

Occupied Palestinian Territory

Violence Against Health Care in Conflict

2021



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. Three-quarters of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, 30 health facilities were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.

A handwritten signature in black ink, reading "Len Rubenstein".

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

 [Methodology | Full Report](#)





Occupied Palestinian Territory



On May 11, 2021 the Hala Al Shwa Primary Health Care Center in the oPt, which provided COVID-19 testing and vaccinations in north Gaza, was destroyed during an Israeli air strike.¹

On June 25 a paramedic was injured by rubber-coated rounds fired by Israeli forces while providing aid to people wounded during protests against the construction of settlements in Qalqilya governorate, West Bank.²

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 169 REPORTED INCIDENTS	 61 HEALTH WORKERS INJURED	 30 HEALTH FACILITIES DAMAGED	 32 HEALTH CARE OBSTRUCTED
--	---	---	---

↓ Source: 2021 SHCC oPt Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 169 incidents of violence against or obstruction of health care in the oPt in 2021, which was a marked increase from 2020, when 61 incidents were documented. In these 169 incidents 61 health workers were injured, 30 health facilities were damaged or destroyed, and patients' access to health care was obstructed at least 32 times.

As well as direct attacks on health care, including violence perpetrated by Israeli forces and settlers, Palestinian health workers and patients had to navigate a system of administrative and geographic barriers, including a restrictive permit regime and a network of 593 obstacles to their movement in the course of their duties, including checkpoints and road closures.³

This factsheet is based on the dataset [2021 SHCC oPt Health Data](#), which is available for download on the Humanitarian Data Exchange (HDX).⁴

The Al Mezan Center for Human Rights reported that 50 health centers had been partially damaged or destroyed, but did not provide details on the locations and specific circumstances, therefore these incidents could not be included here because they could not be cross-checked to prevent double counting.⁵



This document focuses on the analysis of 169 incidents for which there was enough information on context, perpetrators, and weapons use to allow the nature and extent of reported violence against and obstruction of health care to be meaningfully described.

THE CONTEXT

Political tensions in the oPt rose at the start of Ramadan in early April 2021 and intensified in May during protests against attempts to forcibly evict four Palestinian families from their homes in the Sheikh Jarrah neighborhood of occupied East Jerusalem. On May 10 Palestinian armed groups fired rockets from Gaza towards Jerusalem and Tel Aviv. The Israel Defense Forces responded with air strikes on Gaza. Over 11 days 261 Palestinians in Gaza, including at least 120 civilians, and 13 people in Israel were killed before a ceasefire came into effect.

Throughout 2021 Palestinian protests against forced evictions and home demolitions and the takeover of land for the construction of settlements were sometimes met with force by Israel's security forces.⁶

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

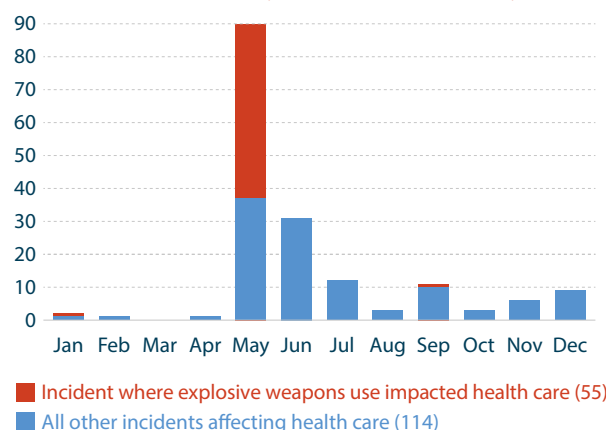
Violence affecting health care was most intense during the 11-day conflict in Gaza in May, when 53 incidents of explosive weapons use impacting Palestinian health facilities and workers were reported.

Across the oPt 61 Palestinian health workers were injured in 2021, mostly in the context of protests against the construction of settlements in the West Bank. Health workers were often blocked from reaching the injured and had stones thrown at them by Israeli settlers while providing emergency care to injured Palestinians.

Obstructions at checkpoints and routine delays and denials of permits to allow patients to leave Gaza or the West Bank to receive medical care elsewhere were reported throughout the year.

