaged by Israeli rocket fire as war continues" Archived 2023-10-19 at the Way back Machine. *Anglican Communion News Service.* Retrieved February 13 2024

21 PRCS . *PRCS report update.* From Saturday, October 7, 2023, until Wednesday, October 18, 2023. Ramallah, Palestine: Palestinian Red Crescent Society; 2023 .

A second example was the destruction of the largest medical center in the Gaza strip, Al Shifa hospital. On 3 November, an Israeli airstrike targeted an ambulance convoy leaving the hospital. The attack killed 15 and wounded 60. Israel stated that Hamas was using the ambulances²². The Palestine Red Crescent Society (PRCS) stated that Israel had targeted Al-Shifa ambulances 7 times prior and had killed 4 of their personnel²³. On 6 November, Israeli forces struck and destroyed the solar panels atop the hospital, leaving it fully reliant on back-up generators powered by rapidly dwindling fuel supplies²⁴

On 10 November, at least four strikes hit various areas of the hospital with various projectiles²⁵. The Gaza Health Ministry (GHM) stated that there were at least 5 strikes damaging parts of the hospital complex,- two, at 2 and 8 am., hitting the maternity ward located on the upper floors stating that 14 people had been killed²⁶. Later a Palestinian doctor stated that 7 people had died following the strikes.

On 11 November, the hospital was completely encircled, cutting it off from the rest of *Gaza City*, which contained 1,500 patients, along with 1,500 medical workers and some 15,000 displaced people seeking shelter in the hospital according to Gazan health officials²⁷. On the same day, the PRCS stated that Israeli tanks were 20 meters away from the hospital. By this time, Al-Shifa ran out of fuel and had suspended some operations. As a result, 2 babies in incubators and two other patients died²⁸. The hospital director said that the hospital had electricity until the morning of 12 November, meaning that 37 babies in incubators are at risk of dying²⁹.

Just after midnight on 15 November, Israeli forces informed officials that they would shortly **be** raiding the hospital. Hospital staff reported sounds of clashes from outside the grounds, and Israel reported killing several Hamas militants outside of the grounds³⁰.

22 Courtney, Connor (4 November 2023). "Palestine Red Crescent labels Israel bombing near Gaza's Al-Shifa hospital a 'war crime'". jurist.org. Jurist. Archived from the original on 8 November 2023. Retrieved 11 February 2024

23 Ibid

24 "Israeli forces target solar panels at Gaza's al-Shifa Hospital". Al Jazeera. 6 November 2023. Archived from the original on 15 November 2023. Retrieved 13 February 2024

25 "Israel-Hamas war live updates: Gaza's biggest hospital 'out of service' as power fails and bombing intensifies". nbcnews.com. NBC News. Archived from the original on 11 November 2023. Retrieved 11 February 2024.

26 Gozzi, Laura. "Israeli forces surround north Gaza hospitals". BBC News. Archived from the original on 11 November 2023. Retrieved 11 February 2024

27 "Hospitals have special protection under the rules of war. Why are they in the crosshairs in Gaza?". AP News. 11 November 2023. Archived from the original on 13 November 2023. Retrieved 11 February 2024.

28 Al-Mughrabi, Nidal; Angel, Maytaal; Al-Mughrabi, Nidal; Angel, Maytaal. "Gaza official says two patients, including baby, died at hospital besieged by Israel". reuters.com. Reuters. Archived from the original on 11 November 2023. Retrieved 11 February 2024

29 "Two premature babies die, 37 under threat at Gaza's al-Shifa Hospital". aljazeera.com. Aljazeera. Archived from the original on 13 November 2023. Retrieved 11 November 2023

30 "WHO loses contact with Al-Shifa doctors as Israeli military forces raid hospital — as it happened". ABC News. 14 November 2023. Archived from the original on 15 November 2023. Retrieved 15 February 2024.

On 19 November, the World Health Organization evacuated 31 premature babies while more than 250 critically ill or wounded patients remain trapped at the hospital³¹. Doctors Without Borders said Israeli forces had on 18 November fired "deliberately" on a clearly marked convoy carrying 140 of the organization's employees and family members. More than 2,500 people also evacuated³².