Reported incidents affecting health care in the OPT in 2021, by month

Palestinian health facilities and workers were impacted by explosive weapons use at least 53 times during the 11-day conflict in Gaza in May



Violence against health care during the 11-day military operation in Gaza

The use of air-launched weapons by Israeli forces impacted hospitals, clinics, and health workers at least 53 times during the 11-day war. At least 30 health facilities in Gaza were damaged or destroyed during the bombardment.

During an incident on May 15 Israeli forces' bombardment damaged roads leading to Al Shifa Hospital, the largest hospital in Gaza, hindering the ability of ambulances to access the area.⁷ Three health workers, including one of the few neurologists in Gaza, the director of Gaza's COVID-19 response, and a psychologist, were all killed in early morning air strikes on their homes.



Primary, emergency, oncology, and rehabilitation services were all impacted by Israeli air strikes. Hotline consultation services for COVID-19 patients were also temporarily suspended and the destruction of the Hala al Shwa Healthcare Center halted its COVID-19 testing services. Gaza's only laboratory for processing COVID-19 tests was damaged in an Israeli air strike, which also injured one laboratory technician.



Violence against or obstruction of health care during protests

In 2021 health workers faced threats and violence from Israeli forces while providing care during demonstrations against settlement expansion in the West Bank. A high number of these protest-related incidents were reported between May 4 and 21 and included emergency medical teams being obstructed from treating injured civilians at protests at Al-Aqsa Mosque in East Jerusalem. In one incident two Palestinian Red Crescent Society (PRCS) medics were attacked and injured by Yasam⁸ members armed with clubs while attempting to provide treatment to wounded civilians in El-Marwani Mosque. Police also threatened and pushed medical staff.⁹ Tear gas was fired inside health facilities treating injured civilians and a stun grenade was thrown into a clinic at Al-Aqsa Mosque.¹⁰



Obstruction of health care

Ambulances were blocked at checkpoints throughout 2021, and those that needed to access Palestinian hospitals in East Jerusalem from the West Bank continued to be subjected to the 'back-to-back' system. This requires injured patients to be transferred from a Palestine-registered ambulance to an Israel-registered one when entering Jerusalem. In 2021, 94% of ambulance transfers to East Jerusalem were delayed by this process.¹¹ According to the PRCS, the process '*completely deprives the patient of privacy*' and can impact the patient's health by wasting critical time removing medical devices, such as respirators, and transferring the patient into the waiting ambulance. It also drains the resources of medical teams, requiring two ambulances to serve one person.

Patients applying to Israeli authorities for exit permits to travel from the West Bank or Gaza to receive necessary medical care in East Jerusalem or elsewhere faced routine delays or permit denials. In the West Bank in 2021, 10% of patient permit applications were denied and almost 4% were delayed at the time that monthly reports were released, while in Gaza 37% were denied or delayed.¹²

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



Health services

Generally, Palestinians effectively living under Israel's control in the oPt endure significant disparities in health system capacities and outcomes compared to Israeli citizens (including settlers). Israel has more than twice the number of hospital beds, doctors, and nurses per capita than Palestinians in the oPt.¹³ In 2021 the Israeli-Palestinian conflict compounded the already significant psychosocial pressures on overburdened and under-resourced Palestinian health workers in the context of the COVID-19 pandemic.¹⁴

Health services in Area C of the West Bank, which is under direct Israeli civil and military control, barely exist.¹⁵ Due to a restrictive planning and zoning regime imposed in Area C there are no permanent health facilities serving Palestinians living there, and more than 150,000 Palestinians rely on mobile clinics to receive primary health care. MSF reports that Masafer Yatta in southern Hebron governorate has no medical services, with NGOs unable to operate mobile clinics because of funding cuts and stricter Israeli legislation impacting their work.¹⁶

Occupied Palestinian Territory



The Israeli-Palestinian conflict increased restrictions on the availability of essential health care resources, including medicines, consumables, and essential equipment such as medical imaging devices.¹⁷

According to the PRCS in Gaza, after 15 escalations in violence and four major conflicts over 14 years, 'we have no capacity to develop the health sector, as we barely have a break from responding to escalations and wars. The health sector is very fragile. It is always on the edge of collapsing.'¹⁸



Access to health care

Many Palestinians face difficulties accessing health care due to a lack of supplies and obstructions to their movements. The permit regime severely restricts health care access for Palestinians in Gaza and, in turn, undermines health outcomes. These difficulties increase during periods of heightened conflict. During the 11-day escalation of violence in May 2021 Israel heightened its closure measures, including by closing all movement through the Erez crossing on the Gaza-Israel border for four days and restricting access for the rest of the month. During the month four Palestinian patients in Gaza, including two children, died after their access to health care was obstructed.