By Nov. 24 2023, 30 of Gaza's 36 hospitals had been bombed, many repeatedly, even while medical staff, patients, and civilians seeking shelter remained inside. In addition to hospitals, Israeli forces have targeted ambulances, medical aid convoys, and access roads. As of Jan. 30, 2024, the World Health Organization (WHO) reported 342 health care-related attacks in Gaza, resulting in hundreds of deaths and injuries. At this point, every hospital in Gaza is either damaged, destroyed, or out of service due to lack of fuel; only 13 hospitals are even partially functioning.

Those hospitals, ambulances, and clinics that have survived bombing have been debilitated by blockades and obstruction of humanitarian convoys, depriving health care providers of not only water, fuel, and electricity but also critical medical supplies, such as oxygen, blood, and anesthesia.

The staggering figure of more than 67,000 people injured in Gaza thus far doesn't begin to take into account the consequence of the routine medical care that is being denied to the civilian population. From childhood vaccinations to cancer treatment and dialysis, modern medical care has largely come to a standstill for 2.3 million Palestinians in Gaza, whose life expectancy is already 10 years shorter than people living a few miles away in Israel and whose rates of neonatal, infant, and maternal mortality are nearly five times higher.

Similarly, the situation in the West Bank and particularly in Jenin is extreme. There have seen a significant increase in violence against civilians, and it has been increasing rapidly since 7 October. As well as attacks on healthcare have increased dramatically and become systematic.

Latest WHO data also highlighted the growing number of attacks on healthcare in the occupied West Bank since the Gaza-Israel war erupted on 7 October. Some 364 attacks (on healthcare) have

31 "Israel battles Hamas near another Gaza hospital sheltering thousands". AP News. Archived from the original on 20 November 2023. Retrieved 15 February 2024.

32 "Amid Gaza war, U.N. evacuates babies from besieged hospital". WAPO. 19 November 2023. Archived from the original on 20 November 2023. Retrieved 15 February 2024

happened in the West Bank, resulting in 10 fatalities and 62 injuries, Mr. Jasarevic said. He noted that 44 health facilities had been affected, including 15 mobile clinics and 24 ambulances³³.

In the last few weeks, Israeli Forces have besieged multiple hospitals in Jenin, creating a direct impediment to healthcare, and even shot and killed a teenage boy in the Khalil Suleiman hospital compound. The obstruction of healthcare has unfortunately become common practice. During each incursion various hospitals were surrounded by the Israeli Forces, and soldiers' would start firing live rounds and tear gas at the hospital several times, paramedics forced to strip and kneel in the street. In addition, to this direct violence there is also consistent blocking of access to healthcare. Which also puts the lives of patients at risk and appears to have become standard operating procedure for military forces during and military raids. For example. PRCS documented a total of 180 incidents mounting to violations against its ambulances ranging from prohibiting and restricted access to violation against patients and wounding some of them inside ambulances, leading to the death of 4 persons³⁴

Conclusion

Moving forward, there is a need for external pressure on occupying forces to uphold international laws and codes of ethics during situations of war and political conflict. Impeding the ability of health workers in their attempts to deliver care is in direct conflict to the fourth Geneva Convention, which guarantees medical personnel respect and protection in occupied territories and military zones. As suggested by the World Health Organization, accountability to the adherence of international covenants such as the 1949 Geneva Convention is an essential step towards alleviating the burden of war and conflict on civilians³⁵. International covenants and strategies of providers are important for health in the interim; however, these can never substitute for larger contexts of peace, justice, sovereignty and self-determination³⁶ (Becker *et al.* 2009). Recognizing war and political violence as a fundamental public health problem and regarding its prevention as a central task of health professionals is thus essential³⁷. A central role of health

³³ Associated Press of Pakistan, 10 Feb 2024

³⁴ Palestine Red Crescent Society Response Report As of Saturday, October 7 2023, until Sunday, February 11, 2024. February 11 2024

³⁵ World Health Organization (WHO). (2002). *World Report on Violence and Health*. Geneva: WHO

³⁶ Becker, A., Al Ju'beh, K., & Watt, G. (2009). Keys to health: justice, sovereignty, and self-determination. *Lancet*, 373(9668), 985-987.

³⁷ Hagopian, A., Ratevosian, J., & deRiel, E. (2009). Gathering in groups: peace advocacy in health professional associations. *Academic medicine : journal of the Association of American Medical Colleges*, 84(11), 1485.

care providers globally might well be, then, to aid in alleviating the immediate consequences of political violence, as well as to advocate for the prevention of further violence and repression.