Impact of damage, destruction, and obstruction on health care

Damage to and destruction of a single health facility can have far-reaching consequences for access to health care and health outcomes. For example, air strikes destroyed the sterilization room and waiting area at an MSF trauma and burns care clinic in May 2021, and the damage forced the clinic to close.¹⁹ This single incident had major ripple effects on Palestinians affected by escalating violence. The clinic sees over 1,000 children every year, providing life-saving care for people suffering from conflict-induced injuries. The severity and complexity of wounds inflicted by ammunition, shrapnel, and debris from explosions leave many survivors with chronic infections. When open wounds are close to a broken bone, preventing infections is crucial. An important step in treatment is correctly diagnosing the bone infection to know which antibiotics will work. The first laboratory in Gaza equipped to do this was in the MFS clinic damaged in the May air strike. The forced closure of this facility thus had significant effects on the treatment of injured people who had survived the violence.²⁰

Cancer patients whose initial permit applications to exit Gaza for treatment were unsuccessful have been found to have a mortality rate on average 1.45 times higher than those whose applications were successful.²¹

Difficulties in accessing health care also affect life expectancy, which is nearly a decade shorter in the oPt than in Israel, and survival rates for non-communicable diseases such as cancer, heart disease, stroke, and diabetes are significantly lower among the Palestinian population.²²

MSF reports that the continuing settler violence combined with air strikes has adverse long-term psychological effects on the Palestinian population, and the organization is seeing a rapid rise in mental health problems that will also affect health workers.²³



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27467.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 28522.
- 3 https://www.ochaopt.org/sites/default/files/hno_2021.pdf.
- 4 122 incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care.
- 5 <https://mezan.org/en/uploads/files/16442214671081.pdf>.
- 6 <https://www.ohchr.org/en/press-releases/2021/05/east-jerusalem-un-experts-deplore-brutal-police-response-protests-urge>.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27461.
- 8 The Yasam is the Special Patrol Unit of the Israeli police.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27473.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27442.
- 11 <https://twitter.com/WHOOpt/status/1494230996807561218/photo/1>.
- 12 <https://twitter.com/WHOOpt/status/1494230996807561218/photo/1>. Data for December 2021 is not yet available. The percentage of permits delayed in 2021 is calculated by using an average of the 11 months for which data is available; see <http://www.emro.who.int/opt/information-resources/monthly-report-on-health-access.html>.
- 13 <https://www.map.org.uk/downloads/reports/map-health-inequalities-paper-final.pdf>.
- 14 <https://www.map.org.uk/downloads/briefing-papers/dealingwithdeathanddistress.pdf>.
- 15 <https://www.msf.org/west-bank-palestine-communities-face-healthcare-access-challenges>.
- 16 <https://www.msf.org/violence-fear-and-trauma-settler-attacks-against-palestinians-hebron-increase>.
- 17 <http://www.mezan.org/en/post/24070/Press+Release%3A+Al+Mezan+calls+for+an+international+intervention+to+end+Israel%E2%80%99s+restrictions+on+the+entry+of+medical+equipment+and+supplies+into+Gaza>.
- 18 <https://www.map.org.uk/news/archive/post/1331-athe-health-sector-is-always-on-the-edge-of-collapsinga>.
- 19 <https://www.doctorswithoutborders.org/latest/israeli-airstrikes-kill-civilians-and-damage-msf-clinic-gaza>.
- 20 <https://www.doctorswithoutborders.org/latest/fighting-drug-resistant-infections-under-blockade-gaza>.
- 21 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0251058>.
- 22 <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=PS-IL>, accessed 2022;
<http://ghdx.healthdata.org/gbd-results-tool?params=gbd-api-2019-permalink/6caab8458c3c6514df32641a2c1eff25>, accessed 2021.
- 23 <https://www.msf.org/west-bank-palestine-communities-face-healthcare-access-challenges>.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

Safeguarding Health in Conflict Coalition
615 N. Wolfe Street, E7143, Baltimore, MD 21205
Jenny Jun, safeguardinghcc@gmail.com